

PREA Facility Audit Report: Final

Name of Facility: Alum Creek South

Facility Type: Community Confinement

Date Interim Report Submitted: 03/16/2020

Date Final Report Submitted: 09/09/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 09/09/2020

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray@cbcf41.org
Start Date of On-Site Audit:	01/29/2020
End Date of On-Site Audit:	01/30/2020

FACILITY INFORMATION	
Facility name:	Alum Creek South
Facility physical address:	1755 Alum Creek Dr, Columbus, Ohio - 43207
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Candi Dobbins
Email Address:	candi.dobbins@alvis180.org
Telephone Number:	614-433-4989

Facility Director	
Name:	Candi Dobbins
Email Address:	candi.dobbins@alvis180.org
Telephone Number:	614-443-4989

Facility PREA Compliance Manager	
Name:	Candi Dobbins
Email Address:	candi.dobbins@alvis180.org
Telephone Number:	O: (614) 443-4989

Facility Characteristics	
Designed facility capacity:	108
Current population of facility:	104
Average daily population for the past 12 months:	103
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	Low/Mod/High
Number of staff currently employed at the facility who may have contact with residents:	19
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Alvis House, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2100 Stella Ct, Columbus, Ohio - 43215
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Ramona Wheeler	Email Address:	ramona.wheeler@alvis180.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit for four Alvis, Inc. facilities was conducted on January 27-31, 2020. The auditor was onsite the Alum Creek South Halfway House, 1755 Alum Creek Drive, Columbus, Ohio, January 29-30, 2020. This audit for this facility was conducted in conjunction with three additional community correction facilities operated by Alvis, Inc. Interviews with agency administrative staff and policies and procedures were for all facilities. The auditor interviewed facility specific management, program, and security staff. The goal of the audit is to ensure the agency/facility is in operational compliance with the Prison Rape Elimination Act standards for community confinement facilities.

The facility elected to use the PREA Resource Center's Online Audit System (OAS) to upload documentation relevant to showing compliance with each standard. The auditor also received relevant documentation through email and while onsite. Prior to the onsite visit, the auditor received the pre-audit questionnaire, policy and procedures, table of organization, job descriptions, floor plan with camera spans, MOU's, facility staffing plan, and photo documentation of posted audit notices.

The auditor conducted the 2015 and 2017 PREA compliance audit for this facility. The auditor was able to review the past two audit reports and previous documentation for comparison and confirmation of continued compliance with past corrective action.

Prior to the onsite visit, the PREA Coordinator emailed the auditor photographs of the notice of an upcoming audit posted in conspicuous places throughout the facility. The notices announced the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to send confidential information to the auditor. The auditor did not receive any confidential correspondence prior to the onsite visit. No client or staff member made a request to speak with the auditor during the onsite visit.

In addition to information provided to the auditor through the OAS and email, the auditor was able to review other information to show compliance during the onsite visit. This information includes:

- Five client files
- Twenty staff files
- Staff training curriculum
- Staff training sign-in sheets
- Staff handbook
- Client education material
- Client orientation sign-in sheets
- Client handbooks
- Administrative allegations
- Grievances
- Initial and 30-day risk assessments

- Staff disciplinary action
- Zero tolerance acknowledgments
- Contractor/intern training
- Posters/brochures
- Camera monitors

The auditor was able to tour the entire facility and perimeter areas. The facility is a single story brick building that has two mirroring housing units at opposite ends of the building and a hallway connector that houses staff offices, group rooms, dining room, kitchen, and storage areas. Tour observations included the housing units, two coverage desks, two client lounge areas, kitchen, dining hall/mp room, storage areas, client bathrooms, staff offices, laundry room, and twelve dorm rooms. The facility can house a maximum of 104 male felony offenders.

The auditor was provided a private office to conduct formal interviews with clients and staff. The auditor selected sixteen (16) clients based on the population of ninety-three (93) clients on day one of the onsite visit. The clients were selected based on the requirements listed in the PREA Resource Center's Auditor Handbook. Selection criteria included targeted interview status, housing unit, risk assessment screening, intake data, and commitment status. The auditor conducted the following client interviews:

- Random = 13
- Targeted = 3

The breakdown of the number of targeted client interviews:

- Clients that have identified (or perceived as) as gay or bisexual: 2
- Clients that are limited English proficient: 1
- Clients that have reported previous sexual abuse during risk screening: 1

*Only one client that identified (or perceived as) gay or bisexual is being counted toward the targeted interview; however both received the interview based on the random and targeted protocols.

The facility did not house a client that identified as transgender or intersex; are blind, deaf, or hard of hearing; who reported sexual abuse; or has a physical or cognitive disability. The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Clients. Clients were asked to discuss their experiences with PREA education, posting locations, allegation reporting (including third party and anonymously), knock and announcements, grievance procedure, searches (pat, strip, and cross-gender), housing units concerns, privacy in changing clothes, showering, or using the toilet, limits to confidentiality, outside supportive services, retaliation, and disciplinary sanctions.

The facility has a total of twenty-one (21) staff members including the Program Director. The auditor was able to interview facility staff along with agency leadership during the onsite visit. The interviews include:

- Chief Operating Officer, Phil Nunes
- PREA Coordinator, Ramona Wheeler
- Managing Director of Correctional Programs, Dionne Jenkins
- Human Resource Specialist
- Training Coordinator
- SART members

- Administrative Investigators
- Facility Director
- Retaliation Monitor
- Emotional Support staff
- Contract staff
- First responders (security and non-security)
- Risk screener (initial and 30-day)
- PREA education instructor

In addition to targeted staff interviews, the auditor also conduct six random staff interviews. The auditor was unable to interview the required twelve random interviews based on the facility staffing levels. The auditor interview security staff from all three shifts and programming staff. The facility does not have any onsite medical or mental health staff. Clients would be provided community access to obtain medical and mental health services.

Several staff members were responsible for more than one specialized interview. All staff interviews, random and specialized, were conducted using the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Client Guide. The auditor asked the staff to discuss the agency's zero tolerance policy, training, reporting protocols, first responder duties, coordinated response plan, grievance procedures, education for clients that are LEP or have a cognitive or physical disability, investigation protocols, limitations of confidentiality, mandated reporting, retaliation monitoring (including status checks), risk screening, protection from abuse, LGBTI policies and procedures, staffing plans, client safety and security, disciplinary sanctions, reporting to other confinement facilities, searches (pat, strip, cross-gender, and transgender), knock and announcements, data collection, and annual reports.

The facility contracts its food services through Aramark. Aramark staff work in the facility and supervises clients who assist with kitchen duties. All Aramark staff are required to receive PREA zero tolerance training on an ongoing basis. The Food Services Manager supervises all Aramark staff that work in all facilities and ensures that staff have the required training.

The auditor reached to community resources either through phone or email. The auditor was able to confirm the details of the MOU's and the scope of service that the partner agency would provide.

On the final day of the onsite visit, the auditor was able to discuss preliminary audit findings with the agency and facility leadership. The auditor was able to discuss concerns with non-compliant standards and possible plans of action. The auditor also commended the agency and facility on areas where the facility exceeded expectations.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Alum Creek is a halfway house located in Columbus, Ohio that serves adult male felony offenders. facility is a one-story building with two mirroring units. unit houses offender commitments from the Ohio Department of Rehabilitation and Corrections and the other unit houses offender commitments from the Federal Bureau of Prisons. facility can house up to 104 offenders.

To access the facility, one must be buzzed into a lobby area where they will be sign-in by staff. would access the entrance that related to their commitment type and be subject to a pat-down which is visible by video surveillance or clients may receive an enhanced pad down. The state and federal offenders with a shared cafeteria, exercise room, and outside recreation space. The state and federal units each have their own smoke break area, day room lounge, laundry, visitation pod, dooms, and bathrooms. pan>

Each housing unit is equipped with twelve dorms. Ten dorms on each housing unit contain four beds (two bunk beds), while two of the dorms on each unit have eight beds (four bunk beds). The rooms are arranged with the beds and lockers running along the perimeter for clear line of site views into the room. Each housing unit is divided into wings running parallel to each other. There is a bathroom, laundry room, and lounge area on each wing. The clients have access to either bathroom laundry room, or lounge area on the housing unit but cannot enter the housing unit for which they are not assigned. The bathroom, laundry room, and lounge area on each wing and each housing unit are identical. The bathroom has a solid door at the entrance. It is equipped with two toilets with doors, two urinals, four sinks with mirrors above, and a shower area that is separated from the rest of the bathroom by a shower curtain. The bathroom has three individual shower stalls with PREA shower curtains. The laundry room was previously identified as a blind spot area during the last PREA audit. The facility has since put windows in the doors for clear views into the room. At the top of each wing on each unit is the client lounge. The client lounge is surrounded by glass on all sides for clear views into the room from the coverage desk which is directly across from the lounge.

Only clients that have been referred by the Ohio Department of Rehabilitation and Correction can assist with kitchen duties. Clients assigned to the kitchen are supervised by the Aramark staff.

The facility is equipped with thirty-three (33) cameras. This is an increase of eighteen (18) cameras from the last PREA audit. The cameras are placed strategically throughout the interior and exterior of the building. There are also multiple security mirrors to enhance

security in vulnerable areas. The facility uses SecurManage system to assist in accountability for conducting four head counts per shift and circulation rounds every 30 minutes, as well as security and perimeter checks throughout the facility. Community Reentry Specialist (CRS) are required to conduct more frequent checks in areas that are considered blind spot areas.

The facility offers several programs designed to successfully reintegrate offenders back into the community. Reentry Services include cognitive behavioral treatment, chemical dependency treatment, workforce development, case management, mentoring, housing assistance, and links to community services and support; the GED Program serves as the first step toward attending college or technical skills training and helping clients achieve financial stability; the Workforce Development Program provides job readiness training, skills training, job placement assistance, mentoring, and job retention support.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	3
Number of standards met:	38
Number of standards not met:	0

The facility had one standard identified as non-compliant. The auditor identified the non-compliant standard to the facility and assisted with options for a corrective action plan. The auditor issued the facility an initial audit report and will review the corrective action plan. The auditor will monitor until continual compliance is achieved.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis policy 1300.5 prohibits sexual abuse, sexual harassment, and retaliation and all reported allegations of sexual abuse, sexual harassment, and retaliation. All allegations of sexual abuse and sexual harassment will be investigated thoroughly. The policy defines what behavior constitutes sexual abuse or sexual harassment and the ways in which a person can report such abuse. The policy outlines the procedures in which the agency as a whole and each operated facility will prevent, detect, respond, and report allegations. These measures include:</p> <ul style="list-style-type: none"> *Creating a culture of reporting and safety *Training staff on the proper policies and procedures to comply with the PREA standards *Educating clients on their rights under the PREA standards *Developing and annual reviews of facility staffing plans *Ensuring protection from retaliation for anyone who reports sexual abuse or sexual harassment *Administratively and/or Criminally investigating allegations of sexual abuse and sexual harassment <p>The agency's Managing Director of Risk Management serves as the agency's PREA Coordinator and reports to the Chief Operating Officer. The agency provided the auditor with a table of organization and the Managing Director's job description. This is a newly developed position that requires the employee to develop, assess, and review agency-wide policies and procedures, assuring compliance with contracts, government statutes, and standards. The Managing Director will assist human resources as related with compliance with ethical standards by investigating ethics violation allegations. The job also requires the Managing Director to plan, implement, and direct agency-wide internal review and risk management activities; inclusive of tracking and sharing trends in risk management areas with agency programs and departments.</p> <p>The Managing Director reports that this new position will increase her time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. Specifically, the job description states that the PREA Coordinator will be responsible for:</p> <ul style="list-style-type: none"> *oversee development, implementation of policies & procedures, which contribute to the elimination of client sexual harassment, sexual abuse, sexual assault, and/or retaliation related to allegations of such *coordinates with HR, staff development, & program management to ensure staff are trained on PREA standards, agency policies & procedures for preventing, detecting, & reporting client sexual abuse, whether in assigned residential facility, while incarcerated, or other correctional supervision *facilitates workshops, training seminars related to PREA compliance, audit readiness *represents the agency at local, state, national conferences as a Subject Matter Expert (SME) on the application, issues, & challenges related to compliance with PREA standards in corrections environments *recommends facility enhancements (e.g., security/video monitoring systems) to increase

efficiency, consistency, in the utilization of tools to prevent, detect, and/or report client sexual victimization, and reinforce the agency's zero tolerance policy related to client sexual harassment, sexual abuse, and/or retaliation

*prepare & submit to the agency executive team, agency board of trustees, and the public reports, at least annually, on the number, and outcomes of, allegations of client sexual victimization in agency facilities, or while a client was incarcerated, or under other correctional supervision & reports such allegations to the Ohio Department of Rehabilitation & Corrections (ODRC), Federal Bureau of Prisons (BOP), as applicable

*conduct internal PREA site compliance audits, represents the agency with external PREA auditors. Report violations of compliance or regulatory standards (e.g., PREA) to duly authorized enforcement agencies as appropriate or required. Measure and report outcomes and activities results related to internal administrative investigations, as well as any pending criminal investigations related to client and/or staff sexual misconduct; provide assistance with internal audits for PREA or other compliance reviews as delegated

She states that she will conduct quarterly risk management meetings with programs and departments to develop a risk management plan that will assist in preventing any trend that could be the agency at risk. This includes reviewing allegations of sexual abuse and sexual harassment.

The auditor interviewed the Chief Operating Officer during the onsite visit. He reports that this newly created position will expand the responsibilities and authority to implement appropriate PREA policies, procedures, and practices. The new role is directly related to the role as PREA Coordinator and fifty percent (50%) of the Managing Director's time will be addressing PREA related issues. He states the Managing Director is a Certified Department of Justice PREA Auditor and that its her expertise that the agency will depend on to ensure the agency is meeting all obligations under the PREA standards.

The Program Director serves as the facility's PREA Compliance Manager. The Program Director reports to the auditor that she is responsible for ensuring that the facility is complying with all agency policies and procedures. She states that her efforts in ensuring the facility is complying with the standards include conducting quality assurance audits on initial and thirty day risk assessments; making appropriate placement and accommodation decisions for transgender/intersex clients; conducting annual reviews of the facility staffing plan; providing training and guidance to staff during staff meetings; and responding to grievances. She will ensure that all allegations are reported to the PREA Coordinator for an administrative investigation or make referral to the Columbus Police Department for criminal investigations. The Program Director states that she has sufficient time and authorial to ensure compliance with the PREA standards.

Review:

Policy and procedure

Managing Director of Risk Management job description

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Chief Operating Officer

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Coordinator reports that the facility is a part of a private non-profit agency and does not contract with other agencies for the confinement of clients.</p> <p>Review: Interview with PREA Coordinator</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The facility is required to develop a staffing plan that provides for adequate staffing and monitoring to protect resident from sexual abuse. The plan is required to be reviewed monthly and updated as needed by facility leadership. Annually, the staffing plan will be reassessed and updated by facility management and the PREA Coordinator. The staffing plan must include:</p> <ul style="list-style-type: none"> *The physical layout of the facility *The composition of the resident population *The prevalence of substantiated and unsubstantiated incidents of sexual abuse *Any other relevant factors <p>The facility submitted its annual staffing plan along with a monthly review check to the auditor. The annual plan reviewed:</p> <ul style="list-style-type: none"> *The prevailing staffing patterns *The facility's deployment of video monitoring and other monitoring technologies *The resources the facility has available to commit to ensure adequate staffing levels *Items reviewed: <ul style="list-style-type: none"> *Physical elements of the facility *Number of cameras *Identified blind spots *Staff training *Identified PREA beds *LGBTI safety plan/gender considerations *Risk assessment utilization *Reporting protocol *House checks *Posted reporting options <p>Prevailing staffing pattern:</p> <ul style="list-style-type: none"> • 7am – 3pm Three Community Reentry Specialist • 10am – 6pm One Community Reentry Specialist • 3pm – 11pm Three Community Reentry Specialist • 6pm – 2am One Community Reentry Specialist • 11pm – 7am Three Community Reentry Specialist <p>Minimum CRS staffing level is three per shift. The PREA Coordinator reports that the facility can use overtime, obtain staff from other Alvis facilities in the area, or use supervisory staff to maintain staffing levels. There have been no deviations to the staffing plan.</p> <p>Facility Considerations:</p> <p>The physical layout of the facility along with camera view spans are reviewed throughout the year and identified blind spot areas and known and monitored by increased circulations.</p>

Rooms that are used by clients that do not have cameras or clear line of site views from the coverage desk are locked. Staff will allow entry to these rooms and open the blinds for clear views into the room. CRS staff will increase circulations into these areas when in use. The facility has thirty-three (33) cameras that are located in resident common areas, except for dorm rooms and bathrooms.

Facility Specific Factors:

The facility has identified specific dorm rooms and bed locations to house residents that have been identified as high risk to victimization. Clients that have been identified as high risk for victimization or abusiveness will meet with the facility manager and PREA Coordinator to discuss/review any special needs or accommodations. Transgender clients will also be provided information regarding personal care and client rights.

Gender Considerations:

This is a male only facility. Female staff must announce themselves before entering a client room or restroom. All staff with access to clients are required to attend Gender Difference in Community Confinement training on a quarterly basis.

Prevalence of substantiated and unsubstantiated sexual abuse allegations:

The facility had one substantiated allegation of sexual abuse during the previous year. It was the facility's only reported allegation. The incidents took place out of the facility, so no physical vulnerabilities were identified.

The monthly review included training provided to staff as PREA education and PREA protocols. The review includes:

PREA refresher on professional communication and boundaries

PREA staffing plan

Walk through/house checks

Search training

Cell phone searches

Urinalysis procedures

Facility management took the auditor on a facility tour during the onsite visit and identified things documented on the staffing plan. The auditor was able to view the monitors from the coverage desk and see view spans and identified blind spot areas. CRS staff interviewed discuss the required walk through and house checks and the increased checks in blind spot areas.

Review:

Staffing plan 2020

Camera view spans

Tour of facility

Interview with PREA Coordinator

Monthly review report

Interview with CRS staff

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy 600.02 states that staff may conduct pat down body searches of residents and enhanced pat down searches. A pat down body search is described as:</p> <ul style="list-style-type: none"> *Empty all pockets and concealment areas *Remove socks, shoes, coats, hats, and any other like items *The staff member, while wearing gloves, will check under the client's arm, sleeve cuffs, pant legs, and clothing pockets <p>An enhanced pat search includes the basics of a pat search plus:</p> <ul style="list-style-type: none"> *A visual inspection of the client's mouth, hair *Client will remove clothing down to the first layer of street clothing (men can be required to remove upper-body clothing down to their undershirt) *Client will remain fully clothed in a manner appropriate for being in public *Staff will instruct client to lift their shirt just above the level of their waistband to reveal the top of their pants. Staff will run their hands around the waistband to ensure nothing is concealed in this area *Staff will run the back of their hand thoroughly over the client's chest, abdomen, groin, and buttocks area <p>Agency policy 600.04 and 600.05 prohibit staff from conducting any type of body cavity search manually or with an instrument. Agency policy 600.06 prohibits staff from conducting any type of strip search of clients. The facility also does not allow cross-gender searches. Staff members of the opposite gender may conduct a visual inspection and use a security wand but cannot conduct a hands-on search.</p> <p>As a part of supportive documentation, the agency provided the auditor with the training curriculum and sign-in sheets provided to staff members who are responsible for conducting pat searches. The Training Coordinator reviewed the training provided and stated that the training includes appropriate pat search techniques for cross-gender (hands-off searches) and transgender searches, respectful communication with LGBTI residents and safe management of LGBTI residents, and facilitated hands-on training on pat search techniques. These training also include instructions on how to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.</p> <p>Policy 1300.03 stipulates that clients must have the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policy requires staff of the opposite gender to knock and announce their presence when entering an area where clients are likely to be sleeping, performing bodily functions, or changing clothing.</p> <p>During the onsite visit, the auditor was able to view all resident bathrooms. The facility has four resident bathrooms, two on the state offender side and two on the federal offender side.</p>

Clients can use the either bathroom on their side but cannot cross over from federal to the state side to use the bathroom. The federal side bathroom has a solid door at the entrance. Once inside, there are two urinals, two toilets with doors, and four sinks with mirrors above. The shower area in the bathroom has a shower curtain at the entrance. On the other side of the curtain is a changing area and three single use shower stalls with shower curtains with clear tops and bottoms. The second federal bathroom also has a solid door at the entrance. There are two urinals, two toilet stalls with doors, and four sinks with mirrors above. The shower area in the bathroom has a shower curtain at the entrance. On the other side of the curtain is a changing area and three single use showers with shower curtains with clear tops and bottoms. The state side bathrooms are mirror images of the federal side bathrooms. The bathrooms provide for appropriate levels of privacy.

During the onsite visit, the auditor interviewed sixteen (16) clients. The auditor inquired about searches as well as cross-gender announcements. The residents reported that every time a female staff member enters a dorm or bathroom they always knock and announce themselves. They also report that they have never received a pat search from a female staff member. When describing searches, the clients state that all of the searches have been professional and appropriate. The auditor was able to view staff conducting pat searches. All searches were conducted as described in policy.

The agency has a policy that is designed to enhance the safety of transgender/intersex clients. Policy 1300.14 requires the agency to assess, review, and manage clients who are transgender or intersex on a case-by-case basis considering each client's individual circumstances, including but not limited to the client's physical sexual characteristics, gender identification, physical presentation, behavior, and programming needs. The agency must also identify clients in facilities, which to the extent possible within the limits of resources, maximize client safety and privacy. Alum Creek has been identified as a facility that can safely house and manage transgender/intersex clients.

The policy requires the facility to permit transgender/intersex clients to shower privately from other clients, if/when no individual shower/restroom is available. The policy prohibits the facility from searching or physically examining a transgender/intersex clients for the sole purpose of determining the client's genital status. While clients are traditionally searched by staff members of the same gender, transgender/intersex clients may request searches be conducted by the gender that the client identifies. The request should be made during intake, and will be granted when the facility is able to accommodate such request.

During CRS staff interviews, the auditor questioned staff on search policies and knock and announcements. The staff indicated that they receive annual training on how to conduct a proper pat or enhanced pat search. The staff report they do not conduct cross-gender searches but may use a wand along with a visual inspection to search opposite gender clients. The staff state that at no time are they allowed to conduct strip or body cavity searches. Some of the CRS staff interviewed have worked with a transgender client in the past. Those staff members state that facility management informed them of the preferred search gender and shower accommodations. They state they conducted searches in line with their training and that no issues were reported during that time.

Review:

Policy and procedure
Facility tour
Training curriculum
Training sign-in sheets
Client interviews
CRS staff interviews

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 800.05b states clients admitted to the facility will receive written orientation materials and/or translation in their primary language, if they do not understand English. When a literacy problem exists, staff will assist the clients in understanding the material. During the intake process, any identified communication/language barrier will be addressed with the use of staff that is proficient in that language, family member communication assistance, or local community resources. The policy prohibits the use of resident interpreters, readers, and any other resident assistance except in circumstances in which a delay in effective communication could compromise the resident's safety, the performance of first responder duties, or the investigation of an allegation. The Program Director states that should a literacy problem exist, the staff will read aloud the rules and regulations to the client, and ensure the client understands the information.</p> <p>The auditor viewed PREA posting in both English and Spanish during the onsite visit.</p> <p>Agency policy 800.08 states that special assistance will be provided to those clients, family members, or significant others identified as having some sensory impairment, including the blind and the hearing impaired. The assistance can include the use of auxiliary aids. The Program Director states that she is responsible for ensuring clients are afforded the opportunity to benefit from the agency's efforts to prevent, detect, respond, and report allegation of sexual abuse and sexual harassment.</p> <p>The agency has an agreement with Deaf services Center. This agency's interpreting services include sign language, Spanish, and Somali. The agreement includes all Alvis, Inc facilities and offers on-call interpreters. The Program Manager states that any client that has an identified mental, physical, or intellectual disability or is limited English proficient would be provided the appropriate assistance and/or accommodation.</p> <p>The auditor interviewed a client that has been identified as limited English proficient. The client has been assigned to the case load of a case manager who is proficient in Spanish. The client can speak English but has difficulty with reading and writing in English. The client states that he is able to complete most task verbally and has not had any issues or concerns with understanding the expectations of the program. He was able to communicate his protections under the agency's zero tolerance policies. He states that he was able to watch a PREA video in Spanish and that his written material on PREA was in given to him in Spanish.</p> <p>During the onsite visit, the auditor interviewed sixteen (16) clients. The clients were questioned on the information they received at intake and during orientation group concerning PREA. The clients report that they received a handbook at intake. The handbook contains information on PREA and the agency's zero tolerance policy. The clients report that staff reviewed the information with them, and then they signed an acknowledgment of understanding the agency policy.</p> <p>The facility did not have clients that had a cognitive disability, physical disability, or were blind, deaf, or hard of hearing.</p>

Review:

Policy and procedure

Client orientation material

Client handbook

PREA posters (English and Spanish)

Interview with PREA Coordinator

Interview with Program Director

Interview with clients

115.217	Hiring and promotion decisions
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1476 571">Policy 1800.04 states that a reference check and criminal background check will be conducted on each applicant prior to employment. References for all applicants indicating past employment, including unpaid internships, and volunteering, with a corrections-based entity, will be conducted to ascertain whether the applicant was named in any PREA allegation, whether substantiated or unsubstantiated, during his/her employment with each identified corrections-based entity.</p> <p data-bbox="252 616 1476 952">Criminal background checks for employees working in programs/facilities that house Federal Bureau of Prison (FBOP) offenders, will receive a background check from the FBOP. All other employees, contactors, and interns/volunteers, will receive background checks from the Ohio Bureau of Criminal Investigations. The auditor met with a Human Resource Specialist who reports that the HR Department will run a report annually to verify that staff has an "active" background check. Should an employee need an updated background check during that year, one will be completed. Employees who work in facilities that house FBOP offenders have an automatic background check completed by the FBOP per contract agreement.</p> <p data-bbox="252 985 1476 1232">The HR Department is responsible for conducting reference checks on all potential employees who have previously worked in institutional settings. The HR Specialist states that a member of the department will contact these agencies and inquire if the potential employee has ever had a substantiated or unsubstantiated allegation of sexual abuse or has resigned during a pending investigation of an allegation of sexual abuse. The department will document all reference checks and attempts.</p> <p data-bbox="252 1265 1476 1433">During the onsite visit, the auditor reviewed twenty (20) personnel files. A review of those files revealed that not all candidates were receiving appropriate reference checks. The department was allowing the candidate to complete the agency/contact person section of the reference slip and that some references were either for co-workers or personal references.</p> <p data-bbox="252 1467 1476 1601">Policy 1800.04 also states that falsified statements on the releases (background checks, education verification, driving license verification, licensure/certification verification) and/or the employment application will be considered sufficient cause for immediate dismissal.</p> <p data-bbox="252 1635 1476 1713">The agency provides advancement opportunities to non-entry level positions throughout the agency. The process for promotion includes:</p> <ul data-bbox="295 1780 1077 1937" style="list-style-type: none"> • Timely submission of a letter of interest • Overall "meets" rating on last performance evaluation • Meets all necessary qualifications for the posted vacancy • No Employee Disciplinary Reports (EDR) in the past year <p data-bbox="252 1982 1476 2139">The HR Specialist reports that an employee must work for Alvis for at least six months before being eligible to apply for a promotion. She states that once an employee applies online for the open position, a member of the HR Department will review past performance evaluations, check for any EDR's, and conduct a phone interview to ensure the staff meet the minimum</p>

qualifications. Should the staff member meet all those requirements, they will be interviewed by management from that facility. She states that employees who have a substantiated allegation for sexual abuse or substantial boundary violations are terminated. Employee who are disciplined for sexual harassment would not be eligible.

The policy states that 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, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The HR Department would notify any requesting agency of an employee's termination due to a substantiated sexual abuse allegation or a resignation during a pending investigation into an allegation of sexual abuse.

The auditor reviewed twenty (20) personnel files. The files were checked for zero tolerance acknowledgments, background checks (initial and five year), affirmative duty disclosing any misconduct, reference checks, promotions, and disciplinary actions.

CORRECTIVE ACTION:

The agency is not ensuring appropriate reference checks are being completed on potential employees who have had previous employment in institutions. This allows opportunities for applicants who have had previous substantiated sexual abuse allegations to be employed.

FACILITY RESPONSE:

The agency revised the employment verification process. The PREA Release of Information form is part of the new hire onboarding documents that all corrections, reentry, maintenance, recovery choices new hires sign and complete with their other new hire paperwork. Prior to orientation, the recruiters contact any and all previous institutional employers the candidate listed on their application and/or resume. The recruiter will send via email or fax the reference check and release of information form. The agency has had fourteen new hires in the time period of March 1, 2020 until June 1, 2020 that required a PREA institutional reference check.

All fourteen had checks completed or attempted. The agency has also revised the employment verification check sheet and included a check box to indicate when a candidate does not have prior institutional employers. The agency is now in compliance with this standard.

Review:

Policy and procedure

Employee zero tolerance acknowledgment

Employee affirmation

Employee background checks

Employee evaluations

Employee disciplinary files

Employee applications

Employee reference checks

Applicant interview questions

HR Specialist interview

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Managing Director of Correctional Programs reports that the agency has not acquired any new facility nor is it planning any substantial expansion or modification to the current facility.</p> <p>Facility management, during annual staffing plan reviews, will assess the needs to its video monitoring system. This includes taking into consideration how such technology may enhance its ability to protect clients from abuse. Since the last PREA audit in 2017, the facility has increased its electronic monitoring by eighteen (18) cameras. The facility also uses SecurScan for CRS circulations. This allows for supervisors to ensure staff are completing rounds per protocol.</p> <p>Facility management will inform the PREA Coordinator of any additional needs to client monitoring. The PREA Coordinator will request additional resources as the needs arise.</p> <p>Review:</p> <p>Facility tour</p> <p>Floor plans with camera notations</p> <p>Interview with Managing Director of Correctional Programs</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies 1300.05 and 1300.05a state that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary criminally investigated by the agency with legal authority to conduct such investigation. The agency has a Memorandum of Understanding (MOU) with the City of Columbus Police Department to investigate any allegation of criminal sexual abuse and/or sexual harassment at all Alvis facilities located within its jurisdiction. The auditor has reviewed the MOU and ensured that it outlines the responsibilities of each of the agencies, and that it request the criminally investigative agency use an uniform evidence protocol that , if necessary, has been adapted from or based on the most resent edition of the U.S. Department of Justice's Office on Violence Against Women protocols. The auditor has a phone interview with Lt. Long from the City of Columbus Police Department who confirmed the MOU and scope of services. The lieutenant is a member of the Crisis Intervention Team and has been trained in Trauma Informed Policing training.</p> <p>The auditor reviewed the training curriculum provided by the Moss Group and the documentation of training received that verifies the PREA Coordinator and Facility Director have been appropriately trained on how to conduct administrative investigations. The PREA Coordinator reviewed the process for administrative investigation and the process for referral if at anytime the allegation looks criminal in nature. Once an allegation has been received, whether through client reporting, third-party reporting, or staff report, an administrative investigation begins and the PREA Coordinator is notified. The PREA Coordinator becomes the primary investigator if the allegation involves a staff member or the allegation is sexual assault. If the allegation is assault, the police will immediately called and at no time will any staff member collect any physical evidence without the expressed authorization of the legal authority. For all other allegations, if at anytime during the administrative investigation it appears that criminal activity took place, the administrative investigation will immediately cease and the City of Columbus Police Department will be called for a criminal investigation. The administrative investigation will not resume until the criminal investigation is complete or the legal authority gives prior approval.</p> <p>Clients that are in need of a forensic medical exam will be taken to Ohio University Hospital East. The auditor spoke with the Charge SANE Nurse who stated that the hospital does not enter into MOUs with any entity, but will provide SANE examinations at no cost to any person brought into the hospital. She states that a Sexual Assault Nurse Examiners are on duty for most shifts; however, should there not be one, the hospital has a scheduled on call examiner available. She also states these nurses have received sufficient training to be considered for expert witnesses during court proceedings. They provide a patient quality care and evidence collection, and work in conjunction with advocacy groups to help clients in the restoration process.</p> <p>A MOU is in place with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide victim advocacy services. The MOU outlines the services provided and also the availability of a sexual assault helpline that is manned 24-hours a day. Services in the MOU</p>

include the use of emergency room advocates, emotional support, crisis intervention, community resource referrals, aftercare, assistance during law enforcement interviews, safety planning, and recovery reading materials.

The auditor also spoke with the manager from SARNCO who provides victim advocate services to the residents of all Alvis, Inc facilities in the greater Columbus area. The manager states that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate disclose to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity).

The PREA Coordinator states that every attempt is made to provide a victim advocate from SARNCO. If for any reason an advocate is not available, the agency has trained emotional support staff that can be available at the clients request. The agency has several trained emotional support staff members at other facilities in the Columbus area. A support person, if necessary, would be brought in from one of the other facilities under the Alvis, Inc. umbrella. During the interview with the training coordinator and employee file review, the auditor verified the emotional support training provided by the Ohio Bureau of Community Corrections and the completion certificates.

The facility had one substantiated allegation of sexual abuse during the past twelve months. The allegation was referred to the FBOP (as per the Statement of Work agreement requires) for a criminal investigation. The FBOP returned the client to the parent agency so the facility was unable to offer emotional supportive services.

Review:

Policy and procedure

SARNCO MOU

City of Columbus Police Department MOU

Emotional Support training certificates

Emotional Support training curriculum

PREA Coordinator interview

Facility Director interview

Training Coordinator interview

Staff interviews

SARNCO Director interview

City of Columbus Police Department Lieutenant

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies 1300.05 and 1300.05a outlines the agency's responsibilities to conduct administrative investigations into all allegations of sexual abuse or sexual harassment. The policies also stipulates that at any time during the investigation criminal activity is suspected, the local legal authority will be notified by agency staff. A review of the agency website (https://alvis180.org/prea/) shows the agency policy concerning administrative and criminal investigations, the responsibilities of the administrative investigative agency (Alvis, Inc.) and the criminal investigative agency (City of Columbus Police Department), and the outcome reporting of all investigations.</p> <p>The facility has had one allegation during the past twelve months.</p> <p>Investigation #1: The facility received a third-party report from a client that another client was in a relationship with a staff member. The facility administrative investigator placed the staff member on administrative leave during the investigation. The investigator began to collect electronic evidence (cell phone and video) to pass on to the PREA Coordinator who is responsible for conducting investigations involving staff members. The Coordinator reviews the cell phone evidence which confirms a sexual relationship. Interviews with the staff member and the client also confirm a sexual relationship. The staff and client both deny sex took place inside the facility. The staff member's employment was terminated and the FBOP removed the client from the facility. The responsibility for a criminal investigation was left with the FBOP.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Coordinator interview</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Alvis, Inc. has a policy (1800.17) that requires all new employees to receive training on sexual abuse and sexual harassment during orientation and annually thereafter. The PREA specific training will include:</p> <ul style="list-style-type: none"> *Agency zero tolerance policy *How to prevent, detect, report, and respond to sexual abuse and sexual harassment *Rights of clients in reporting allegations and to remain free from retaliation *Dynamics of sexual abuse and harassment in confinement *How to detect and respond to signs of threatened and actual abuse *How to avoid inappropriate relationships with clients *Appropriate communication with clients including clients who identify as gay, lesbian, bisexual, transgender, or intersex *How to comply with relevant regulations, policies, and procedures regarding reporting sexual abuse <p>Alvis, Inc. also trains on gender specific PREA topics including cross-gender pat searches and searches of transgender/intersex clients. Gender specific training is offered again to staff who may transfer to a different gender specific facility.</p> <p>Employees at each of Alvis, Inc. facilities receive monthly training on a designated PREA compliance topic after their initial orientation PREA training. The monthly topics include:</p> <ul style="list-style-type: none"> *Sexual harassment *Dynamics of abuse and common reactions *Access to care *Code of ethics *Client rights *Zero tolerance policy *Effects of abuse *Reporting requirements *Effective communications with LGBTI clients Boundaries and professional communication *Cross-gender announcements *Privacy during showering and changing *Pat searches *Third-party reporting *Mandated reporting *Rape crisis agencies/Sexual Assault Response Network of Central Ohio (SARNCO) *Transgender/intersex policy and procedures *Access to free medical and mental health services *Staff reporting requirements *First responder duties *Investigations and client notifications *Misuse of PREA and discipline procedures

*Limited English proficient clients

The auditor was able to interview the agency Training Coordinator and review training curriculum and training rosters. The training coordinator talked about the mandated orientation training process and how employees must have PREA related training and sign the zero tolerance acknowledgment before working with clients. PREA related training that is offered at the facility is verified through a training roster which is forwarded to the training department and entered into a compliance database. Documentation of training and zero tolerance acknowledgement is placed in the employee's personnel file. The training coordinator reviewed the training curriculum with the auditor and how the onsite training is tailored to the gender of clients at the facility. She showed the process for retraining staff members who may moved to a different gender specific facility. Recently the agency assigned specific senior staff members at each facility to orientate new/transferred employees to the facility's coordinated response plan. Facility trainers are required to use the curriculum developed by the training department and each facility will train on the same topic each month.

The auditor reviewed a total of twenty (20) employee's training files. All training records were up to date. The auditor was able to verify that all employees received their initial PREA training either during their orientation period, or if they were hired before August of 2014, they received PREA training that year. Rather than provide a refresher training on the agency's zero tolerance policy during the off year of the required bi-annual training, the agency provides monthly training on the topics listed above. These topics comprise the list of topics as required by the standard as well as other needed training that aids in the prevention, detection, response, and reporting of sexual abuse and sexual harassment. Orientation training last approximately three hours and monthly training last thirty (30) minutes.

The auditor was able to interview the facility on-boarding specialist during the onsite visit. The specialist discussed using the checklist provided by the training department to ensure that new employees are acclimated to the facility properly. She states that the training list includes conducting counts/circulations, resident intake, and searches. She states that new employees will shadow current staff and not be allow to work on their own until they can show competency in those areas.

Both targeted and random staff interviewed reviewed their training with the auditor. The staff was able to identify different training topics that were taught during orientation or during monthly staff meetings. When specifically asked about LGBTI and gender specific training, the staff report receiving training on how to safely manage and communicate effectively with LGBTI populations and how sexual abuse and sexual harassment affect both male and female genders.

Review:

Policy and procedure

Training curriculum

Staff training records

Interview with Training Coordinator

Interview with facility on-boarding specialist

Interview with staff (targeted and random)

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1800.18 requires PREA training for all contractors, volunteers, and interns. The training will include at a minimum:</p> <ul style="list-style-type: none"> *Agency zero tolerance policy *How to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, and/or retaliation *Code of ethics *Client populations *Services and programs *Operational procedures <p>Once a contractor, volunteer, or intern is assigned to a specific facility, the facility manager or designee is required per policy 2200.09, to provide facility orientation that includes:</p> <ul style="list-style-type: none"> *Alvis mission statement, goals, client population, programs, and services *Role of volunteers *Code of ethics *PREA orientation *Job description *Tour of facility <p>The auditor was able to interview the agency training coordinator and reviewed the curriculum for contractors and volunteers. The Training Coordinator verified that all contractors and volunteers receive PREA training through a power-point presentation before being allowed to interact with clients at any facility. The training is not as extensive as employee training; however, ensures that they understand the basics of how to prevent, detect, respond, and report suspicions or reports of sexual harassment, sexual abuses, and retaliation. The curriculum is commiserate with the level of interaction between the contractor/volunteer and the clients.</p> <p>The auditor reviewed the training sign-in sheets for previous contractors and volunteers. The also signed an acknowledgement of their understanding of the agency's zero tolerance policy.</p> <p>The auditor was able to interview a contractor during the onsite visit. The contractor confirmed her training from the agency during on-boarding orientation and from the facility. The contractor also states that she participates in the monthly back to basics training that covers PREA related topics.</p> <p>Review: Policy and procedure Contractor/volunteer training curriculum Contractor/volunteer training roster Contractor/volunteer zero tolerance acknowledgement Interview with Training Coordinator Interview with contract worker</p>



115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 800.05b makes clear that all clients are to receive written orientation materials containing the agency's zero tolerance policy in their primary language at intake and if a literacy; sensory; or physical, mental, or cognitive impairment exists, assistance will be made available to ensure all clients fully understand the facility's efforts to prevent, detect, respond, and report to allegations of sexual abuse, sexual harassment, and retaliation. Policy 1300.05 required resident education or refresher information include information on how to make an anonymous report or a report to a third party. The policy also requires the facility provide the clients education material that is continuously and readily available. Clients sign an acknowledgment form that they have received and understand this information and the form is kept in each resident's file.</p> <p>Clients also receive a more formal PREA training conducted by the agency's PREA Coordinator. During an interview, the PREA Coordinator reviewed the training curriculum and discussed her method for ensuring all clients understand their rights and protections under the agency's zero tolerance policy. The coordinator will ask questions, discuss definitions, and give scenarios of what constitutes sexual abuse, sexual harassment, and retaliation. The coordinator also discusses the limits of confidentiality with staff and outside reporting entities. Disciplinary action against clients who participate in sexual abuse, sexual harassment, and retaliation is also discussed. Clients sign a training roster to verify their attendance to his training. All training records are kept by the facility manager.</p> <p>The client handbook that is given to clients at intake, also covers the information reviewed at intake. Clients are required to sign that they have read and understand the handbook. This verification form is kept in the client's file. The auditor reviewed five (5) client files and verified that the clients have documented their receipt of the handbook and acknowledgment of the zero tolerance policy.</p> <p>The auditor interviewed sixteen (16) clients during the onsite visit. All sixteen (16) clients were able to verify their PREA training at intake and during orientation group. They knew the locations of the PREA postings, PREA hotline phone, and grievance forms. Clients stated they understood the ways they could report including anonymously and possible sanctions for violations of the zero tolerance policy.</p> <p>During the onsite visit, the auditor inspected posted notices of how clients can report allegations of sexual abuse and sexual harassment; phone numbers and addresses to local and national victim advocates; and their right to be free from retaliation for reporting such incidents. The posters were in highly visible locations throughout the facility in both English and Spanish. The auditor received a copy of the written intake information that is given to each resident upon their arrival at the facility. The paperwork includes practical and statutory definitions of sexual abuse, sexual harassment, and inappropriate staff misconduct; clients right to be free from sexual assault; confidentiality; what to do if the client is sexually assaulted; seeking medical and mental health help free of charge; understanding the investigation process; ways to protect from sexual assault; and ways to report sexual abuse or</p>

sexual harassment (verbally to any staff member, contractor or volunteer; written and given to any staff member or through use of the grievance system; and /or using the various hotline numbers) and how they can report anonymously.

During interviews with CRS staff all indicated that they have been trained on how to review the PREA material given at intake with clients. The staff were trained on how to detect if clients show signs of not being able to read or understand the material. The staff will read the information or provide a staff member who can ensure the client understands the material. Staff also know to contact the facility manager/director to procure community services for clients who are limited English proficient or need auxiliary aids (see standard 115.216).

Review:

Policy and procedure

PREA postings

Client PREA material

Client handbook

Client PREA acknowledgment

Client PREA training roster

Interview with PREA Coordinator

Interview with Community Reentry Specialist

Interview with case manager

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has both agency and facility trained PREA administrative investigators including the agency PREA Coordinator. The training was facilitated by the Moss Group and includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warning, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative or criminal investigation referral. The PREA Coordinator received train-the-trainer training also provided by the Moss Group. She uses the Moss Group training curriculum to provide refresher training to Alvis, Inc. administrative investigators. Training certificates for completion were verified during the employee file review.</p> <p>The auditor reviewed the training curriculum for both the initial administrative investigator training and the curriculum for the train-the-trainer administrative training. Both training curricula provide appropriate material for proper training. The facility director would conduct administrative investigations for incidents that involved only clients and would contact the PREA Coordinator if an incident occurs that involve a staff member.</p> <p>The PREA Coordinator was able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. The Coordinator states the facility director is not allowed to conduct a PREA administrative investigation if the allegation is against a staff member currently working in the facility. A trained investigator from another facility with the assistance of the agency PREA investigator would conduct the investigation. The investigators understood Garity; however, this is a private non-profit organization and Garity warnings do not apply.</p> <p>The PREA Coordinator states that any allegation that appears to be criminal in nature will be referred to the City of Columbus Police for a criminal investigation. The agency has a signed Memorandum of Understanding (MOU) with this agency to conduct criminal investigation into allegations of sexual abuse. The auditor was able to review the MOU.</p> <p>Review: Administrative investigative curriculum Administrative train-the-trainer curriculum Administrative investigator training certificates Columbus City Police MOU Interview with PREA Coordinator Interview with Facility Director</p>

115.235	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility does not use the services of medical personnel at the facility. All clients requesting these services would be referred to community resources. Medical services would be provided to clients by Ohio State University Hospital East while advocate services would be provided by Sexual Assault Response Network of Central Ohio (SARNCO). The facility does have mental health practitioners that the clients can interact either in person or through video conferencing. The staff members that provide this service are required to complete Specialized Training: PREA Medical and Mental Care Standards. The training is provided on the PREA Resource Center's website. The auditor was provided the completion training certificates from those practitioners.</p> <p>The auditor spoke with Kim Plants, Charge SANE Nurse at Ohio University Hospital East, who state that Sexual Assault Nurse Examiners at this hospital have completed forty (40) hours of coursework, twelve (12) exams witnessed by a physician, and three (3) sexual assault exams with over site by an experienced sexual assault nurse. SANEs must be able to testify as expert witnesses in rape cases.</p> <p>The Director as SARNCO states that the agency has trained volunteers and staff advocates that provide emotional support, crisis intervention, and community resource information to victims of sexual assault at the Ohio University Hospital East. They also work with Deaf World Against Violence Everywhere should a client victim form Dunning hall need these services.</p> <p>Review: SARNCO MOU Interview with Charge SANE Nurse Interview with SARNCO Director Specialized Training: PREA Medical and Mental Care Standards curriculum Training certificates</p>
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115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 660">Alvis, Inc. has a policy (1300.05a) that requires all clients to be screened to determine their risk of sexual victimization or to be sexual abusive. Case managers have access to the screening tool that is in the SecurManage database system. Through this system, the program manager is able to limit the ability of unauthorized staff from viewing completed risk screens. The SecurManage system puts out task alerts to the case manager notifying them of the requirement to complete the 72-hour risk screen and the 30-day re-screen. The Program Director states that she gets a report once a week on the tasks that were not completed which would include the risk screens.</p> <p data-bbox="252 705 1460 784">Case managers are trained on how to properly complete the screening tool. The training tool includes:</p> <ul data-bbox="252 840 853 1265" style="list-style-type: none"> a. Definitions of screening tool terms b. Age c. Physical build d. Gender identity e. Sexual orientation f. Mental, physical, or developmental disability g. Prior sexual victimization or abusiveness h. Clients perception of vulnerability i. Criminal history j. Any other relevant information <p data-bbox="252 1310 1468 1467">At the end of the screening tool, the screener is also required to document their perception of the clients sexual orientation and gender identity. The screening tool also reminds the screener that the offenders cannot be disciplined for not answering or providing incomplete answers to the questions.</p> <p data-bbox="252 1523 1476 1859">The auditor interviewed two case managers who are responsible for conducting both the initial and 30-day risk screen. The case manager's state that during case manager 101 training they are taught how to complete and score the assessment. The case managers report explaining the purpose of the assessment, confidentiality of the information, and how the information will be used before conducting the assessment. The case managers also inform the clients that there will be no consequences for not answering certain questions. The case managers report that the information is kept in the resident database system and only certain staff have access to this information.</p> <p data-bbox="252 1915 1476 2116">During the onsite visit, the auditor reviewed assessments from clients who have had both an initial and 30-day assessment. Of the assessments reviewed, the auditor found that the assessments were completed within the specified time period. The auditor found the tool to be objective and include the minimum required criteria for both risk of abusiveness and vulnerability.</p>

The auditor interviewed the Program Director who reports that all clients at the facility receive an assessment rather through intake or transfer. She states that she reviews SecurManage task reports to ensure the assessments are completed in a timely fashion. She states that she also reviews the assessments for accuracy.

During the onsite visit, the auditor interviewed sixteen (16) clients. The clients state that they have received an assessment as part of their intake to the facility. The clients state they were told the reason for the assessment and what protections they had while residing at the facility. No client reported not answering any of the questions.

During the interview with the Training Coordinator, the auditor was able to review the training curriculum for the risk screening training.

Review:

Police and procedure

Risk assessment screening tool

SecurManage screening report

Program Director interview

Case manager interview

Client interviews

Case manager 101 training curriculum

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.14 outlines the risk screening process and how the screening tool is to be used to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those clients at high risk to be sexually abusive. The facility has identified specific dorm rooms and beds that are for clients who have been identified through the risk screening to possible be subject to sexual victimization or be sexually abusive to other clients. These rooms are located on the first or second floor where staff offices are also located. Policy 1300.04 states that clients with a history of being sexually abusive may be denied admittance as such placement would impact the safety and/or security of the client, other clients, or the facility. Admission based upon gender identity is prohibited.</p> <p>Policy 1300.14 requires the agency, upon notice, to assess, review, and manage clients who are transgender/intersex on a case-by-case basis considering the clients individual circumstance. The management team will house a transgender/intersex clients in facilities that maximize client safety and privacy. The client will be placed at the facility location that offers the most appropriate resources and environment to accommodate any special needs.</p> <p>The auditor interviewed case managers. The case managers discussed using the information from the risk screenings to make housing, work, education, and program decisions. The case managers state that each client gets an Individual Treatment Plan and if the clients request, community treatment to deal with past abuse will be addressed.</p> <p>The auditor interviewed clients that identified as LGBTI during the onsite visit. The clients report feeling safe while at the facility. No client reported being placed in a housing unit or dorm room based on their sexual or gender identity. The clients report that they have not been harassed by other clients or staff members during their stay at the facility. No client reported any vulnerabilities or safety concerns.</p> <p>The facility does not currently house a client that identifies as transgender or intersex. The Program Director and PREA Coordinator report that the facility has in the past housed a transgender client. The facility had an appropriate plan that included conferring with the client to address any concerns about their safety they may have. The Director and Coordinator report that they have had no issues or concerns when housing transgender clients. The client was placed in a dorm that has high visibility from the post desk and was offered private shower times.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a requires the facility to provide each new/transfer client with information on sexual abuse and sexual harassment prevention, awareness, and reporting. Clients will be informed of the designated facility PREA Compliance Manager and agency PREA Coordinator as part of the intake process. Policy 1300.03 states that all clients have the right to file a grievance on any condition of action within the facility, without fear of reprisal from staff. Clients may file an emergency grievance for any claim regarding an allegation of sexual abuse. Policy 1300.05 states that a resident who feels that they are subject to sexual abuse or sexual harassment by staff or another client, they should immediately report the matter to the facility manager/director or designated PREA Compliance Manager.</p> <p>Clients also have the option of reporting sexual harassment and sexual abuse in a written statement, to the internal toll-free hotline number, through the use of a third-party hotline number, to an outside third-party advocacy group (locally and nationally), through friends and family, or grievance report, and that if they so choose they can report anonymously.</p> <p>The auditor reviewed information given to clients at intake. This is in addition to a more formal orientation given at a later date. Clients are given information on how to report an instance of sexual abuse or sexual harassment. The written information includes the names, numbers, and addresses of agencies they can report allegations. This information is also posted throughout the facility in highly visible locations. The forms also gave clients notice to the limits of confidentiality. The auditor also reviewed the grievance forms available to clients. The grievance forms have been updated to include a section completed by management to ensure that all grievances have been acted on in a timely manner and that the client has received a response to their grievance.</p> <p>Clients are able to make unassisted free phone calls to any of the hotline agencies through the use of a facility house phone. This phone is located a client area and is available to the clients at all hours of the day. The clients are also able to carry their own cell phone. This allows for clients to report to any entity, any where, at any time.</p> <p>During the onsite visit, the auditor interviewed sixteen (16) clients. The clients were able to discuss the information given to them during intake and during orientation. The clients state that during their tour of the facility, the staff pointed out the location of reporting posters and informed them of the different ways they can report allegations. All clients interviewed stated they received a handbook and that reporting information is inside the handbook. No client reported making an allegation.</p> <p>Policy 1300.05 states that if a client reports an allegation of sexual abuse or sexual harassment to a staff member, that staff member shall report the information to the PREA Coordinator. The staff member who receives the initial report (in writing, verbally, or from a third-party) or if the staff member has witness or is suspicious of inappropriate behavior, shall complete a PREA Report Form and submit it to the PREA Compliance Manager. The staff member may report the incident privately to the PREA Coordinator.</p>

All staff interviewed (random, targeted, administrative) were aware of the agency's zero tolerance policy and their obligation to report an allegation regardless of how it was reported to them. The staff were also aware that they have an obligation to report any suspicions they may have about sexual abuse and sexual harassment to their immediate supervisor, the facility PREA Compliance Manager, or the agency PREA Coordinator. Staff report they were trained on the reporting process during orientation and annually during back-to-basics training.

Review:

Policy and procedure

Client handbook

Written client PREA materials

PREA posters

PREA report form

Client interviews

Staff interviews

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.03 states that clients have the right to file a grievance on any condition within the facility, without fear of reprisal from staff. Clients may file an emergency grievance for any claim regarding an allegation of sexual abuse. The procedure includes:</p> <ul style="list-style-type: none"> * Outlining the grievance procedure in the client handbook *Explaining the grievance during client orientation *Post a copy of the grievance procedure in a place accessible by clients in each facility *The facility shall maintain a copy of the grievance report, documentation of grievance resolution, and copies of response given to client <p>An emergency grievance is a grievance that alleges sexual abuse. The procedure for an emergency grievance includes:</p> <ul style="list-style-type: none"> *No imposed time limit on when a client may submit a grievance regarding allegation of sexual abuse *Clients are not required to use an informal grievance process or to otherwise attempt to resolve with staff, an allegation of sexual abuse *The agency has issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing *Computation of the 90 days shall not include time consumed by clients in preparing any administrative appeal *The agency may claim an extension of time to respond for up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the client in writing of any such extension and provide a date by which a decision will be made *At any level of the administrative process, including the final level, if the client does not receive a response within the time allotted for reply, including any properly noticed extension, the client may consider the absence of a response to be a denial at that level. *Clients who make bad faith allegations of sexual abuse may be disciplined <p>The policy allows for third party assistance for emergency grievances. Third parties include other clients, staff members, family members, attorneys, and outside advocates. Theses parties are permitted to assist clients in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such request on behalf of clients. If the third party files such a request on behalf of a client, 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 process. If the client declines to have the request processed on his or her behalf, the agency shall document the client's decision.</p> <p>The policy requires the facility to take immediate corrective action to any emergency grievance. The initial response must be within 48 hours and a final agency decision within 5 calendar days. Both responses shall document the agency's determination on whether the client is in substantial risk of imminent sexual abuse and the action taken in response to the</p>

emergency grievance.

The sixteen clients interviewed during the onsite visit state that they were trained on the grievance process during intake and orientation group. They know the location of the grievance forms, how to complete the forms, and where to turn in the forms. Of the sixteen clients interviewed, only one client reported filing a grievance. The client states that the grievance did not alleged sexual harassment or sexual abuse. The client felt the grievance was responded to appropriately and in a timely manner.

CRS staff interviewed stated they understand the importance of keeping clients safe and will immediately contact the PREA Coordinator for appropriate measures to protect the client for any allegation of sexual abuse.

The Facility Director states that she is responsible for ensuring grievances are responded to appropriately and in a timely manner. She states that she tries to respond to all grievances the same day or the next business day.

The PREA Coordinator reports that the facility has not received an allegation of sexual abuse through the grievance system during the past twelve months.

Review:

Policy and procedure

Grievance report form

Client handbook

Client interviews

Staff interviews

Facility Director interview

PREA Coordinator interview

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has an Memorandum of Understanding (MOU) with Sexual Assault Response Network of Central Ohio (SARNCO) to provide victims of sexual abuse victim advocates for emotional supportive services. Included in the MOU is an agreement for SARNCO to provide their address and hotline number so clients can access these services privately. The director at SARNCO states that all services provided by the agency are confidential.</p> <p>Along with the MOU for emotional supportive services, the facility has posted the contact information for the agency as well as the addresses and phone numbers including toll-free numbers for other Ohio rape crisis agencies including the phone number for the Rape, Abuse, and Incest National Network (RAINN).</p> <p>The auditor also spoke with the manager from SARNCO who provides victim advocate services to all the clients of Alvis, Inc. facilities in the Columbus, Ohio area. The manager states that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate disclose to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity). She stated that the agency has not received a request for services for any client nor has the agency received a call from a client alleging sexual abuse or sexual harassment.</p> <p>*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency. When calling RAIIN, an individual will be connected to the local RAIIN affiliate. The local affiliate in the Columbus, Ohio area is SARNCO.</p> <p>The auditor was able to verify the information giving to the clients by the various postings and materials given to the clients at intake. The auditor was also given a copy of the MOU with SARNCO.</p> <p>Clients interviewed during the onsite visit confirmed they received information about emotional supportive services, rape crisis counseling, and confidentiality during intake and again during orientation class. Most of the clients understood the services were free of charge.</p> <p>Review: SARNCO MOU Client PREA materials Client handbook PREA posters Client interviews</p>

115.254	Third party reporting
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 528">The agency has posted on its website, https://www.alvis180.org/prea/, ways that anyone can report allegations of sexual harassment or sexual abuse on behalf of a client. This information includes Alvis' toll-free hotline number and a link to make an online report. The auditor tested both the hotline number and the PREA Coordinator answered the phone call for the hotline number.</p> <p data-bbox="252 584 1477 741">The facility post information in locations that are accessible to visitors. These posters contain information on PREA, how anyone can report an allegation, and the phone numbers to the agency and outside reporting agencies. Clients report that at intake they are given information on how to educate their friends and family on the third-party reporting process.</p> <p data-bbox="252 797 1477 909">The facility has had one third-party sexual abuse allegation during the past twelve months. The allegation was reported by another client. The allegation was administratively investigated and determined to be substantiated.</p> <p data-bbox="252 965 504 1133">Review: Agency website PREA postings Investigation report</p>

115.261	Staff and agency reporting duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 528">Policy 1300.05a requires staff to immediately report an allegation of sexual abuse or sexual harassment, whether it was received verbally, in writing, anonymously, or from a third party. In addition, policy 1300.05 requires staff to create a culture of reporting and safety and management is responsible for ensuring that all staff recognize the agency's zero tolerance on incidents of client sexual abuse, harassment, and retaliation.</p> <p data-bbox="252 573 1485 909">The staff during interviews report that they are required to report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, and retaliation. The staff report that they would report the information to their immediate supervisor and to the designated PREA email. Use of the email reporting system allows the facility to limit the number of people who have access to the allegation information. After reporting, staff state they will document the information on section "A" of the agency's <i>Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Reporting Form</i>. The auditor was provided a copy of the form for review.</p> <p data-bbox="252 954 1485 1066">During two staff interviews, the auditor heard instances of reporting allegations based on information provided by clients or own suspicions. The staff felt comfortable approaching their supervisors and believed that all reports were taken seriously.</p> <p data-bbox="252 1111 1485 1267">The auditor interviewed the Training Coordinator who reviewed the onboarding training curriculum with the auditor. The training including instruction on how to report allegations, detect incidents of abuse or harassment, and identify red flags. Staff verified their training through sign-in sheets.</p> <p data-bbox="252 1312 1485 1514">The Program Manager reports to the auditor that during <i>case manager 101</i> training, staff is instructed on how to provide residents with information on informed consent, limits to confidentiality, and mandatory reporting. The clients are provided this information in their handbooks and it is reviewed with them before the beginning of individual sessions or group meetings.</p> <p data-bbox="252 1559 1485 1715">The auditor received a copy of the residents handbook for review. The handbook states that clients have the right to confidential communication within the limitations and requirements for disclosure of client information under state and Federal laws and regulations. PREA is identified as a mandatory reporting obligation of all staff, contractors, and volunteers.</p> <p data-bbox="252 1760 1485 1917">The auditor conducted sixteen client interviews and reviewed five client files. All clients interviewed stated that they understood any allegation of sexual abuse or sexual harassment would be reported according to agency protocols and be investigated. A review of the files verified all clients received a handbook upon intake and had an orientation class.</p> <p data-bbox="252 1962 1485 2163">Agency policy requires the facility to report allegations of abuse to adult protective services. The PREA Coordinator reports that the agency is required to report allegations of sexual harassment, sexual abuse, and retaliation to the clients parent agency. The agency does not allow facilities to house clients under the age of eighteen and therefore does not have a duty to report to child protective services.</p>

Review:

Policy and Procedure

Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form

Client files

Staff training curriculum

Staff interviews

Client interviews

PREA Coordinator interview

Training Coordinator interview

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05 states that appropriate steps will be made to protect the client including, but not limited to:</p> <ul style="list-style-type: none"> ● housing unit change ● dorm change ● bed change ● facility move ● increase contact with staff <p>If the alleged abuser is a staff member, depending upon the seriousness of the allegation, the agency has the ability to move the staff member to another facility during the investigation or place the staff member on administrative leave. The PREA Coordinator and Managing Director of Correctional Programs both report that the agency tries to err on the side of caution and places the staff member on administrative leave.</p> <p>Depending on the status of the client and the referral agency, the facility also has the option of placing clients on electronic monitoring. The alleged abuser can also be returned to the referral source during an investigation. The PREA Coordinator reports that the type of protection will depend upon the nature of the allegation and the available protection options.</p> <p>The auditor was able to review all allegations with the PREA Coordinator. The facility had an allegation of sexual abuse against a staff member. The staff member was placed on administrative leave during the allegation. The allegation was determined to be substantiated and the staff member was terminated.</p> <p>The facility has not had a report that a client was at risk of imminent abuse.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA Coordinator interview</p> <p>Administrative investigation report</p> <p>Employee disciplinary report</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1300.05 that in the event a client reports an allegation that sexual abuse or harassment that occurred prior to their arrival at the facility while in a correctional institution, jail, or other correctional facility, the staff shall report this information to the PREA Compliance Manager through an incident report an attempt to get a written statement from the client. The president/CEO will, within 72-hours of receipt of such information, will send written notification to the Warden or facility head where the alleged incident occurred.</p> <p>The agency requires all reports of sexual abuse or sexual harassment be investigated by a trained investigator. This includes reports made to other confinement facilities by former clients.</p> <p>The PREA Coordinator confirmed the process for reporting allegations to other confinement facilities. She reports that the facility has not made a report to another facility.</p> <p>The auditor reviewed all allegations reported to the facility. The facility had not had an allegation reported from another confinement facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>PREA Coordinator interview</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05 requires staff to complete the following protocol if a client reports an allegation of sexual abuse</p> <ul style="list-style-type: none"> • the victim client and alleged abuser will be immediately separated • the abuser will be instructed and the victim will be requested to not take any action that would destroy/contaminate any evidence (e.g. not to shower or change clothes, brush teeth, etc.) • preserve the crime scene until the legal authority arrives <p>First responder training is mandatory during staff orientation training and is conducted annually during back-to-basics training. The training is also provided to contractors and volunteers.</p> <p>During staff interviews, all staff (targeted and random) were able to recite almost verbatim the agency's protocol on first responder duties. The staff report for almost all allegations, depending upon the severity of the report, the victim and alleged abuser are separated until the investigation is complete. The auditor also interviewed a contract employee and verified that contract staff also know the agency required first responder duties.</p> <p>The facility had one allegation of sexual abuse. The incident did not warrant the use of the first responder duties. The alleged staff abuser was placed on administrative leave in order to facilitate separation during the investigation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Staff training curriculum</p> <p>Staff interviews</p> <p>Contract staff interview</p> <p>Investigation report</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1300.05 details the agency's coordinated response plan to allegations of sexual abuse. The plan has been outlined in a flow chart and posted at the post desk in each facility. The steps include the contact person along with the phone number for each step in the chain. The chart documents the steps for both sexual harassment and sexual abuse allegations. The posted plan includes:</p> <ul style="list-style-type: none"> ● First responder duties listed in standard 115.264 ● Immediately contact 911 for police and medical ● Contact the PREA Compliance Manager or PREA Coordinator ● Report allegations to referral agency ● Forensic medical examinations free of charge ● Client victim will be evaluated by the designated victim support person or other qualified practitioner <p>All staff are mandated to learn the agency's Sexual Abuse, Assault, Abuse, Harassment Response Procedure during orientation training. More specific training on the facility's plan is given to the employee once assigned a specific Alvis facility.</p> <p>The PREA Coordinator reports that various steps of the plan are conducted based on the type of allegation and the specific needs. The facility had one allegation of sexual abuse. The facility placed the staff member on administrative leave, contacted the PREA Coordinator and the client's referral agency, and offered the client victim advocate services.</p> <p>The staff knew the location of the posted coordinated response plan and the facility's protocol for contacting law enforcement, medical, and mental health during allegations of sexual abuse.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Sexual Abuse, Assault, Harassment, Response Procedure</p> <p>Staff training curriculum</p> <p>Facility tour</p> <p>Staff interviews</p> <p>Investigation report</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Coordinator reports that the facility does not have a union nor does the agency enter into any contracts with employees. The agency offers at-will employment.</p> <p>Review:</p> <p>PREA Coordinator interview</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1300.05 states that the facility will monitor the conduct/treatment of clients and staff that have reported sexual abuse or cooperated with investigations. The monitoring includes status checks that will review disciplinary reports, housing changes, and program changes. The policy requires the monitoring to be conducted for at least 90-days to assess changes that may suggest possible retaliation by clients or staff.</p> <p>The Program Director or Operations Manager will be responsible for conducting retaliation monitoring and status checks. The Director reports that she will periodically check in with the client or staff member to ensure that the client is safe and that retaliation is not taking place. She states that she will review the client victim's progress notes, discipline reports, and any unusual reports. All checks will be documented and if retaliation is suspected, the facility will take immediate action to remedy the situation.</p> <p>The PREA Coordinator reports that the agency has the ability to move a clients bed, dorm, housing unit, or facility in order to facilitate protection from retaliation. She states that the client victim in this situation did not experience any issues with retaliation and shortly after the investigation was reported, the client was placed on electronic monitoring as part of his program. He was instructed during his placement on electronic monitoring that he was not to have any contact with the alleged abuser.</p> <p>Status checks are documented in client case notes.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Program Director interview</p> <p>PREA Coordinator interview</p>

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 1300.05 requires an administrative investigation of any allegation on sexual harassment and policy 1300.05a requires an administrative and/or criminal investigation into allegations of sexual abuse. This includes allegations received through third-parties or anonymous reports. Any allegation received will be immediately forwarded to the PREA Coordinator who will assign a trained administrative investigators (see standard 115.234) to review the allegation. If the reported allegation involves possible criminal behavior, the allegation will immediately be reported to the local law enforcement agency that has the legal authority to investigate. Policy strictly prohibits Alvis, Inc. staff from conducting any type of criminal investigation.</p> <p>The agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form serves as a guide for the administrative investigator. The form documents:</p> <ol style="list-style-type: none"> a. Name of all victims, witness, and abusers b. Name of all staff working during the incident c. Date, time, and location of incident d. how the incident was reported to the agency e. Review of the allegation and any available statements f. Review any prior allegations, incidents, or reports involving the victim or abuser (review other allegations/reports available) g. If the victim has been offered or requested or requested the use of emotional supportive services h. Availability/review of video evidence i. Isolated incident or repeated offences (not previously reported) j. Interview of all victims, abuser, and witnesses, along with staff working during the incident (if the allegation is of a criminal nature the administrative investigator will not interview any victim, witness, or abuser until the completion of the criminal investigation or without expressed consent from the legal authority) k. Identify any vulnerabilities within the facility that could have contributed to the alleged abuse (physical layout, composition of resident population, inadequate staffing levels, inadequate video monitoring, blind spots, or other) l. Location of victims and abuser (i.e. hospital, removed from program, home) m. Finding summary including reasoning behind credibility statements <p>The auditor reviewed the training curriculum and certificates of completion for administrative investigators. The training was provided by the Moss Group and included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The agency prohibits administrative investigators from requiring a polygraph examination or other truth telling device, not are they allowed to conduct criminal investigations. Should an allegation include criminal conduct, the administrative investigator will protect and preserve evidence until collection can be done by the legal authority. The administrative investigator reports to the auditor that they will document in the Sexual Abuse, Sexual Assault, Sexual</p>

Harassment, and Retaliation Form what evidence was collected and by whom. The investigator will ensure cooperation with the City of Columbus Police Department and remain informed about the progress of the investigation.

The agency has a signed MOU with the City of Columbus Police Department (that was reviewed by the auditor) to conduct investigations into allegations of sexual abuse, sexual assault, and sexual harassment that appear criminal. The auditor spoke with a lieutenant from the sexual assault division of the City of Columbus Police Department. The lieutenant confirmed that the department would respond to any sexual assault at any Alvis, Inc. facility in the city of Columbus and would conduct a criminal investigation in accordance with agency policies. The department would remain in contact with the facility during the investigation.

The facility has had one allegation of staff-to-client sexual abuse during the past twelve months. The Program Director and the PREA Coordinator, both trained administrative investigators, investigated the allegation. The investigators report reviewing the victim's cell phone and conducting interviews. The photos on the phone confirmed the relationship. The investigators report that while sexual activity did not take in the facility, they were able to confirm that the relationship was sexual. The investigation was referred to the criminal investigators at the Federal Bureau of Prisons, the parent agency of the client victim. The client was removed from the facility by the FBOP due to other issues.

The PREA Coordinator, an administrative investigator, discussed the process for referring an allegation to the local legal authority for a criminal investigation. The Coordinator states that if a staff member is the alleged abuser in the situation, especially if the allegation is sexual abuse or sexual assault, the police will be immediately called to conduct a criminal investigation. At no time will any staff member conduct an interview with the alleged staff abuser during a criminal investigation. The facility is part of a private non-profit agency and is not bound by Miranda or Garity warnings; however, the coordinator reports that an administrative investigation would only begin after the conclusion of the criminal investigation or with the permission of the legal authority. The coordinator would remain informed of the progress and outcome of the criminal investigation; however, it would be the responsibility of the Columbus Police Department to make a referral for criminal prosecution. The coordinator confirmed that should a staff member resign during an investigation the resignation would not halt the investigation. All information concerning investigations is retained by the PREA Coordinator. She reports that she keeps the information for at least five years after the release of the client or termination of the staff member.

Review:

Policy and procedure

Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form

Investigation report

Administrative investigator training curriculum

Administrative investigator training certificates

MOU with City of Columbus Police Department

Administrative investigators interviews

PREA Coordinator interview

City of Columbus Police Lieutenant phone interview

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency does not impose a standard higher than the preponderance of the evidence or 51% in determining whether an allegation of sexual abuse or sexual harassment is substantiated. The PREA Coordinator confirmed during interviews that the agency uses preponderance of the evidence when determining the disposition of an investigation.</p> <p>The auditor reviewed all allegations from the past twelve months. The determination was based on the appropriate standard.</p> <p>Review: Investigation report Interview with PREA Coordinator</p>

115.273	<p>Reporting to residents</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Policy 1300.05 requires client notifications of the outcome determination in an investigation of sexual abuse or sexual harassment. the policy states that clients shall be informed of:</p> <ul style="list-style-type: none"> a. substantiated, unsubstantiated, or unfounded determination b. whether the staff member is no longer working within the client's facility c. Whether the staff member is no longer employed by the agency d. whether the staff member/client abuser has been indicted on a charge related to sexual abuse in the facility e. whether the staff member/client abuser has been convicted on a charge related to sexual abuse within the facility <p>The agency has an appropriate PREA Allegation Outcome Notice that contains all the required information per PREA standard 115.273 (c) (1) (2) (3) (4) and (d) (1) (2). The agency has had one (1) allegation during the past twelve months of staff-to-client sexual abuse. The outcome notice of substantiated was given to the client victim. Clients are required to sign and date the notice and a copy will be placed in the investigation file.</p> <p>The auditor was able to view the notice from the one allegation.</p> <p>The PREA Coordinator reports that every attempt is made to give victims outcome notices even if the client is no longer at the facility. The PREA Coordinator remains in contact with criminal investigators in order to give notice to any criminal proceeding outcomes.</p> <p>Review: Policy and procedure PREA Allegation Outcome Notice Form PREA Coordinator interview</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Staff are required by policy 1300.05a to be appropriately disciplined for any substantiated allegation of sexual abuse, sexual harassment, or sexual misconduct. Policy 1300.05 declares it is never appropriate or acceptable for a staff member to have a personal or sexual relationship with a client and any sexual contact with a client is a terminable offense as well as criminally punishable. The policy requires the agency to report any terminations due to violations of agency policy on sexual abuse or sexual harassment to any relevant licensing board and to law enforcement agencies if the behavior is criminal. A staff member who resigns during an investigation will not terminate these responsibilities. The Human Resource Audit Specialist confirmed the practice of terminating the employment of any employee that violates the agency's zero tolerance policy.</p> <p>The agency's disciplinary policy is given to staff during orientation and each staff member is required to sign an acknowledgment that they have read, understood, and agree to abide by the policies and procedures set forth by Alvis, Inc. The auditor was able to verify the form and signatures during the file review. The handbook states that any staff member found to have engaged in sexual abuse will be terminated. Termination or resignations by staff will not void an investigation and any criminal activity will be reported to the legal authority and to any relevant licensing agency.</p> <p>During staff interviews, the staff stated they are aware that Alvis, Inc. would report terminations based on a violation of the agency's PREA policies to law enforcement agencies and relevant licensing boards.</p> <p>The facility has had one substantiated allegation of sexual abuse against a staff member during the past twelve months. The staff member's employment was terminated and the allegation was turned over to the Federal Bureau of Prisons for a criminal investigation due to the client being under their jurisdiction.</p> <p>The auditor reviewed a total of twenty (20) employee files during the onsite visit including disciplinary records. The file review included the file for the staff member who had a substantiated allegation. The file documented the reason for the termination, a personnel action report that indicates that the former employee is ineligible for rehire, and a reference check from another institution that indicates the applicant (former employee) was terminated based on a substantiated sexual abuse allegation. The file also contained the former employee's on boarding documentation. This documentation includes:</p> <ul style="list-style-type: none"> *Job application with PREA allegation questions *FBI and BCI background checks *Signed acknowledgment of receiving FBOP sexual harassment packet *Signed acknowledgement of agency zero tolerance policy *Signed acknowledgement of receiving policy manual <p>Code of ethics Rule of Conduct</p>

Off duty conduct
Material omissions
Employee at will statement
Conflict of interest disclosure

The auditor was able to discuss the agency's disciplinary policy, procedure, and practice as it related to violation of the agency's zero tolerance policy with an agency Human Resources Specialist. The HR Specialist states that its agency practice to place staff on administrative leave during the course of an investigation. Should the investigation determine that the staff member substantially committed an act of sexual abuse or sexual harassment, the agency will terminate employment or contract service.

Review:
Policy and procedure
Employee disciplinary records
Staff zero tolerance acknowledgements
Staff interviews
HR Audit Specialist interview

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1800.18 requires all contractor, volunteers, and interns to receive appropriate PREA training that provides an overview of their responsibilities to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, or retaliation. This training also makes clear that any contractor, volunteer, or inter that violates the agency's policies on sexual abuse and sexual harassment will have their contact or agreement with the agency cancelled. The agency is also under the obligation to report the contractor, volunteer, or intern to law enforcement for any act that appears to be criminal, and to any relevant licensing boards.</p> <p>The auditor reviewed the Staff, Vendor, Volunteer, and Contractor PREA Acknowledgement and Review Form. This form reviews the agency's requirement for staff, contractors, volunteers, and interns to report any suspicions or reports, including third party reports, of sexual abuse and sexual harassment. The form also covers the continuing affirmation to disclose any sexual misconduct and possible disciplinary action for a violation of these policies. Any material omissions regarding sexual misconduct is subject to dismissal.</p> <p>The auditor was able to interview the Aramark Food Service Manager during the onsite visit. The Manager reports that she is over all Aramark staff in the Columbus, Ohio area that work in Alvis, Inc. facilities. She states that she receives ongoing training from the facility and her parent agency on the PREA standards. She trains her staff on Alvis' zero tolerance policies. She states that should a contractor violate the zero tolerance policy, they will be terminated from Aramark.</p> <p>The facility has not received an allegation of sexual abuse or sexual harassment against a contractor, volunteer, or intern during the past twelve months.</p> <p>Review: Policy and procedure Employee and contractor PREA acknowledgement and review Contractor, volunteer, and intern training curriculum Contractor, volunteer, and intern training roster Food Service Manager (contractor) interview</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1444 784">Policy 1500.04 requires all Alvis, Inc. facilities to adopt a system of progressive discipline in accordance with established program rules and regulations. Policy 1500.02 outlines the procedures for progressive discipline. The policy specifically defines the procedure each facility must take when deal with client violations of rules and regulations. Sanctions will be chosen to coincide with the appropriate violations and category as listed in the client handbook. The facility allows for increased severity of sanctions or additional sanctions for repeated occurrences of rule violations. Sanctions in the "automatic" category will result in a disciplinary hearing or Behavior Review Committee meeting. During the review, the clients mental disabilities or mental illness will be considered before deciding upon an appropriate sanction. A disciplinary hearing or committee review meeting can result in a client being permanently removed from the program.</p> <p data-bbox="252 840 1476 1209">The facility has defined rules and sanctions that can be given for violations. These rules and sanctions are described in the client handbook. Each client is to receive a handbook upon admission and the rules shall be explained by staff during orientation. Client sign a verification form that they received the handbook and the form is placed in the clients file. The auditor reviewed five (5) client files during the onsite visit and confirmed that the date of intake matched the date the client recorded they received the handbook. The sixteen (16) clients interviewed confirmed that they received a handbook during intake and the staff reviewed the rules with them. Clients also stated that the rules and regulations are posted on the client board in the dining hall.</p> <p data-bbox="252 1265 1460 1422">The clients reviewed the zero tolerance policies with the auditor and all sixteen (16) stated they believed that one would be terminated for violating the agency's zero tolerance policies. The clients reported that they received the handbook upon intake and a CRS staff member reviewed the contents.</p> <p data-bbox="252 1478 1484 1724">The auditor reviewed the client handbook. The handbook outlines the agency's zero tolerance policies, possible sanctions for violations, and also prohibits consensual sexual relationships. It specifies that clients who try to establish a relationship with a staff member can be disciplined according to agency policy when the staff member did not consent to such relationship. During the past twelve (12) months, the facility has not had an allegation of sexual abuse or sexual harassment against a client.</p> <p data-bbox="252 1780 1484 1892">The PREA Coordinator states that all allegations reported (written, verbal, anonymous, or third party) are investigated and that no client would be disciplined for a good faith report of a possible PREA violations.</p> <p data-bbox="252 1948 534 2116">Review: Policy and procedure Client handbook Client interviews</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a allows for all client victims of sexual abuse to receive free timely, unimpeded access to emergency medical treatment and crisis intervention services, and the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Ohio State University Hospital or Grant Hospital would provide timely information and timely access to emergency contraception and sexually transmitted infectious prophylaxis, pregnancy related services.</p> <p>Sexual Assault Response Network of Central Ohio (SARNCO) has agreed (signed MOU) to provide emotional supportive services, crisis intervention, and ongoing recovery assistance to all client victims of sexual abuse. Policy requires the offering of these services regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p>During staff interviews it was relayed to the auditor that should an incident of sexual abuse/assault take place, the staff would immediately separate and protect the victim until the arrival of medical personnel. They would contact the supervisor on duty or on call. Contact numbers are located on the facility's coordinated response plan. The specific coordinated respond plan for each facility is posted all post offices.</p> <p>The facility has had one substantiated allegation of client sexual abuse; however, the Federal Bureau of Prison removed the client from the facility.</p> <p>Review: Policy and procedure MOU with SARNCO Sexual Abuse, Assault, Harassment Response Procedure SARNCO Director interview Staff interviews</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility offers medical and counseling services in the community for clients who have been sexually abused in a prison, jail, lockup, or juvenile facility. These services are discussed with the client during the initial risk screening assessment and if necessary, again during the re-screening. The community services available would include evaluation and treatment; follow-up care; treatment plans; and further referral to community resources following a clients transfer or placement into another facility or release from custody.</p> <p>Services will also include testing for sexually transmitted infections. This is an all male facility, but the agency has a policy that requires each facility to offer female victims of sexual abuse be offered a pregnancy test, timely and comprehensive information about and timely access to all lawful pregnancy related medical services. This would apply in circumstances where a transgender client would be housed at this facility and still have female genitalia.</p> <p>Staff interviewed stated they would immediately offer unimpeded access to both emergency and ongoing medical and mental health care.</p> <p>The facility does not currently have a client that was abuse while incarcerated n a juvenile facility, prison, jail, or lockup.</p> <p>The PREA Coordinator confirmed the availability of all services and verified that the services would be free of charge. She states that policy prevents the agency from housing known resident-to-resident abusers.</p> <p>Review: Policy and procedure Sexual Abuse, Assault, Harassment Response Plan PREA Coordinator interview Staff interviews</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Any sexual abuse allegation investigation that resulted in a determination of substantiated or unsubstantiated will be reviewed by the agency's Sexual Assault Response Team (SART) per policy 1300.05a. This review will take place within thirty (30) days of the conclusion of the investigation. The review team consist of the Managing Director of Agency Programs, Managing Director of Clinical Services, Managing Director of Operations or human resource designee, Director of Accreditation, Associate Managing Director of Grants and Communications, facility Program Director, and the client's case manager. The team will also include any other staff as needed.</p> <p>According to an interview with the PREA Coordinator and documented on the agency's annual report, the facility has had one allegation of sexual abuse. The auditor reviewed the agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form. The SART will complete section "D" of this form during the review of the allegation. The team will review:</p> <ul style="list-style-type: none"> *Verify zero tolerance training and acknowledgement for all parties involved *Number of staff on duty and if the staffing is adequate *Surveillance monitors availability and condition of equipment *Barriers to communication (limited English proficient, auxiliary aids used) *Physical barriers or other facility design that enabled the abuse *PREA Coordinator consultation on any substantial expansion or modification to the facility *Facility response per agency protocol *Coordinated response plan followed *Medical treatment/SANE services used *Emotional supportive services used *Referral for criminal investigation *Needed updates to policy and procedure *Verify victim and abuser received agency handbook (resident and/or employee) *Victim and abuser risk assessments (initial and rescreen) *Motivation for abuse/assault (race, ethnicity, gender identity and/or sexual orientation or perceived gender identity and/or sexual orientation, gang affiliation, or any other group dynamics. *Previous allegations, grievances, or incident reports *Any response to previous allegations, grievances, or incident reports *Notification of mandatory reporting laws *Community based services offered free of charge *Suspected or documented acts of retaliation *Protection measures employed *Victim notification of investigation determination *Disciplinary actions *Receipt of timely information and access to emergency medical treatment and crisis intervention services, pregnancy testing and related medical services, and test for sexual transmitted infections as medically appropriate *Ongoing medical and mental health care as determined by medical and health practitioners

The team will also review previous facility audits, if the facility was out of compliance with PREA standards, and the number of substantiated allegations at the facility within the past three years.

At the conclusion of the review, team will make recommendations as necessary and submit the required corrective actions to the facility director. The compliance with the team's recommendations will be overseen by the PREA Coordinator. All information contained in the SART report will be retained by the PREA Coordinator in a locked file cabinet for at least five (5) years after the termination of the abuse from the facility and the statistical data will be retained for ten (10) years.

During the SART review of the one sexual abuse allegation, the team made the recommendation to hire an additional Managing Director of Correctional Programs, train staff on identifying red flags, the ability of staff to request facility transfers in order to protect themselves, and training staff on how PREA pertains to off duty conduct. The agency hired an additional Managing Director. The directors are responsible for specific buildings and ensuring that Facility Directors are in compliance with PREA policies and procedures. The PREA Coordinator worked with the Training Coordinator and Facility Directors to ensure that the rest of the recommendations were implemented.

The auditor spoke with the Managing Director of Correctional Programs that is responsible for Alum Creek South about the process the team takes in reviewing an allegation, investigation, and facility response. The managing director states that ensuring proper policy, procedures, and protocols for were followed prior, during, and after an allegation is the main focus of the team. Ensuring these is the best way the facility can prevent, detect, report, and respond to sexual abuse and sexual harassment. The team also reviews current policy, procedures, and protocols to address whether change is needed in order to more effectively prevent, detect, report, and respond to sexual abuse and sexual harassment.

Review:

Policy and procedure

Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form

Managing Director of Correctional Programs interview

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05b requires the PREA Coordinator to supervise the agency's data collection process and ensure a report is prepared that details sexual abuse and sexual harassment findings and corrective actions for each Alvis, Inc. operated community confinement facility. The facility's director or manager is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA Coordinator. The agency is using Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument. The facility provided the auditor with the agency's data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes data on:</p> <ul style="list-style-type: none"> • Resident-to-Resident sexual abuse • Resident-to-Resident sexual harassment • Staff-to-Resident sexual abuse • Staff-to-Resident sexual harassment • Administrative investigations • Criminal investigations • Retaliation • Staff training • Resident education • Initial and 30-day risk screening <p>The information on this form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website https://www.alvis180.org/prea/.</p> <p>The auditor accessed the agency's website and reviewed the Alvis PREA Allegation Summary Report for 2017 and 2018. Both reports contain annual aggregated sexual abuse and sexual harassment allegation data from all Alvis, Inc. operated facilities. The information documented is enough to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator reports that the Department of Justice has never requested such data.</p> <p>Policy and Procedure Alvis, Inc. website PREA Allegation Summary Report 2017 PREA Allegation Summary Report 2018 PREA Coordinator interview</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In addition to requiring the PREA Coordinator to collect and aggregate data on the agency's sexual abuse and sexual harassment allegations, policy 1300.05b requires the publishing of this report on the agency's website and make available in other forms as requested. The auditor accessed the website at https://alvis180.org/prea/ and reviewed the PREA Allegation Summary Report for 2017 and 2018. Both reports contain details on how the agency as a whole and the facility specifically assesses and improves the effectiveness of its sexual abuse prevention, detection, and response policies. The report reviews each allegation reported at every facility operated by Alvis, Inc. as well as the outcome of the investigation and any necessary corrective action. The report does not contain personal identifying information or information that would present a clear and specific threat to the safety and security of the facility.</p> <p>The agency post the two most recent consecutive years reports so that aggregated data from those years can be compared. The report list an assessment of improvements for the agency and individual facilities, and the overall progress toward addressing sexual abuse. Alvis is actively taking steps toward full PREA compliance. Employee training and resident education is conducted on an ongoing basis, to demonstrate the agency's commitment to a culture of safety, and reporting.</p> <p>The report, prior to being posted, is approved by the agency's President/CEO, and submitted to the Board of Trustees.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Allegation Summary Report 2017 PREA Allegation Summary Report 2018</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor accessed the agency's website, https://alvis180.org/prea/, and reviewed the PREA Allegation Summary Report for 2017 and 2018. The information in the reports is collected by the facility's director or manager and reported to the PREA Coordinator. The PREA Coordinator will aggregate the information and prepare the information for the annual report. The PREA Coordinator reports that she keeps the information under her direct supervision in a locked file cabinet. This information will be kept for ten (10) years. The data collected pursuant to standard 115.287 is made available to the public through the agency website.</p> <p>Printed reports can be made available by request. The coordinator reports that no such request have been made.</p> <p>The reports do not contain any personal identifying information, nor do they contain information that would jeopardize the safety and security of the facility.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Allegation Summary Report 2017 PREA Allegation Summary Report 2018</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency post all final report of each of its facilities on the agency website. The auditor reviewed the agency website to ensure that past audit reports are posted on the agency's website. The agency has a total of nine facilities. This is the first year of the current audit cycle. During year one the agency has had the following facilities audited:</p> <ul style="list-style-type: none"> *Breslin Hall *Alum Creek South *Work Release Center *OhioLink- Lima <p>These audits are being conducted during the same week in conjunction with each other. Policies and procedures, forms, and administrative interviews are representative of all facilities audited.</p> <p>The auditor was given full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with staff and clients. The auditor received documentation of the agency prior to the audit in the Online Auditing System and through email. During the onsite visit, the auditor was able to obtain requested documentation and after the onsite visit the auditor was able to obtain information through email. All requested documentation was received.</p> <p>The auditor was able to see electronic documentation (camera views, electronic databases, and SecurManage system) during the onsite visit. The auditor reviewed ten (10) client files and twenty (20) employee files during the onsite visit.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. the notices contained the auditors mailing and email addresses. The auditor was sent photographic evidence four (4) weeks prior to the audit that the notices were posted. The auditor did not receive any correspondence from clients or staff prior, during, or after the onsite visit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A review of the agency's website shows the final PREA audit reports for all Alvis, Inc. operated facilities. The final report from the previous audit (2017) is currently posted. The agency has posted all the audit reports from the previous cycle for all nine facilities. The PREA Coordinator understands the requirement of having all final reports posted, and ensures that the agency complies with this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	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
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	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 less than 50 residents)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	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

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	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?	
	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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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

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

115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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
115.217 (f)	Hiring and promotion decisions	
	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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	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

115.221 (b)	Evidence protocol and forensic medical examinations	
	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
115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	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

115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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

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

115.231 (b)	Employee training	
	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
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	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
115.234 (c)	Specialized training: Investigations	
	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

115.235 (a)	Specialized training: Medical and mental health care	
	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
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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

115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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

115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	Use of screening information	
	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

115.251 (a)	Resident reporting	
	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
115.251 (b)	Resident reporting	
	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	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

115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	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

115.261 (c)	Staff and agency reporting duties	
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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

115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
115.271 (b)	Criminal and administrative agency investigations	
	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
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	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

115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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 and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	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

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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

115.277 (a)	Corrective action for contractors and volunteers	
	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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

115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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

115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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

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