

PREA Facility Audit Report: Final

Name of Facility: OhioLink-Toledo

Facility Type: Community Confinement

Date Interim Report Submitted: 03/28/2019

Date Final Report Submitted: 08/15/2019

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: 08/15/2019

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
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Email:	mkayleen@cbcf41.org
Telephone number:	
Start Date of On-Site Audit:	2019-02-18
End Date of On-Site Audit:	2019-02-22

FACILITY INFORMATION	
Facility name:	OhioLink-Toledo
Facility physical address:	2012 Madison Ave., Toledo, Ohio - 43604
Facility Phone	(419) 241-4308
Facility mailing address:	

Primary Contact	
Name:	Wondell Hills
Email Address:	wondell.hills@alvis180.org
Telephone Number:	(419) 241-4308

Facility Director	
Name:	Wondell Hills
Email Address:	wondell.hills@alvis180.org
Telephone Number:	(419) 241-4308

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Wondell Hills
Email Address:	wondell.hills@alvis180.org
Telephone Number:	M: 419-241-4308

Facility Health Service Administrator On-Site	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	64
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/resident custody levels:	low/moderate/high
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Alvis, 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 onsite visit for OhioLink Toledo Halfway House, 2012 Madison Ave, Toledo, Ohio, was conducted on February 19, 2019 - February 22, 2019. The facility is part of Alvis, Inc. operated community confinement facilities. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act standards for community confinement facilities. OhioLink Toledo is receiving this audit in conjunction with two other Alvis, Inc. operated halfway houses.

The facility elected to use the PREA Resource Center's Online Audit System to upload documentation relevant to showing compliance with each standard. The auditor also received relevant documentation through email and while at the onsite visit. Five weeks prior to the onsite visit, the auditor received the pre-audit questionnaire, policy and procedures, facility floor plan with camera views, MOU's, facility staffing plan, table of organization, job descriptions, and photographic proof of the audit notice postings. The auditor was conducted PREA audits for this agency and specifically this facility in the past. The auditor reviewed the prior final audit report and previous documentation for comparison to the current audit.

The PREA Coordinator sent the auditor photos of the audit notices posted in conspicuous places in the facility. The notices announced the dates of the onsite visit and the name, address, and email address of the auditor. The notice encouraged staff and clients to contact the auditor with any information or concerns or request to speak with the auditor during the onsite visit, and that all correspondence is confidential. The auditor did not receive any correspondence prior to the onsite visit nor did anyone request to speak to the auditor.

In addition to the documentation sent prior to the onsite visit, the auditor reviewed ten (10) client files, twelve (12) staff files, staff training curriculum, staff and client training rosters, incident reports, grievances, risk for victimization and/or abusiveness screenings, acknowledgement forms, posters, brochures, camera views, volunteer/contractor information, and other relevant materials during the onsite visit. After the onsite visit, the PREA Coordinator continued to submit requested documentation or corrective action plans.

The onsite visit was conducted over four days where the auditor received a complete tour of the facility and perimeter areas. The facility is a single story building that houses male and female offenders. The tour observations included the both the male and female housing units, main post, client lounge areas, serving kitchen, dining/multipurpose room, staff offices, laundry room, property storage areas, bathrooms, pantry, closets/storage rooms, group room, and outdoor recreation areas. During the walk through, the auditor was able to have informal conversations to both staff and clients. The auditor noted cameras, security mirrors, SecurManage scan tags, blind spots, and staff/client interaction. The auditor was given the ability to move about the facility unaccompanied to revisit areas or to talk with staff and clients. 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 sixty-six (66) at the time of the onsite visit. The clients were selected based on the requirements of the PREA Resource Center's Auditor's Handbook. The clients were selected based on their housing unit, targeted interview status, risk assessment screening, intake date, and commitment status. The auditor conducted the following client interviews (six female and ten males):

Random = 14

Targeted = 2

The breakdown of the number of targeted client interviews is as follows:

Clients that identify as lesbian, gay, or bisexual = 2

Clients that reported sexual victimization during risk screening = 1

*Only one client that identified as lesbian, gay, or bisexual is being counted as a targeted interview. The other clients who identified as lesbian, gay, or bisexual were counted as random client interviews.

The facility did not house clients who identified as transgender or intersex; who are blind, deaf, or hard of hearing; who have a physical disability; who have a mental health disability; who are limited English proficient; or have a 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 experience with PREA education, allegation reporting requirements, communication with staff, knock and announcements, grievance procedures, searches including pat, strip, cross-gender, and body cavity, housing unit concerns, limits to confidentiality, outside supportive services, safety, retaliation, disciplinary sanctions, specialized housing units, risk assessments, and contact with opposite gender clients.

The facility has a total of twenty-two (22) staff members including the facility director. The auditor was able to talk to agency leadership during the onsite visit which includes:

Mr. Phil Nunes, Chief Operating Officer

Ms. Ramona Swayne, PREA Coordinator

Ms. , Managing Director of Agency Programs

The auditor conducted the following specialized interviews:

Facility Director

Human Resource Compliance Specialist

Administrative Investigators

SART team members

Program Manager (PREA Compliance Manager)

Risk of victimization or abusiveness screener

Retaliation monitor

First Responder (security and non-security)

PREA education facilitator

Training Coordinator

The eight (8) staff interviews included Community Reentry Specialist (CRS) who serve as security monitors, case managers, and the Cognitive Skills Specialist. The auditor interviewed two first shift CRS staff, two second shift CRS staff, and two third shift CRS staff. Due to the facility only having a total of twenty-two employees, the auditor was unable to interview the required twelve (12) random staff members. All other staff members were included in the required specialized staff members. The facility

does not have medical or mental health staff. Clients that would be in need of medical or mental health services would be referred to community resources.

Several staff members including the Facility Director were responsible for more than one specialized area. 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 was able to ask questions on the agency's zero tolerance policy, training, reporting protocols, first responder duties, coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies and procedures, data collection, annual reports, staffing plans, electronic surveillance, reporting to other confinement facilities, disciplinary procedures, searches, knock and announcements, and cross-gender supervision policies.

The auditor reached out to community resources via phone or email to confirm MOU's and scope of services. These community partners include the SANE Charge Nurse at Mercy St. Vincent Hospital, an advocate at YWCA HOPE Center, and the Affiliate Coordinator at RAINN.

OhioLink-Toledo halfway house program has had four PREA allegations during the past twelve (12) months with one allegation being forwarded to another confinement facility for investigation. The other three allegations were all administratively investigated with one allegation being referred to the Toledo Police Department for a criminal investigation. Two of the investigations required a SART review and recommendations were made and implemented at the facility.

On the final day of the audit the auditor sat down with agency leadership to review preliminary audit findings. The auditor gave feedback on standards that were found to be in non-compliance during the onsite visit, areas of concern, and program strengths.

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.

OhioLink-Toledo is a halfway house located in Toledo, Ohio that serves adult male and female offenders. The facility is a one story building that can house up to 70 offenders. To access the facility, one must be buzzed into a lobby area where they will be sign-in by staff. Clients would access the same entrance and be subject to a pat-down which is visible by video surveillance or residents may receive an enhanced pat down (residents receiving an enhanced pat down will be moved to a room where they will strip down to their lowest level of clothing besides their underclothes) which is not visible by video surveillance.

In the main lobby, one has access to a unisex bathroom, entry door to facility for clients, and a door to the coverage office. The door to the coverage office is Dutch so that anyone entering can contact CRS staff which are required to be stationed in the coverage office 24/7.

Inside the coverage office, CRS staff have panoramic views of the entry, male housing unit area, and hallway leading to female housing unit. Staff working the coverage office view the camera monitors, sign clients into and out of the building, conduct pat or enhanced pat searches, and pass medication. The coordinated response plan and PREA book are located in the coverage office.

The facility is equipped with thirty-six (36) surveillance cameras which can record and play back up to 30 days. This is an increase of four (4) cameras since the facility's last PREA audit. The cameras are placed strategically throughout the interior and exterior of the building. The facility has placed cameras in all hallways, dining room, lounge areas, coverage office, laundry rooms, alcoves, exercise room, and case manager office. There are also multiple security mirrors to enhance security in vulnerable areas. The facility has increased the number of security mirrors since the last PREA audit as well.

The facility is divided into two separate sections for the male and female offenders with a shared cafeteria and outside recreation space. The male and female clients are kept separated and are viewed by staff either by escort or on camera when moving from one area to the next. Female clients who may need to enter the male housing in order to exit the facility or contact staff must alert the staff at the coverage desk by ringing a door bell. Staff will then either visually escort the female client into the area or physically walk with the female client. The facility uses SecurManage system to assist in accountability for conducting a head count every two hours 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.

Female Housing Unit: Access to the female housing unit can be done through a locked door from the dining room or through the main corridor in the male housing unit. There are several dorms in this unit. The female wing has 1 12-bed dorm, 1 10-bed dorm, 1 11-bed dorm, 1 3-bed dorm, and several two bed dorm rooms (2-bed dorms are in an alcove of the housing unit). All clients share the bathrooms located on the unit. For a complete description of the bathroom, please see standard 115.215. The coverage office for the female unit is located at the entrance from the male unit hallway. Anyone entering the

female unit, must pass by this office. After the coverage office, the unit opens up into the lounge area where there is a locked and alarmed door that provides access to the female smoke break area. Clients must be supervised by female staff in this area. The lounge area leads to a hallway that provides access to the dorms, bathrooms, laundry room, and staff offices. Client dorm rooms and the bathrooms have solid entrance doors. Staff offices have windows that provide clear line of site views inside. Male staff that need to access the office area, must announce their presence when entering the hallway and again if they must enter a dorm room. Male staff do not access the female bathroom. The windows in the dining area door that leads to the male housing unit are covered for privacy.

The male wing has 1 7-bed dorm, 1-4-bed dorm, 2-3 bed dorm, and several 2-bed dorms. Clients that have been given a classification of vulnerable or abusive would be housed in one of the two bed rooms closest to the main post area. All rooms are designed to minimize blind spot areas. Transgender or intersex clients would be housed in a two bed dorm that is sectioned off from the other living units. These dorm rooms have access to a single use restroom and shower. The male housing unit entrance is near the main post. The main post has a large window to the hallway in the male unit that views into the male lounge area and into the private housing area. Male clients would be taken out the main entrance for smoke breaks that are supervised by staff. The main hallway in the male unit provides access to an alcove that houses case manager offices, vending, and the exercise room. All these rooms have large windows that allow for clear line of site views. The hallway that allows access to the male dorm rooms, also provides access to the group room and dining area. Female staff that need to access this area, are required to announce their presences upon entering the hallway and again if they plan on entering a dorm room or bathroom.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

This is the final report for OhioLink-Toledo. The facility had one corrective action requirement on the interim report. The facility has completed the corrective action and provided the auditor documentation that demonstrates compliance. Please refer to specific standard for details.

Standards exceeded: 115.231,115.286

Standards met: 115.111,115.212, 115.213, 115.215, 115.216, 115.217, 115.217, 115.218, 115.221, 115.222, 115.232, 115.233, 115.234, 115.235, 115.241, 1150242 115.251, 115.252, 115.253, 115.254, 115.261,115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.287, 115.288, 115.289, 115.401, 115.403

Standards not met:

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>Agency policy 1300.05a mandates that all Alvis, Inc. facilities operate with zero tolerance towards all forms of sexual abuse and sexual harassment. This policy has been revised in August of 2018 to more clearly define sexual abuse and sexual harassment, and how the agency implements its procedures for how to prevent, detect, respond, and report all allegations of sexual abuse, sexual harassment, and retaliation. This includes employee and client education, client risk assessment, protection measures, and reporting options and requirements. The policy includes the possible sanctions for clients or staff that have been found to have violated the zero tolerance policy.</p> <p>The agency's Managing Director of Social Enterprise serves as the agency PREA Coordinator and reports to the agency's Chief Operating Officer. The agency submitted a table of organization and a job description for the Managing Director which includes her responsibilities as PREA Coordinator. Policy 1300.05b also outlines the PREA Coordinators responsibilities. The duties include:</p> <ul style="list-style-type: none"> - Point of contact and reporting for an allegation of sexual abuse or sexual harassment - Working with staff development and clinical service staff to develop and implement a training plan that fulfills the PREA training standards - Monitoring screening procedures and investigations - Overseeing internal audits to ensure compliance with PREA standards - Work with SARTs to analyze sexual abuse data and make recommendations for improvements - Supervise the agency's data collection process, prepare a report that details sexual abuse findings and corrective action for individual facilities and the agency as a whole - Other efforts to ensure that the agency complies with the PREA standards <p>During an interview with the PREA Coordinator, she reports that she has sufficient time to ensure the agency's compliance with the PREA standards, as well as appropriate latitude toward implementing agency policy, procedures, and strategies. She works directly with the Human Resource and Training Departments, as well as with each facility's PREA Compliance Manager to ensure that agency policy that protects against sexual abuse, sexual harassment, and retaliation is being implemented appropriately. The Coordinator states that she makes periodic rounds to all the facilities to ensure proper postings, confirm community resource information, and provide onsite training for staff and clients. She also completes a facility walk through to assist with the annual staffing plan review. The Auditor had an opportunity to speak with the agency's Chief Operating Officer who confirmed that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of Alvis, Inc. community confinement facilities.</p> <p>Ohio-Link Toledo's Program Manager serves as the facility's PREA Compliance Manager. The Compliance Manager is tasked with ensuring the facility is following all agency policies, procedures, and guidelines to comply with the PREA standards. She implements and evaluates policies and procedures and performs quality assurance activities. The auditor was able to interview the Compliance Manager during the onsite visit. The Compliance Manager</p>

reports having sufficient time and authority to ensure compliance. She states that she works directly with the PREA Coordinator and assists with the facility's responsibility of detection, protection, and responses to allegation of sexual abuse and sexual harassment.

The agency and facility are in compliance with this standard.

Review:

Policy and procedure

Managing Director of Social Enterprise/PREA Coordinator's job description

Program Manager/PREA Compliance Manager's job description

PREA Coordinator interview

PREA Compliance Manager interview

Chief Operating Officer interview

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator reports that Ohio-Link Toledo is a private not-for-profit facility (as is the agency as a whole) and does not contract with other agencies for the confinement of offenders.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Coordinator submitted a PREA compliance Staffing Plan. The staffing plan states that the facility has thirty-two (32) internal and perimeter cameras that was confirmed by the auditor during the onsite visit. Camera coverage includes the front entrance, lobby area, hallways, dining/multipurpose room, lounge areas, coverage desk, smoke pit, and vending area. The auditor was able to view all camera angels from the monitoring station at the coverage desk. In addition to security cameras, the facility also has security mirrors to reduce blind spot areas. The blind spot areas are identified on the staffing plan.</p> <p>The facility trains all staff on the identified blind spot areas. Community Reentry Specialist (CRS) are required to monitor these areas more frequently. CRS staff will conduct four-six (4-6) house checks, two (2) bedside checks, and twelve-sixteen (12-16) circulations per shift. Facility management can track these checks through the SecurScan bar code reader program. The SecurScan system will allow for reports to be generated that will give a current headcount, location of clients, clients that are scheduled out of the building, and the time and location of circulations.</p> <p>All staff offices have windows that allow for clear line of site views into the area while staff are meeting with clients. All storage, janitorial, and maintenance closets are locked and can only be access with staff assistance. Staff who need to allow residents into these areas, must remain in the hallway under camera surveillance. The facility has two coverage offices. The main coverage office is located near the main entrance and lobby. The post allows staff to view and interact with clients entering the facility, in the male housing unit, and the hallway to the female housing unit. The second post is inside the female unit. The main post is always manned by a CRS staff member. During times when the second post is not manned, female offenders will ring a door bell to alert staff that assistance is needed.</p> <p>The facility is designed to house a maximum of sixty-four (64) male and female offenders. All clients receive an initial PREA risk for vulnerability or abusiveness assessment that staff use to ensure proper dorm/bed placement. The facility's Operations Manager is responsible for reviewing client bed assignments and ensuring clients that identify as LGBTI or non-gender conforming are housed safely. During the onsite visit, the auditor viewed all dorm rooms and was shown rooms and beds that have been identified for at risk clients. The facility also has two dorm rooms located near the main coverage desk that are designed for two clients and has access to a private single use bathroom. The facility has housed a transgender client since the last PREA audit. Management and line staff interviewed, confirmed the process for completing the risk assessment, bed assignment, staff training, and safety and security procedures.</p> <p>As documented in the facility's staffing plan and a review of all allegations by the auditor, the facility has had a total of four allegations during this audit cycle. All allegations were administratively investigated by a trained investigator. The facility had one allegation that was determined to be unfounded, one unsubstantiated, one founded, and one that was referred to another facility for investigation. During a review of the unsubstantiated and substantiated</p>

allegations, the SART reports state that the team has identified facility areas of concern and ways to address those issues to prevent future allegations. These changes include not allowing male staff to take female clients out on smoke breaks and remaining out in the hallway under camera view when allowing clients access to storage closets. The PREA Coordinator and Program Director confirm that staff have been trained on the new procedures.

The Program Director has reported that the facility has not deviated from the staffing plan. Documentation of all deviations are required to be noted in the facility's shift log. The current staffing plan mandates twelve (12) CRS staff and three (3) shift supervisors that cover three shifts (0700-1500, 1500-2300, 2300-0700). CRS staff are assigned to either rove the male or female housing unit or both, and to cover the main post. The auditor was provided with a staff schedule and the plan for filling vacant shift positions by temporary assignments, overtime, and management support.

The staffing plan is reviewed annually by facility management and the PREA Coordinator and updated as necessary. The review documents the number of incidents, number of cameras, facility physical layout, other facility specific information that may impact client safety, and adequate staffing levels. The staffing plan also assess the facility's training needs, gender considerations, access to medical and mental health services, and accommodations based on risk assessment.

During an audit of another facility under the Alvis, Inc umbrella, it was recommended by this auditor to place SecurSan tags in locations that assist CRS staff in monitoring blind spot areas. The PREA Coordinator reports that they have made the effort to place SecurScan tags in blind spot areas in all locations, including OhioLink Toledo. The auditor was able to verify this while at the onsite visit.

Review:

Facility staffing plan

Investigation reports

SART reports

Facility floor plans

Facility tour

Interview with PREA Coordinator

Interview with Operations Manager

Interview with Program Director

Interview with CRS staff (all three shifts)

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. has an agency policy that does not allow for strip searches (policy 600.06), nor does it allow for body cavity searches with or without an instrument (policy 600.05). OhioLink Toledo houses both male and female offenders. Pat searches of male offenders can be conducted by both male and female staff members; however, female staff members are not allowed to conduct enhanced pat searches of male clients. Policy 600.02 states that female clients may only undergo a pat search or enhanced pat search by a female staff member. A pat search includes having the client empty all pockets, 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. An enhanced pat search includes the basics of a pat search plus a visual inspection of the client's mouth, hair, and instruct the client to lift shirt just above the level of their waistband while staff run their hands around the waistband, and female clients will be instructed to shake out the bottom their bra and staff will run their hands around the bra straps, while male clients will have the waistband searched. All searches are conducted within camera view for visual documentation and security purposes. The auditor viewed both a pat and enhanced pat search, and a cross-gender pat search with a female staff member and male client. All searches were conducted within agency policy.</p> <p>Interviews with sixteen (16) clients affirmed that they have only received a pat or enhanced pat search. Female clients that were interviewed stated that they have never received a search of any kind of by a male staff member. The female clients also stated during interviews that they have never been prohibited from leaving the facility because no female staff were able to conduct a pat search.</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. The facility is bisected into male and female housing units. Male clients never enter into the female housing unit area. Female clients are escorted or physically watched anytime they must enter into the shared area. There is a door that separates the male and female unit that is visible to the main coverage desk and one must pass a coverage desk/staff office on the female side before entering into the housing unit. Male staff announce themselves when entering into the female area and when going down the corridor where the dorm style rooms are located. Male staff do not enter into the female bathroom while female clients are present. Female staff members in the male housing unit will announce themselves when entering into the corridor of the male dorm area and will knock and announce when entering into dorm rooms and bathrooms.</p> <p>During the onsite visit, the auditor toured all bathrooms available to the clients. The male housing unit has two bathrooms. One of the bathrooms is only available to clients that are housed in two rooms that are reserved for Department of Youth Services (DYS) clients that are eighteen. These dorm rooms and bathroom are also used to house transgender and/or</p>

intersex clients. This bathroom is a single use bathroom that is equipped with a toilet, sink, and shower (shower curtain covers the shower area). There is a solid door at the entrance. The main bathroom in the male housing unit has two entrances, both with solid doors. At one entrance to the right were three sinks with mirrors above. At the far wall, there are three toilet stalls with doors and two urinals with dividers in between. At the end of the urinal area is a shower curtain that blocks the view of the urinals from the second entrance. The shower curtain was put up at the recommendation of auditor during the facility's last PREA audit. On the other side of the shower curtain is an area where there where three more sinks with mirrors above and another shower curtain that blocks the view from the shower area. The shower area has three individual use showers that have a shower curtain for privacy. In the female housing unit, there are two places to use the restroom, but only one also has a shower area. The restroom has a solid door at the entrance. There are three toilet stalls with doors and two sinks. Right next door, is the bathroom with the shower area. There are two toilet stalls with doors, one individual use handicap shower stall that does not have a curtain but is not visible from other areas of the bathroom or the entrance, and a large shower area with three individual shower stalls with curtains and a changing area. There is a curtain at the entrance of the shower area.

The auditor was able to interview both male and female clients. All clients interviewed stated that no staff member of the opposite gender has ever entered into the dorm corridor, dorm room, or bathroom without announcing themselves. They did not experience any incidental viewing of a staff member during the commission of job activities except during urinalysis. The clients report that staff is always polite and professional during searches and urinalysis.

Alvis, Inc. has a policy (300.14) that is designed to enhance the safety of transgender/intersex clients. Clients that are identified prior to placement through entrance interviews, PSI reports, or other medical documentation available to the agency, will be placed in a facility that is best equipped to meet any specific needs. Should a client identify after placement, the PREA Coordinator will be notified and gather information for review. At no time does this policy allow for staff to search or physically examine a transgender client for the sole purpose of determining genital status. This policy also mandates appropriate training for the pat search of transgender/intersex clients. The policy requires the facility to instruct staff on how to conduct searches professionally and respectfully and in the least intrusive manner possible consistent with security needs.

OhioLink Toledo has been identified as a facility that can house a transgender/intersex client safely and securely. The facility has two rooms that can be used as an individual use with access to a private single use bathroom. During interviews with administrative and line staff, staff reported that the facility has housed a transgender client in the past. The staff stated that the training provided to them from Alvis, Inc. appropriately prepared them to conduct respectful and professional pat and enhanced pat searches, as well as urinalysis. Staff indicated that they have never and are specifically prohibited by agency policy to perform strip and body cavity searches. Pat and enhanced pat search training included how to conduct an appropriate search on all clients including transgender/intersex clients. The auditor was able to review the training curriculum for this training and verify its appropriateness.

The facility did not house a transgender or intersex client during the audit.

Review:

Policy and procedure

Training curriculum

Training rosters

CRS staff interviews

Client interviews

Facility tour

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Clients receive written orientation materials, including information on the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy 800.05b ensures that this material is provided to clients in their primary language, and if a literacy problem exist, staff will assist the client 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 response duties, or the investigation of an allegation. During the onsite visit, the auditor observed PREA related postings in both English and Spanish. Should a literacy problem exist, the policy instructs staff to read aloud the rules and regulations to the client, and ensure the client understands the information.</p> <p>Clients that have been identified as having some sensory impairment, including the blind and hearing impaired with be assisted through the use of auxiliary aids. Policy 800.08 ensures clients will be afforded the opportunity to use aids and services that could maximize their involvement in the program.</p> <p>The auditor interviewed the Cognitive Behavioral Specialist during the onsite visit. The Specialist reports that at intake, clients are assessed on their ability to read and understand English. Should the client be in need of assistance, the facility would use community resources to ensure the client had meaningful access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Specialist reports that the facility has housed a client that was limited English proficient. During that clients stay, the facility had all program materials translated to the client's native tongue using Google translate and used a program called Translate Box to communicate effectively with the client. The Specialist reports that the facility has not had to use the assistance of auxiliary aids for clients that are blind or have low vision or for clients that are deaf or hard of hearing.</p> <p>The facility provided to the auditor a service contract with Deaf Services Center. The Deaf Services Center agrees to provide the facility with interpreting services that include sign language, Spanish, and Somali. The facility also provided the auditor with the services available to the facility from Access 2 Interpreters. Access 2 Interpreters can provide the facility with face to face or telephone interpretation services in over 70 languages and dialects.</p> <p>During the onsite visit, the auditor interviewed clients that had an identified disability. These clients stated that they have received all information on how to report allegations of sexual abuse or sexual harassment, how to access emotional supportive services, and the facility's rules and regulations including the grievance process. A total of sixteen (16) clients were interviewed (random and targeted) from both the male and female housing units. All clients interviewed stated that they have received and understood the agency's zero tolerance policy and protections against sexual abuse, sexual harassment, and retaliation. No client</p>

interviewed reported needing a translator or auxiliary aids.

The auditor reviewed the intake packet to ensure all appropriate information was accessible to clients, and that the facility had the capability of translating that information into various languages through Google translate.

Review:

Policy and procedure

Client orientation material

Interview with Cognitive Behavioral Specialist

Interviews with clients

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. has an agency policy (1800.04) that prohibits the hiring, promotion, or selection of services from applicants, current employees, or contractors/volunteers that have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility; nor will they hire promote, or select anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse in the community. The policy also makes clear that any material omissions or false information provided related to past PREA violations, investigations, or allegations is grounds to immediate termination.</p> <p>The auditor reviewed the personnel files of twelve (12) employees. The job application of all employees who applied since August of 2014 required applicants to affirm or deny any substantiated allegations of sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility, or other institution; any conviction for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and any civil or administrative adjudicated to have engaged in the activity described above. Employees also had reference check documents in their files. Employees who applied after August of 2014 included checks where the Human Resource Department made its best efforts to contact prior correctional institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse. Annually during an employee's evaluation, each employee is required to affirm their obligation to disclose any such conduct. The auditor was able to view the verification of the annual affirmation for the prior three years during the file inspection.</p> <p>An interview the Human Resource Audit Specialist made clear that a HR Generalist will document not just the answers to the questions of sexual abuse, but also if the attempt to contact the previous employer were unsuccessful. The agency has updated their reference check form to include the term institution as defined by 42 U.S.C. section 1997 at the recommendation from the auditor during a past audit of another Alvis, Inc. facility.</p> <p>Policy 1800.04 requires all staff, including contractors and volunteers, working directly with clients to have a criminal background check before hire along with reference checks to ascertain whether the applicant was named in any PREA allegations, whether substantiated or unsubstantiated during employment. The agency conducts Ohio Bureau of Criminal Investigation and NCIC/NLEAD background checks on all potential employees and contractors/volunteers. Employees that work in facilities that house Bureau of Prison offenders will have background checks conducted by the FBI every five years as required by contract. The HR Audit Specialist states that at the beginning of each calendar year, a report is run for each employee that will list the date of their last background check. Any employee that is due to an updated check that year will be put into a database that will give a monthly report of who is due that month for a background check. The auditor was able to review both reports and ensure that all background checks were up to date.</p> <p>Promotions within the agency are based on merit. Policy 1800.04 disqualified any employee in</p>

active disciplinary status, or have received a written reprimand (or high level discipline) within 180 days of submitting a letter of interest. The HR Audit Specialist states that a HR Generalist will review any person's letter of interest for an open position and will alert the hiring manager if this person has been disqualified based on disciplinary action. The auditor's file review included a review of the disciplinary files and promotion documentation. Any employee that was promoted did not have any disciplinary action against them that included allegations of sexual abuse or sexual harassment.

The HR Audit Specialist also provided documentation of how they respond to institutional request for information on a prior employee, and whether that employee had any substantiated allegation of sexual abuse or resignation during an investigation into an allegation of sexual abuse.

Review:

Policy and Procedure

Employee zero tolerance acknowledgement

Employee continued affirmation acknowledgement

Employee background checks

Employee evaluations

Employee disciplinary files

Employee applications

Employee reference checks

Contractor/volunteer background checks

Applicant interview questions

Background report database

Human Resource Audit Specialist interview

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Program Director reports that the facility has not acquired any new facility nor is it planning any substantial expansion or modification to the current facility. During the facility's last PREA audit, the facility had two auxiliary trailers on the property that was used to house programming activities for clients. The facility has since removed the trailers and all programming facilitated by the facility is done inside the main building.</p> <p>Facility management, during its annual staffing plan review, assesses the needs to its video monitoring system. This includes taking into consideration how such technology may enhance its ability to protect from sexual abuse. The auditor reviewed the most recent staffing plan and was able to see how the facility addresses their monitoring needs. While the facility has not increased or enhanced its electronic monitoring capabilities, the facility did add security mirrors to decrease the number of blind spot areas.</p> <p>Review: Staffing plan review Facility tour Interview with Program Director</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a states that any allegation of sexual abuse of sexual 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 does not have a Memorandum of Understanding with the Toledo Police Department but the department has conducted criminal investigations referred by the facility. The PREA Coordinator has attempted to enter into an agreement that outlines the responsibilities of each of the agencies, and request the criminally investigative agency use an uniform evidence protocol that, if necessary, has been adapted from or based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women protocols. The auditor has verified the Coordinators attempts to enter into such agreement.</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 investigators 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 any time 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 be 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 any time during the administrative investigation it appears that criminal activity took place, the administrative investigation will immediately cease and the Toledo 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>Client that are in need of a forensic medical exam will be taken to Mercy's St. Vincent Hospital. 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 not on duty for most shifts; however, the hospital has a scheduled on call examiner available.</p> <p>A MOU is in place with the YWCA HOPE Center 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 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 PREA Coordinator reports to the auditor that the agency is in the process of obtaining an MOU with the the Sexual Assault Response Network of Central Ohio (SARNCO) to provide victim advocacy services all Alvis, Inc. community confinement facilities in Ohio. The services provided would be on par with what the YWCA HOPE Center is currently providing. An interview with SARNCO's director confirms these services and that they are available free of</p>

charge.

The PREA Coordinator states that every attempt is made to provide a victim advocate from the YWCA HOPE Center or 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 auditor was able to interview the facility's trained emotional support person (Cognitive Behavioral Specialist) during the onsite visit. The Specialist was able to discuss her training as well as her duties should a client request services. The Specialist reports that she has provided support services to clients during this audit cycle. 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 certificate.

During interviews with random and targeted staff, all employees were able to identify the investigative process and demonstrate how to perform their first responder duties to keep clients safe without actually acting as an investigator.

There have been three allegations that have been administratively investigated. One of the allegations was referred for a criminal investigation.

Review:

Policy and procedure

YMCA HOPE Center MOU

Emotional Support training certificates

Emotional Support training curriculum

Emotional Support Person interview

PREA Coordinator interview

Facility Director interview

Training Coordinator interview

Staff interviews

SARNCO Director interview

Sexual Abuse, Assault, Harassment Response Form

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 168 877 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 510 280">Auditor Discussion</p> <p data-bbox="252 324 1484 616">Policy 1300.05 outlines the agency's responsibilities to conduct administrative investigations into all allegations of sexual abuse or sexual harassment. The policy 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 (Toledo Police Department), and the outcome reporting of all investigations.</p> <p data-bbox="252 660 1468 828">The facility has had a total of four (4) allegations reported; however, one allegation was a report that was referred to another confinement facility for investigation. The other three were administratively investigated with one allegation being referred to the Toledo Police Department for a criminal investigation.</p> <p data-bbox="252 873 1476 1086">Investigation #1: A client made a verbal report of staff sexual misconduct, voyeurism. An administrative investigation determined that while a staff member of the opposite gender did enter into a male restroom, it was to conduct a safety and security check based on probable cause and at no time did the staff member see anyone in any state of undress. The allegation was determined to be unfounded.</p> <p data-bbox="252 1131 1484 1512">Investigation #2: A client made a third party report of staff sexual misconduct, sexual abuse. The third party contacted the facility and reported that a client of the facility disclosed that a staff member took her outside by herself for an "unscheduled" smoke break and kissed her. An administrative investigation determined that the staff member violated agency policy by allowing the unscheduled smoke break, as verified by video footage, but could not prove or disprove sexual misconduct on the part of the staff member. The allegation was determined to be unsubstantiated, but the staff member was disciplined for violating agency policy. The behavior did not appear to be criminal, so no referral for a criminal investigation was necessary.</p> <p data-bbox="252 1556 1492 2027">Investigation #3: A client made a third part report of staff sexual misconduct, sexual abuse. The third party contacted the facility and reported that a client of the facility disclosed that a staff member and the client have been having a sexual relationship. An administrative investigation determined that there was enough video evidence to refer the allegation to the Toledo Police Department. The victim was taken to the police department along with an emotional support person to report the incident. The victim declined to press charges against the staff member. The detective assigned to the case informed the client that charges could be pressed at any time. During the initial administrative investigation, the staff member resigned; however, the resignation did not prohibit the facility from continuing the investigation. While the criminal investigation was put on hold unless the victim decides to press charges, the administrative investigation determined the allegation to be substantiated.</p> <p data-bbox="252 2072 542 2150">Review: Policy and procedure</p>

Alvis, Inc. website
Sexual Abuse, Assault, Harassment Response Form
PREA Coordinator interview

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 to staff on a quarterly basis and is mandatory during facility placement and offered again to staff who may transfer to a different gender specific facility. The Gender Differences in a Confinement Setting is facilitated by the Agency's Clinical Director and reviews the ways men versus women respond to sexual abuse and the appropriate responses from staff. All staff at OhioLink Toledo are required to attend Gender Differences in a Confinement Setting training due to working with both male and female populations.</p> <p>After initial orientation PREA training, staff will receive continual training on the required topics in this standard through monthly staff meetings. Staff will be trained on the following topics throughout the year:</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/YWCA Hope Center**
- *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**

This monthly training is mandatory for all staff members who work directly with offenders. The Program Director reports that should a staff member miss a training, they are required to meet with the training facilitator and review the information.

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. Show showed the process for retraining staff members who may be 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. New staff can be placed at a facility prior to receiving mandatory orientation training. The Training Coordinator reports that should a staff member be placed in a facility before a scheduled orientation training, the staff member will receive required PREA training and will not be allowed to perform certain duties (i.e. pat searches) until proper training is completed. The auditor reviewed the training requirements for expedited staff and interviewed a new staff member who was placed at a facility prior to orientation training.

The Training Coordinator and PREA Coordinator discussed the agency's plan to add Relias online training to their efforts to ensure staff understand their obligations under the PREA standards. The Training Coordinator reports that the PREA Coordinator along with the ACA Accreditation Manager will review the curriculum offered by Relias and ensure that the training staff receive meet the standard requirements. The Relias training will be in addition to the current training plan and not a replacement for the facilitated orientation training or the monthly "back to basics" training.

The auditor reviewed twelve (12) 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 Training Coordinator also provided the auditor with sign-in sheets for the monthly PREA training.

Staff targeted and random interviews confirmed the agency's PREA training program and monthly training schedule. Staff were able to discuss the training topics and how it directly applies to their jobs. All staff were comfortable with the level of training and did not think it needed to be improved. Staff interviewed were able to identify the location of the "PREA book", coordinated response plan, appropriate pat searches, cross gender announcements, reporting requirements, first responder duties, and safe management of LGBTI clients.

Review:

Policy and procedure

Training curriculum

Staff training records

Interview with Training Coordinator

Interview with PREA Coordinator

Interview with Program Director

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 will provide additional orientation/on the job training that will include the facility's coordinated response plan. There were no volunteers or contractors on duty during the onsite visit.</p> <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, it 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. They also signed an acknowledgement of their understanding of the agency's zero tolerance policy</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Contractor/volunteer training curriculum Contractor/volunteer training roster Contractor/volunteer zero tolerance acknowledgement Interview with Training Coordinator

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. 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 Cognitive Behavioral Specialist. During an interview, the Specialist 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 Specialist will ask questions, discuss definitions, and give scenarios of what constitutes sexual abuse, sexual harassment, and retaliation. The Specialist also discusses the limits of confidentiality with staff and outside reporting entities. The Specialist states that she also informs the clients that if they wish to discuss any elements of PREA privately that they can always request to speak with her. 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.</p> <p>The client handbook that is given to clients at intake, also covers the information reviewed during PREA education class. 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 ten (10) 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 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 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. The clients are also given a pamphlet from SARNCO that contains information on the services the agency provides free of charge to any client alleging sexual abuse or sexual harassment or that would like to receive emotional supportive services.</p> <p>During the onsite visit, the auditor also inspected posted notices of how clients can report sexual abuse and/or sexual harassment allegations. The notices included phone numbers and address to local, state, and national victim advocate agencies; the clients right to be free from retaliation for reporting incidents of sexual abuse and sexual harassment; and services that are available free of charge. The posters were in locations that clients frequent in both English</p>

and Spanish.

The auditor interviewed ten (10) clients during the onsite visit. The clients that were interviewed were able to discuss the information received during intake, PREA education class, and with case managers. Clients were well versed in their rights to be free from sexual abuse and sexual harassment. Clients were able to either give the location of PREA postings with reporting information or state that they could retrieve this information from their handbook if necessary. The clients were able to disclose the location of Grievance form and also understood that they could report an allegation to any staff member or anonymously through the hotline numbers. Most of the clients understood that they could also report PREA allegations on behalf of another resident.

See standard 115.216 to see how the facility ensures that clients with a literacy; sensory; or physical, mental, or cognitive impairment; or is limited English proficient are educated on the facility's zero tolerance policies and procedures.

Review:

Policy and procedure

PREA postings

Client PREA curriculum

Client Handbook

Client PREA acknowledgement form

Client PREA training sign-in sheet

SARNCO pamphlet

Interview with Intake Coordinator

Interview with PREA Coordinator

Interview with Clients

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a requires an investigation into all allegations of sexual abuse or sexual harassment. The agency has a total of ten (10) 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 or to train new 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 auditor interviewed the Program Manager who serves as the administrative investigator for the facility and the PREA Coordinator who serves as the agency administrative investigator. Both the program manager and PREA coordinator were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. The PREA Coordinator states no administrative investigator 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 Coordinator would conduct the investigation. The investigators understood Garity; however, this is a private non-profit organization and Garity warnings do not apply. The PREA Coordinator reports to the auditor that at no time would an administrative investigator or any staff member question a staff member if the behavior appears to be criminal until the conclusion of a criminal investigation or without the legal authority's consent.</p> <p>The Agency has hosted the MOSS group and has provided administrative investigator training to other community confinement facilities in the state of Ohio.</p> <p>Review: Policy and procedure Administrative investigator training Administrative investigator train-the-trainer training Administrative investigator training certificates Interview with PREA Coordinator Interview with Program Manager</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency does not employ or have a contract with medical or mental health practitioners at the facility. Should a client be in need of these services, the client would be transported to community agencies. Medical services (forensic exam) would be provided to the clients by Mercy's St. Vincent Hospital while the Zepf Center for Health and Wellness would provide mental health counseling.</p> <p>The PREA Coordinator reports to the auditor that the agency is developing a program that would allow mental health counseling from licensed mental health staff to all Alvis, Inc. clients via video conference. The clients would be able to communicate with a mental health professional and receive counseling and medication. The program is just in the infancy stage and is not available to clients.</p> <p>RECOMMENDATION:</p> <p>The auditor informed the PREA Coordinator that all mental health professionals who would work with clients either directly or via video conference would be required to meet the terms described in this standard. The staff members would have to meet the staff training requirement in standard 115.231 and the specialized mental health training required by this standard. The auditor reviewed the available training on the PREA Resource Center's website with the PREA Coordinator. This training should be done before services are being rendered.</p> <p>FACILITY RESPONSE: The facility has sent the auditor the training curriculum provided by NIC, "PREA: Behavior Health Care for Sexual Assault Victims in a Confinement Setting" and the sign-in sheets from mental health practitioners for the facility. This training will be provided to any new mental health practitioner during the on-boarding process.</p> <p>Review: Interview with PREA Coordinator</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. has a policy (1300.14 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 Coordinator 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 Coordinator states that she runs reports every Monday for upcoming and past due screenings. She will notify case management staff of any due or past due screenings, and ensure that the screenings are complete. Case managers are trained on how to properly complete the screening tool. The training tool includes:</p> <ul 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>At the end of the screening tool, the screener is also required to document their perception of the client's 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>The auditor reviewed ten (10) completed assessments (initial and rescreens) and found the tool to be objective and include the minimum required criteria for both risk of abusiveness and vulnerability. The auditor also interviewed the case manager to assess the level of training and comfort with completing the assessment. Two case managers were interviewed and stated that they received the training during case manager specific PREA training and feels that the training is appropriate in equipping her to complete the tool effectively. When asked how one would know that a client was a risk for victimization or to be abusive based on the screening results, the case manager stated that any yes responses would require a review by the agency clinician in order to better assess the proper housing, work, and educational assignments. The Program Coordinator is tasked with performing quality assurance checks on the screens to ensure consistency in the assessment. The auditor was able to review the training curriculum for the risk screening.</p> <p>Along with the client file review, the auditor requested a SecurManage report for both initial and re-screens on the PREA risk assessment tool. The auditor reviewed two hundred seventy-five (275) initial screens and found ten (10) of those screens completed after the required 72-</p>

hours. A review of one hundred eighty-four (184) rescreens found eight (8) of those screens were completed after the required 30-days. The Program Coordinator discussed with the auditor her quality assurance process to ensure that screenings were not only being completed in a timely manner for the 72 hour and 30 day screenings, but also for screenings required after receiving new information or after an allegation investigation.

The auditor interviewed sixteen (16) clients during the onsite visit. The interviewed clients stated that they received a risk screening and a rescreening. The clients were able to talk about the questions asked during the screening and understood the questions were meant for their safety. Clients that were interviewed that were identified as having reported past sexual victimization, reported that case management offered free counseling services. None of the clients accepted the counseling services or were already connected to community mental health services in which they could address any issues.

Completed risk assessment information is not shared with all staff members. Staff will be informed of a client's risk status and measures taken to ensure client safety, but not the details of information contained in the assessment.

Review:

Policy and procedure

Initial risk screening tool

Re-screen risk screening tool

SecurManage screening report

Program Coordinator interview

Case Manager interview

Client interviews

Risk screening curriculum

Risk screening training roster

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 (male) and beds (female) 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. 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>During interviews with case management staff, Program Manager, and Program Director, all were able to verbalize how the information would be used to keep separate potential victims from potential abusers, but were not documenting the practice. The auditor made a recommendation to management staff to put action plan comments on the screening form for any client that was screened as a potential victim or potential abuser. This action plan should be disseminated to appropriate staff to ensure safety during housing, work, education, and community service assignments.</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 client 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. The auditor interviewed sixteen (16) clients and discussed housing, safety, and programming at the facility. All clients interviewed report feeling safe at the facility and not being housed in a room based upon their sexual preference or perceived sexual preference. They also state that they have not been prohibited from participating in the program in any way. During risk assessments, clients report being asked about their perception of their vulnerability or if they had any concerns about their safety or privacy. No clients reported any problems or safety concerns. The facility did not have a transgender or intersex client during the time of the audit.</p> <p>The facility is equipped with a single use bathroom that is available to transgender clients. The facility has housed transgender clients in the past and has provided a safe and private bathroom along with a semi-private dorm room for these specialized clients. Transgender clients that are housed in the female housing unit will be offered private shower times in order to facilitate private showering as required by this standard.</p> <p>CORRECTIVE ACTION: The facility is able to verbalize ways in which separate clients who are assessed as having a susceptibility for victimization from clients who are assessed as having a high probability for abusiveness, but do not document these protection measures. The facility needs to document their practices for providing separation to ensure all staff are aware of the plan. This plan should include housing, bed, work, education, and program assistance with the goal of keeping separate those residents at high risk of being sexually victimized from those at</p>

high risk of being sexually abusive.

FACILITY RESPONSE: Case management staff have received training on how to appropriately document within case notes all protective/separation measures for clients that are screened as being at risk for victimization. This training includes identifying beds, rooms, or housing locations for clients who need increased monitoring; client work and school schedules are considered in order to ensure transportation is not with clients who may be assessed as potentially abusive; and housing assignments for clients identified as LGBTI are housed based on safety and not because of their gender identity or sexual preference. The facility send the auditor a new staffing plan with the new housing, work, education, and program assignment considerations. All new case managers will be given this training during new case manager training. **REVIEW:** Updated staffing plan and training memo.

Review:

Policy and procedure

Initial risk screens

Re-screens risk assessments

Interview with PREA Coordinator

Interview with Program Director

Interview with Case Managers

Interview with Program Coordinator

Client interviews

Facility tour

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05 states that clients who feel subjected to sexual harassment, sexual abuse, staff sexual misconduct or retaliation for reporting sexual abuse or sexual harassment should immediately report the matter to the Facility Director or Facility Manager. If the client feels uncomfortable discussing the matter with the manager or director, and shares the information with another staff member, that staff member shall report the information to the PREA Coordinator or the Manager on Call. 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 information 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.</p> <p>The agency has recently updated the client grievance form due to a corrective action from another confinement facility PREA audit. The form is more explicit in addressing allegations of sexual abuse or sexual harassment and if the client feels there is an imminent threat to his or her safety. The new process requires facility management to have an initial response to allegations of sexual harassment or sexual abuse within 48-hours. To this end, management is required to review grievances daily.</p> <p>Clients are also able to make unassisted free phone calls to any of the hotline agencies through the use of a facility house phone. The male and female housing unit both have access to a phone where they are allowed to make calls at all hours of the day. The facility is also equipped with pay phones in both the male and female housing units that will allow free phone calls to the posted hotline numbers. Clients at OhioLink Toledo are allowed to carry cell phones. This allows for clients to report incidents of sexual harassment or sexual abuse to any entity at any time. The auditor used the pay phone to contact the outside reporting agency. The auditor was contacted by the outside agency to confirm that they did receive the report and that all phone calls made to the outside reporting agency will be immediately reported to the facility/agency PREA Coordinator. The outside reporting agency also confirmed that clients or third-party reporters could report to this agency anonymously.</p> <p>The auditor interviewed sixteen (16) clients during the onsite visit. The clients interviewed were capable of discussing the information they received at intake on how to report allegations of sexual abuse and sexual harassment. Clients stated that they could identify at least one staff member they felt comfortable verbally reporting an allegation. When asked about anonymous reporting, most of the clients stated that they understood that they could report anonymously, but felt comfortable reporting to staff with the confidence that the allegation</p>

would be handled appropriately. A few of the male clients interviewed preferred making an anonymous allegation.

The facility received a total for four allegations during the past twelve (12) months. One allegation was reported to staff verbally by the client, two allegations were reported to a third-party by the client, and one allegation was verbally reported to staff at intake about an incident at another confinement facility.

Policy 1300.05 also requires staff members to immediately report and document any allegations of sexual harassment, sexual abuse, or retaliation reported to them either verbally, written, or through a third-party. The staff must also report their own suspicions. Staff document the information received or witnessed on the agency's PREA report form. PREA management staff will be notified of the report and act accordingly. Staff provided the auditor access to the form and to the PREA binder which gave staff instructions on how to complete the form. Staff also have direct access to the PREA Coordinator should they wish to report an allegation privately.

The auditor interviewed both targeted and random staff during the onsite visit. The staff interviewed discussed their understanding of immediately reporting allegations or suspicions of sexual abuse or sexual harassment. All staff interviewed were able to identify who they are required to report allegations and that should they feel the need, they could report an allegation directly to the agency PREA Coordinator.

Review:

Policy and procedure

Client handbook

Client PREA education curriculum

PREA postings

Staff reporting form

Client interviews

Grievance form

Facility house phone

Staff interviews

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.03 states that the agency does not assess a time limit for filing a grievance alleging sexual abuse or sexual harassment. According to policy, the agency will respond to any grievance within two (2) days and receive an outcome notification within five (5) days. The policy allows for several levels of appeals with the final appeal being with the Managing Director of Agency Programs. Should the facility need more time to respond to the grievance, the policy states that facility will notify the client of the extension and provide a date and time in which a decision will be made. The policy does not allow for an informal resolution or resolve the grievance with an alleged abuser if the grievance is alleging sexual abuse or sexual harassment.</p> <p>During the onsite visit, the auditor was shown the location of the grievance form and box where completed grievance forms could be turned in to staff. The auditor reviewed the grievance form and the client handbook which provided clients instructions on how to file a grievance.</p> <p>The agency has recently updated the response to grievance procedure. The change is in response to a corrective action finding at another community confinement facility operated by Alvis, Inc. The new procedure requires management staff to review all grievances daily in order to ensure a timeliness of responses. The grievance form has also been updated. The agency has created a grievance form specifically for reporting allegations of sexual abuse or sexual harassment. The form also requires staff to identify ways in which the facility took to ensure protection from imminent abuse.</p> <p>The facility provided the auditor documentation of staff being trained on how to employ protection measures should a client file a grievance alleging the fear of imminent abuse. The PREA Coordinator and Facility Director both discussed with the auditor the availability to place clients in another dorm, another facility, or on electronic monitoring. They also report that should the allegation be against another staff member, the staff will be placed on administrative leave. The agency also has the ability to place the staff member in another facility.</p> <p>The Program Director states that depending upon the nature of the grievance, either the Program Manager or Operations Manager will address the grievance and should a client appeal the grievance decision, he would address the grievance. Grievances alleging sexual abuse or sexual harassment will be addressed by the Program Director. The Program Director states that a member of management will check the grievance box daily. All grievances are required to be responded to within 48-hours and any grievance alleging sexual abuse or sexual harassment will be address immediately. The Program Director reports that during the past year, no allegation has been reported using the grievance system.</p> <p>The sixteen (16) clients interviewed during the onsite visit all stated that they were informed of the grievance policy and given instructions on how to write a grievance. Six of the clients interviewed stated they have written a grievance. All six reported having a staff member</p>

address them concerning their grievance within a day or two. All clients who filed a grievance stated that they felt the facility responded to their grievance appropriately even if they did not agree with the decision.

Review:

Policy and procedure

PREA grievance reporting form

Client handbook

Client interviews

PREA Coordinator interview

Program Director interview

Facility tour

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a Memorandum of Understanding (MOU) with the YWCA HOPE center to provide victim advocates and emotional supportive services to clients at OhioLink Toledo. Included in the MOU is an agreement that clients can send mail or call the toll-free hotline number to access these services. During intake, clients are provided information on how to contact outside confidential supportive services and the possible limitations to confidentiality when using these services. A copy of the agreement has been provided to the auditor for review.</p> <p>The agency is also working on a MOU with the Sexual Assault Response Network of Central Ohio (SARNCO). The agency currently has an MOU with SARNCO to provide services for Alvis, Inc. operated facilities in the Columbus, Ohio area. SARNCO would provide the same victim advocate and emotional support services as the YWCA HOPE Center. Clients would be able to access either agency for outside confidential support services. A copy of the MOU for services provided at other Alvis, Inc. operated facilities was provided to the auditor.</p> <p>In addition to the information provided to the clients about the available services from the YWCA HOPE Center and SARNCO, the facility also provides the clients with information for emotional supportive services available from other state and national rape crisis agencies. Throughout the facility in both the male and female housing units, there are postings with the toll-free hotline numbers and mailing addresses for various state agencies and RAINN, a national rape crisis support network.</p> <p>The auditor was able to contact the YWCA HOPE Center and SARNCO using the numbers listed on the postings. The representative for each agency stated that all services provided are free of charge, allows confidential correspondence, and will assist clients at the level they request. The representatives stated that they have not received a request for services from OhioLink Toledo clients.</p> <p>The clients interviewed in both the male and female housing unit were able to identify the location of reporting posters. Clients also stated that they have this information in a PREA brochure they received at intake.</p> <p>Review: YWCA HOPE Center MOU SARNCO MOU PREA brochure Client handbook PREA postings Client interviews</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has posted on its website (https://alvis180.org/prea) ways that anyone can report an allegation of sexual abuse or sexual harassment on behalf of a client. The information on the site includes Alvis, Inc.'s toll-free hotline number and a link to make an online report. This notice is also posted in the main lobby and visitation areas of the facility. The auditor has tested all reporting options and has received a response to all methods.</p> <p>Clients are also instructed on how they can use outside entities, including family, to report an allegation of sexual abuse or sexual harassment during PREA education group.</p> <p>The facility has received two (2) third-party allegation reports during the past twelve (12) months. The allegations were report to the outside entity by the client. The allegations were referred to the administrative investigator and the PREA Coordinator. The auditor was able to review all investigations.</p> <p>The PREA Coordinator reports that all allegations regardless of how reported will be administratively investigated and if necessary, referred for a criminal investigation.</p> <p>Review: Agency website PREA postings PREA education group curriculum Sexual Assault, Sexual Abuse, Sexual Harassment and Retaliation Report Form PREA Coordinator interview</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 400.09 requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third-party and anonymous reports. The policy states that staff will handle all crisis first, and then use the coordinated response plan phone tree procedure to contact appropriate administrators. Once that is complete, the staff member will document the incident on an Unusual Incident Report (UIR) using the facility internal computer system.</p> <p>The PREA Coordinator reports that the completion of this form will trigger an automatic email to the contact list based on the nature of the incident. This system allows the facility to limit the number of people who have access to the allegation information. Staff members are taught during orientation training that all communication about a reported allegation, suspicion or witness of an allegation is limited to the facility manager, facility director, PREA coordinator, or the manager on call (staff orientation training material was reviewed and verified by the auditor during the onsite visit). These administrators will decide based on the incident who else needs to know about the allegation. The facility director and PREA Coordinator are both administrative investigators and will begin the investigatory process (see standard 115.234).</p> <p>During the onsite visit, targeted and random staff were questioned on the reporting process, what type of information should be reported, and informing clients on the limits to confidentiality. All staff was able to verify their PREA training which includes what information should be reported, how to report, who to report, and how to document the allegation. Case management staff stated that during their initial meeting with clients on their caseload, they inform clients that all allegations reported will be investigated regardless of who they report that allegation. One staff member discussed reporting another staff member while working at another facility and being confident that should she suspect staff sexual misconduct at OhioLink Toledo, she would report the behavior immediately. Staff interviewed also reported to the auditor that the facility has a culture of providing a safe and secure environment where staff and clients are comfortable reporting inappropriate behavior.</p> <p>The auditor reviewed twelve (12) staff member files during the onsite visit. It was noted by the auditor that the training received by staff included:</p> <ul style="list-style-type: none"> a. How to report allegations of sexual abuse, sexual harassment, and retaliation b. How to properly document an allegation in the agency's internal database system c. How to complete section "A" of the Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form d. How to communicate the limits of confidentiality <p>How to use the coordinated response plan Staff sign as verification of training</p> <p>During a review of the investigations conducted within the past twelve (12) months at the facility, it was noted by the auditor that one allegation was verbally reported to a staff member. The staff member followed Alvis, Inc. policy and procedure in reporting the allegation and documenting the information.</p> <p>Clients are also informed of the limits of confidentiality in the client handbook. The auditor</p>

reviewed ten (10) client files during the onsite visit. The files have signed and dated acknowledgment forms that verified clients received information on the limits of confidentiality.

While the state of Ohio does not require institutions or facilities licensed by the state in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services, Policy 400.09 requires the reporting of allegations of sexual abuse and sexual harassment to Ohio Department of Rehabilitation and Corrections Bureau of Community Sanctions, Federal Bureau of Prisons, and the Ohio Department of Developmental Disabilities should a victim be under the supervision of one of these agencies. The PREA Coordinator reports that the facility does not accept any client that is under the age of eighteen (18) and does not have a duty to report to child protective services.

Review:

Policy and procedure

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

Client files

Staff files

Client interviews

Staff interviews

PREA Coordinator interview

115.262	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has a policy (1300.05) and a plan to protect clients from imminent sexual abuse. The facility has several dorm rooms in both the male and female housing unit which can be used to separate potential client abusers from victims. The male housing unit also has two dorm rooms that are not located in the same area as the rest of the male dorm rooms. Clients located in these two dorm rooms have access to a private single use bathroom. Clients, who cannot be moved within the facility in order to facilitate protection, can be placed on electronic monitoring with the approval of the referral source, or the alleged abuser can be removed from the facility. In the case of a staff alleged abuser, the PREA Coordinator reports that agency practice is to place the staff member on administrative leave. If the allegation does not warrant the staff member to be placed on leave, the coordinator reports that staff can be move to another facility during the course of the investigation.</p> <p>The PREA Coordinator reports that the type of protection used will depend upon the situation and that protecting victims is an agency priority.</p> <p>The facility has had three allegations against a staff member during the past twelve (12) months. Two staff members were placed on administrative leave during the course of the investigation. One allegation was quickly able to be determined to be unfounded and the staff member was not placed on administrative leave. There were no allegations of client-to-client sexual abuse or sexual harassment during the past twelve (12) months.</p> <p>Review: Policy and procedure Facility tour Sexual Assault, Sexual abuse, Sexual Harassment, and Retaliation Report form PREA Coordinator interview</p>
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115.263	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 1300.05 requires all allegations of sexual abuse or sexual harassment reported to the agency be investigated by a trained investigator including reports made by clients who made an allegation while confined at another institution, jail, or other correctional facility. Facility staff are required to document the information and make a report to the facility director and/or PREA Coordinator. The PREA Coordinator states that they have not had an allegation reported to the facility from another confinement facility.</p> <p>Policy 1300.05a requires any allegation made to the facility by a client that they were sexually abused or sexually while confined at another institution or confinement facility be immediately reported to the facility director. The facility director will report the allegation to the head of the institution as soon as possible but no later than 72-hours. The facility director will also make notification to the appropriate contracting agency. An Unusual Incident Report is used to document the notification and the documentation of the notification is sent to the PREA Coordinator.</p> <p>The PREA Coordinator states that during the past twelve (12) months the facility has received one allegation of sexual abuse that was to have occurred at another confinement facility. The facility has documented the referral of the report to the institution. The report to the other facility was completed within 24-hours of notification. The referral institution reported back that the allegation had already been investigated and determined to be unfounded.</p> <p>Review: Policy and procedure Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Report form PREA Coordinator interview</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a requires all staff to be trained on how to perform first responder duties. The duties are applicable to all staff members and outline the expected practices during an incident of sexual abuse. The auditor reviewed the training curriculum for the first responder training. The training included instructions on how to separate the victim and abuser, preserve and protect the crime scene, request the victim take no action that would destroy evidence (i.e. shower, use the toilet, or brush teeth), ensure the abuser does not take any action that could destroy evidence (i.e. shower, use the toilet, or brush teeth), and immediately call 9-1-1.</p> <p>Management and line staff were able to show the auditor a step-by-step first responder duty card that is attached to their name badge during the onsite visit. The steps included:</p> <ul style="list-style-type: none"> *Separate the victim and the perpetrator *Immediately notify the PREA Coordinator and call 911 (if an emergency) *Secure the scene *Request the client victim to not brush teeth, shower or change clothes, and ensure that the perpetrator is unable to do the same *Identify any staff or client witnesses *Ensure client is evaluated by medical/clinical *File confidential incident reports before the end of shift (being detailed regarding client victim statements) *Remain on shift until debriefed by investigators <p>All staff indicated that they were trained on how to complete the steps and program staff indicated that they received the exact same training as security staff. The staff were also able to tell the auditor the location of the posted coordinated response plan and the "PREA book" which contains agency PREA policies, procedures, practices, contact phone numbers, and instructions for reporting allegations.</p> <p>The auditor reviewed all investigations within the past year. The facility had one substantiated sexual abuse allegation. The allegation was not made until three weeks after the alleged incident. Once alerted to the allegation, the Program Manager immediately offered the victim medical, mental health, and advocate services; the alleged abuser was removed from the facility; and the victim was taken to the police station to initiate a criminal investigation.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedures Staff first responder training curriculum Staff training roster Staff interviews Coordinate response plan First responder badges PREA book Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Report form



115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a details the agency's coordinated response plan. The details of the plan are posted at the main post in Dunning Hall. The posted plan is in flowchart form and walks staff member through the appropriate action steps to follow in the event of a sexual abuse or sexual assault incident. The steps are detailed and include phone numbers and required reporting forms that are to be completed. The chart also list the specific steps to take in incidents of sexual harassment. During the onsite visit the auditor was able to view the posted plan.</p> <p>The posted plan includes:</p> <ol style="list-style-type: none"> a. First responder duties (see standard 115.264) b. Contact the PREA Coordinator, Facility Director/Manager c. Contact legal authorities d. Contact rape crisis for emotional supportive services e. Document incident according to agency guidelines <p>The PREA Coordinator reports that she will follow-up with the Police Department until the completion of the criminal investigation, and then will initiate an administrative investigation. The victims mental health will be evaluated by the agency clinician with 48-hours of the abuse. It will be the clinician's responsibility to conduct status checks and updates the PREA Coordinator and make referral for additional services. The facility's emotional support person will also be available at the client's request.</p> <p>All staff are mandated to learn the agency's Sexual Abuse, Assault, Harassment Response Procedure during orientation training and a more specific plan once assigned to a facility. During the onsite visit, the auditor was able to view the posted plan and interview staff to ensure they knew the details of the procedure. The auditor also discussed the plan extensively with CRS staff who will be responsible for deploying most of the first response duties and coordinated response plan. All CRS staff interviewed felt comfortable with completing the steps should it be necessary. Staff were able to review the steps of the plan without prodding from the auditor.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Sexual Abuse, Assault, Harassment Response Procedure Staff training curriculum Staff training roster Facility tour Staff interviews

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Human Resource Audit Specialist reports that the agency does not have a union and does not enter into contracts with employees. All employees sign an acknowledgment that they are considered “at will” employees and that employment can be terminated by the employer or employee at any time. During a file audit review, the auditor verified acknowledgement of “at will” employee status.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1300.05a mandates the protection from retaliation to anyone who reports sexual abuse or sexual harassment or cooperates in the investigation of an allegation of sexual abuse or sexual harassment. The obligation to monitor for retaliation is listed at a minimum of 90 days and will only cease prior to 90-days if the allegation was determined to be unfounded. The facility could choose to extend the monitoring period if the situation dictates. The Operations Manager is tasked with ensuring protection from retaliation.</p> <p>The Operations Manager reports that protection measures can be as small as increased monitoring of clients and/or staff to as big as administrative leave or removal of the client from the facility. The protection measure employed would depend on the circumstances of the allegation and if the alleged abuser fears imminent abuse.</p> <p>The facility has had one allegation that was determined to be unfounded' therefore, no retaliation monitoring or status checks were completed. One client that reported an allegation of sexual abuse was successfully released two days after reporting the allegation. Once the client made the allegation, the alleged abuser was immediately placed on administrative leave. The facility did not have to initiate a retaliation watch or status check because the alleged victim completed the program and the alleged abuser was removed from the facility. The third allegation also saw the alleged abuser being placed on administrative leave during the investigation and the victim successfully completing the program soon after reporting the allegation.</p> <p>During an interview with the emotional support staff member, she states that she would monitor the conduct and treatment of both clients and staff who report sexual abuse or harassment or who are cooperating in the investigation of an allegation. Monitoring clients would include periodic status checks, and a review of the clients disciplinary records, housing, program changes, or negative performance reviews and reassignments of staff. Documentation of status checks will be kept in the client's file.</p> <p>Review: Policy and procedure Operations Manager interview Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Report form Emotional Support Person interview</p>

115.271	Criminal and administrative agency investigations
	<p data-bbox="252 168 877 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 510 280">Auditor Discussion</p> <p data-bbox="252 324 1484 660">Policy 1300.05 requires an administrative investigation of any allegation on sexual harassment and 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 one of the ten(10) 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 1300.05a strictly prohibits Alvis, Inc. staff from conducting any type of criminal investigation.</p> <p data-bbox="252 705 1484 784">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 data-bbox="252 795 1484 1646" 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 data-bbox="252 1691 1484 1937">The auditor reviewed the training curriculum and certificates of completion for all ten (10) investigators. OhioLink Toledo has two in house trained administrative investigators. The training was provided by the Moss Group and included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity 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 data-bbox="252 1993 1484 2150">The policy also prohibits administrative investigators from requiring a polygraph examination or other truth telling device, they are not 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 investigators</p>

interviewed reported to the auditor that they will document in the Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Form what evidence was collected and by whom. The investigator in charge of conducting the investigation will ensure cooperation with the Toledo Police Department and remain informed about the progress of the investigation. The agency has a signed MOU with the Toledo 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 facility made one referral for a criminal investigation into an allegation of sexual abuse during the past twelve (12) months.

The auditor had an opportunity to talk with three trained investigators during the audit which includes the PREA Coordinator. The training coordinator and the other two investigators discussed the process of conducting an investigation. The administrative investigators methods included trauma informed victim interviews, interviewing witnesses, interviewing staff on duty, interviewing alleged abuser (if the allegation is not criminal), reviewing video evidence if available, reviewing past reports/incidents if available, credibility assessments based on documented behavior, and consulting with other investigators if necessary. The PREA Coordinator 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 Garrity 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 or assigned administrative investigator would remain informed of the progress and outcome of the criminal investigation; however, it would be the responsibility of the legal authority 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.

The facility conducted three administrative investigations during the past twelve (12) months. One (1) allegation was determined to be unfounded, one (1) allegation was determined to be unsubstantiated, and one (1) allegation was determined to be substantiated and referred to the Toledo Police Department for a criminal investigation.

Investigation #1: A client made a verbal report of staff sexual misconduct, voyeurism. An administrative investigation determined that while a staff member of the opposite gender did enter into a male restroom, it was to conduct a safety and security check based on probable cause and at no time did the staff member see anyone in any state of undress. The allegation was determined to be unfounded.

Investigation #2: A client made a third party report of staff sexual misconduct, sexual abuse. The third party contacted the facility and reported that a client of the facility disclosed that a staff member took her outside by herself for an "unscheduled" smoke break and kissed her. An administrative investigation determined that the staff member violated agency policy by allowing the unscheduled smoke break, as verified by video footage, but could not prove or disprove sexual misconduct on the part of the staff member. The allegation was determined to be unsubstantiated, but the staff member was disciplined for violating agency policy. The behavior did not appear to be criminal, so no referral for a criminal investigation was

necessary.

Investigation #3: A client made a third part report of staff sexual misconduct, sexual abuse. The third party contacted the facility and reported that a client of the facility disclosed that a staff member and the client have been having a sexual relationship. An administrative investigation determined that there was enough video evidence to refer the allegation to the Toledo Police Department. The victim was taken to the police department along with an emotional support person to report the incident. The victim declined to press charges against the staff member. The detective assigned to the case informed the client that charges could be pressed at any time. During the initial administrative investigation, the staff member resigned; however, the resignation did not prohibit the facility from continuing the investigation. While the criminal investigation was put on hold unless the victim decides to press charges, the administrative investigation determined the allegation to be substantiated.

Review:

Policy and procedure

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

Toledo Police Department Investigation report

Administrative investigator training curriculum

Administrative investigator training certificates

MOU with Toledo Police Department

Administrative investigators interviews

PREA Coordinator interview

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. policy 1300.05a states that the agency shall impose no standard higher than the preponderance of the evidence or 51% in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This determination status was confirmed during the interviews with the administrative investigators and the PREA Coordinator who is also an investigator.</p> <p>Administrative investigator reported during her interview that she will give recommended outcomes while the PREA Coordinator reviews all administrative investigations and makes final outcome determinations.</p> <p>Review: Policy and procedures Administrative investigator interview PREA Coordinator interview</p>

115.273	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<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).</p> <p>The facility has conducted three administrative investigations and had one of those investigations referred for a criminal investigation. The investigation outcome notice was given to the alleged victim in each case. The alleged abuser in the case that was referred for criminal investigation decided not to press charges; therefore, the allegation notification was based on the administrative investigation.</p> <p>The facility also had an allegation that was referred to another confinement facility for investigation. The facility was able to report the outcome notification to the client based on the other agency's investigation.</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>

115.276	Disciplinary sanctions for staff
	<p data-bbox="252 168 877 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 510 280">Auditor Discussion</p> <p data-bbox="252 324 1484 750">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 data-bbox="252 795 1468 1176">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. During staff interviews, the staff members stated that they understood the disciplinary procedures for a violation of the agency's PREA zero tolerance policy and that termination is the presumptive action for a substantiated allegation of sexual abuse. The staff were also 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 data-bbox="252 1220 1460 1601">The facility had two allegations against staff members during this past year. One allegation was administratively investigated and determined to be substantiated. The staff abuser resigned once placed on administrative leave. Once the administrative investigation showed that the allegation appeared to show criminal behavior, the allegation was referred to the Toledo City Police. The Toledo City Police Department took the statement of the client victim, but could not refer for prosecution due to the client victim not wanting to press charges. The detective assigned to the case assured the client that should the case could move forward at anytime chargers were pressed in the future. The staff abuser did not have any licensure; therefor, no reports to licensing boards were necessary.</p> <p data-bbox="252 1646 1476 1859">The second staff allegation was also administratively investigated but determined to be unsubstantiated. The administrative investigation did determine that other agency policies and procedures were violated and the staff member was disciplined accordingly. Because the allegation was not substantiated, nor was there criminal behavior identified, the allegation was not referred for a criminal investigation or reporting to licensing boards.</p> <p data-bbox="252 1904 925 2150">Review: Policy and procedure Sexual Assault, Abuse, Harassment Response Plan Employee disciplinary records Staff zero tolerance acknowledgements Staff interviews</p>

115.277	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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. The contractors, interns, and volunteers are informed from the notice that Alvis, Inc. has the right to refuse the contractor, volunteer, or intern, or the company they represent access to any facility due to violations of agency policies and procedures, and that any contract or agreement will be cancelled should any allegation be substantiated.</p> <p>The facility did not have an intern, volunteer, or contractor during the onsite visit.</p> <p>The facility has not had an allegation against an intern, contractor, or volunteer during this audit cycle.</p> <p>Review: Policy and procedure Notice to vendors, volunteers, student inters: zero tolerance against client sexual victimization Contractor, volunteer, and intern training roster and curriculum</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1500.04 requires all Alvis, Inc. facilities to adopt a system of progressive discipline in accordance with established program rule 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>The Intake Coordinator is responsible for reviewing PREA education and facility rules and regulations. During an interview with the Intake Coordinator, she states upon intake, clients are given a client handbook that contains the rules and regulations of the facility along with possible sanctions for violating those rules. The clients sign and date a handbook acknowledgement form that they have received the handbook and the form is placed in the client's file.</p> <p>The auditor reviewed ten (10) client files during the onsite visit. The auditor ensured that all files contained the handbook acknowledgement form and that the form was signed and dated at intake. The auditor also interviewed sixteen (16) clients during the onsite visit. The clients that were interviewed, verified that they received a handbook at intake and that a staff member reviewed program rules, expectations, and sanctions with them. The clients interviewed report that they would be "removed" from the program for violating the facility's zero tolerance PREA policies.</p> <p>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.</p> <p>Ohio-Link Toledo did not have an allegation of client-to-client sexual harassment or sexual abuse during the past twelve (12) months.</p> <p>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>Review: Policy and procedure Client handbook</p>

Client files
PREA Coordinator interview
Client interviews
Intake Coordinator interview

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. Mercy Hospital in Toledo, Ohio would provide timely information and timely access to emergency contraception and sexually transmitted infectious prophylaxis, pregnancy related services. The SANE Charge Nurse confirmed these services during the phone interview. YWCA HOPE Center has agreed (signed MOU) to provide emotional supportive services, crisis intervention, and ongoing recovery assistance to all client victims of sexual abuse at all Alvis, Inc. community confinement facilities. Policy requires the offering of these services regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p>The PREA Coordinator reports that the agency has recently made an agreement with the Sexual Abuse Response Network of Central Ohio (SARNCO) to provide advocate, rape crisis, and emotional supportive services to all Alvis, Inc. community confinement facilities. The clients at OhioLink Toledo would have access to both agencies for these services.</p> <p>Policy 1100.01 requires the agency to make available emergency and routine medical care to all clients as needed. Services at OhioLink Toledo are made available on a 24-hour basis through Mercy Hospital or Mildred Bayer Clinic. The Coordinated Response Chart given is made available to all staff, instructs first responders to immediately call 911 and request medical attention for any victim of sexual assault. The PREA Coordinator reports that while clients are expected to pay for their own medical services, any client needing medical, mental health, or advocate services will be provided these services free of charge.</p> <p>Management and line staff were able to show the auditor a step-by-step first responder duty card that is attached to their name badge during the onsite visit. The steps included:</p> <ul style="list-style-type: none"> *Separate the victim and the perpetrator *Immediately notify the PREA Coordinator and call 911 (if an emergency) *Secure the scene *Request the client victim to not brush teeth, shower or change clothes, and ensure that the perpetrator is unable to do the same *Identify any staff or client witnesses *Ensure client is evaluated by medical/clinical *File confidential incident reports before the end of shift (being detailed regarding client victim statements) *Remain on shift until debriefed by investigators <p>The auditor reviewed all investigations within the past year. The facility had one substantiated sexual abuse allegation. The allegation was not made until three weeks after the alleged incident. Once alerted to the allegation, the Program Manager immediately offered the victim medical, mental health, and advocate services including a pregnancy test and all lawful</p>

pregnancy related services. The victim was already linked with community counseling and received trauma/rape counseling from that entity. The victim was offered medical services which were declined.

Review:

Policy and procedure

MOU with YWCA HOPE Center

Sexual Abuse, Assault, Harassment Response Procedure

SANE Charge Nurse interview

PREA Coordinator interview

Staff interviews

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="252 168 880 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 512 280">Auditor Discussion</p> <p data-bbox="252 324 1484 616">The facility offers medical and mental health counseling services in the community for clients who have been sexual abused in a prison, jail, lockup, or juvenile facility. These services are discussed with the client during the initial risk screening and again, if necessary, during any re-screening. The PREA Coordinator and Program Manager both report during their interviews that the services available would include evaluation and treatment; follow-up care; treatment plans; and referrals to other community agencies as needed should the client be transferred into another facility or released from custody.</p> <p data-bbox="252 667 1484 869">OhioLink Toledo houses both male and female offenders. Should a female offender be the victim of sexual abuse or sexual assault that includes vaginal penetration, the victim shall be offered a pregnancy test, timely and comprehensive information about and timely access to all lawful pregnancy related medical services. The services will also include testing for sexually transmitted infections for male and female sexual abuse/assault victims.</p> <p data-bbox="252 920 1436 1122">During the past year, the facility has had one substantiated allegation of sexual abuse. The victim was offered all required medical, mental health, and advocate services. The auditor reviewed the investigation and other documentation while on the onsite visit. The victim received outside mental health counseling, but refused medical care including a pregnancy test and all lawful pregnancy related services, and advocate support.</p> <p data-bbox="252 1173 1436 1420">As part of the PREA risk assessment, clients are ask to disclose if they have ever been assaulted or abused while in a confinement facility. Any client that affirmatively response to that question are offered medical and counseling services. The PREA risk assessment also requires the disclosure of any client abuser. The PREA Coordinator reports that any known client abuser, whether that information comes from collateral documentation or from the client's risk assessment will be disqualified from placement.</p> <p data-bbox="252 1471 1484 1718">The auditor learned during the onsite visit that the Case Managers who complete the risk assessment and review all collateral documentation will make the necessary referral to community resources for an client who needs medical or mental health services due to being sexual abused in a prison, jail, lockup, or juvenile facility. The Program Manager will ensure medical, mental health, and advocate services are offered to any client that is sexually abused or assault while at the facility and make necessary referrals.</p> <p data-bbox="252 1769 1021 2060">Review: Policy and procedure Sexual Abuse, Assault, Harassment Response Plan Risk for victimization or abusiveness assessment screening PREA Coordinator interview Program Manager interview Case manager 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>The SART 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 <p>At the conclusion of the review, the PREA Coordinator reports that the team will make recommendations if necessary and request corrective actions from the facility director. The Coordinator reports that should would liaison with the Program Director to ensure all</p>

recommendations or corrective action plans are implemented.

The facility has had two sexual abuse allegations that required a Sexual Assault Response Team review.

SART #1: Client made a third-party report alleging sexual abuse on March 12, 2018. The allegation was immediately administratively investigated and determined to be unsubstantiated. The SART team, which is comprised of Operations Manager, Accreditation Manager, Program Director, Program Manager, and the PREA Coordinator, met on April 6, 2018. The team identified a blind spot in the area where the allegation took place; no signage indicating the area was off limits to clients; and no outside lighting or camera where the allegation occurred. The team made the recommendation that all facility staff be retrained on client smoking hours and to remain in the designated area (within camera view) when escorting clients to smoke.

SART #2: Client made a third-party report alleging sexual abuse on March 12, 2018. The allegation was immediately administratively investigated and determined to be substantiated. The SART team, which is comprised of Operations Manager, Accreditation Manager, Program Director, Program Manager, and the PREA Coordinator, met on April 6, 2018. The team recommended that male staff not be permitted on the female side of the facility to access the utility closet when female clients are in-house.

The Program Director reported to the auditor that the recommendations from the SART team were implemented immediately, and that all facility staff were trained on the new smoking protocol and utility closet limitations during a monthly staff meeting. Interviews with targeted and random staff during the onsite visit confirm that staff have been trained on the new protocols.

The auditor reviewed both SART reports to ensure that the team reviewed the required areas as directed by this standard and recommendations made to the facility.

*The facility list 3 allegations reported that were determined to be unsubstantiated or substantiated; however, one of these allegations was a report that was referred to another confinement facility and not investigated by this facility.

Review:

Policy and procedure

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

Interview with Program Director

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 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/. The PREA Coordinator also completes a SSV-4 form for sexual abuse allegations in addition to completing ODRC's PREA Reporting Form.</p> <p>The auditor accessed the agency's website and reviewed the Alvis PREA Allegation Summary Report for 2016 and 2017, and 2018. All three 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>The agency is not a public entity and does not contract with other facilities for the confinement of its clients.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Allegation Summary Report 2016 PREA Allegation Summary Report 2017 PREA Allegation Summary Report 2018 PREA Coordinator interview</p>

115.288	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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 2016, 2017, and 2018. All three 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.</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 2016 PREA Allegation Summary Report 2017 PREA Allegation Summary Report 2018</p>
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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 2016, 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. 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 2016 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 reports of each of its facilities on the agency website. The auditor reviewed the agency website (https://www.alvis180.org/prea/) to ensure that all agency facilities have been audited during this audit cycle. The agency has a total of nine facilities, and has ensured that at least 1/3 of the facilities were audited during each year of the cycle. The agency had four (4) facilities audited during the first year, two (2) during the second year, and has just completed the last three (3) for the third year. The schedule for the audits changed based on the agency increasing the number of community confinement facilities under their umbrella. This auditor has conducted all nine audits for this agency.</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 both staff and clients. The auditor received documentation for the audit prior to the onsite visit through the Online Auditing System and through email. During the onsite visit, the auditor was supplied with additional documentation that includes a staff file review, client file review, training records, camera views, and electronic databases. All requested documentation was received.</p> <p>The facility provided the auditor with proof of audit notice postings prior to the onsite visit and the auditor was able to verify that the notices were posted in conspicuous areas throughout the facility. The audit notices contained both the auditor's mailing address and email address. The auditor did not receive any correspondence from staff or clients; nor did anyone request to speak to the auditor during the onsite visit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the agency's website (https://www.alvis180.org/prea/) to ensure all final audit reports for all Avis, Inc. community confinement facilities were posted. The final report from the previous audited facilities (year one and two of the audit cycle) are currently posted. The auditor noted that the final report for OhioLink Toledo, Terry Collins Reentry Center, and Residential Reentry Center (facility that are being audited during this final year) have the final audit report posted from 2016. The PREA Coordinator reports her understanding of the requirement to post all final reports, 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 agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	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 implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

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, or 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	
	Unless prohibited by law, 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 entity 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).	yes

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 such publication 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 have received 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?	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?	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?	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?	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 medical staff at the facility does 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?	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.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

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?	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?	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?	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.	yes

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	
	<p>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.)</p>	<p>yes</p>
	<p>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.)</p>	<p>yes</p>
	<p>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.)</p>	<p>yes</p>

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.)	yes

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.)	yes

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.)	yes

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 inmates, residents, and detainees?	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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)	yes