

# PREA Facility Audit Report: Final

**Name of Facility:** OhioLink Toledo

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 03/02/2023

**Date Final Report Submitted:** 03/27/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 03/27/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	08/09/2022
<b>End Date of On-Site Audit:</b>	08/10/2022

FACILITY INFORMATION	
<b>Facility name:</b>	OhioLink Toledo
<b>Facility physical address:</b>	2012 Madison Avenue, Toledo, Ohio - 43604
<b>Facility mailing address:</b>	

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

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

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	64
<b>Current population of facility:</b>	64
<b>Average daily population for the past 12 months:</b>	60
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18 & up
<b>Facility security levels/resident custody levels:</b>	low/moderate/high
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	24
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	6
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	4

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

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

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

<b>SUMMARY OF AUDIT FINDINGS</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
41	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-09
2. End date of the onsite portion of the audit:	2022-08-10

### Outreach

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

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	60
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	54
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The facility provided the auditor with a roster of all residents that included the intake date, dorm, race, LGBTI status, risk classification, and age. The Program Director identified residents that were physically disabled, cognitive disabled, and reported no residents were identified as transgender/intersex or limited English proficient.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>23</p>

<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>4</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The facility had several CRS staff members who had less than twelve months experience working at the facility.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>12</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>

<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The facility provided the auditor with a roster of all residents that included the intake date, dorm, race, LGBTI status, and risk classification. The Program Coordinator identified residents that fit into the identified targeted categories.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Some residents that were included in the random number are overflow from the targeted resident requirements. All residents, received the random resident interview question protocol.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

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

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

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have holding cells or segregation units.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>All residents that were identified for the targeted categories were interviewed using the targeted resident profile as well as the random resident profile.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor interviewed all available staff during the onsite visit.</p>

## Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	8
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	0
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	During the onsite visit, the facility did not have any volunteers present. The auditor was able to speak with food service staff.

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was given full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with staff and clients. The auditor received documentation of the facility in the Online Auditing System and through email. During the onsite visit, the auditor was able to obtain requested documentation and after the onsite visit, the auditor was able to obtain information through email. All requested documentation was received. This includes reviewing staff and resident files. During the tour portion of the onsite visit, the auditor was able to have informal conversations with both residents and staff.</p>
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## Documentation Sampling

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>In addition to the documents that were uploading into the OAS, the auditor reviewed resident files and employee files.</p>
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# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

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

### **Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

4

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The facility had a total of 4 allegations during the past 12 months. The auditor reviewed all four allegations. All four allegations were staff -to- resident sexual abuse investigations.</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

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

# SUPPORT STAFF INFORMATION

## DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

## Non-certified Support Staff

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

- Yes
- No

# AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>OhioLink- Toledo operates under the Alvis, Inc. policies and procedures. The agency has developed a policy (1300.05) that mandates zero tolerance towards all forms of sexual abuse and sexual harassment in all the facilities it operates. Any allegation is required to be administratively investigated by a trained investigator and/or criminally investigated by the agency with the legal authority to conduct such investigation. Each facility operated by the facility must develop a coordinated response plan to incidents of sexual abuse and sexual harassment. The policy outlines the procedures in which the agency as a whole and each facility will prevent, detect, respond, and report allegations. These measures include:</p> <ul style="list-style-type: none"> <li>• Creating a culture of reporting and safety</li> <li>• Training staff on the proper policies and procedures to comply with the PREA standards, Educating clients on their rights under the PREA standards</li> <li>• Developing and distributing annual reviews of facility staffing plans</li> <li>• Ensuring protection from retaliation for anyone who reports sexual abuse or sexual harassment Administratively and/or criminally investigation allegations of sexual abuse and sexual harassment.</li> </ul> <p>Agency policy 1300.5b designates an Alvis Managing Director to serve as the agency's PREA Coordinator. The agency's Vice President of Supportive Services serves as the agency's PREA Coordinator and reports directly to the President and CEO. In this role, she is responsible for:</p> <ul style="list-style-type: none"> <li>• Being the point of contact and reporting for a resident's allegation of sexual abuse or sexual harassment</li> <li>• Working with staff development and clinical services staff to develop and implement a training plan that fulfills the PREA training standards, including training for appropriate staff on how to detect/assess signs of sexual abuse, evidence preservation, appropriate responses, etc <ul style="list-style-type: none"> <li>• Monitoring defendant/offender screening procedures and investigations according to the PREA standards</li> <li>• Overseeing internal audits of the agency's compliance with PREA standards</li> <li>• Providing access to records and materials to external auditors monitoring PREA compliance</li> <li>• Working with Sexual Abuse Response Teams to analyze sexual abuse data and make recommendations for improvements</li> <li>• Supervise the agency's data collection process</li> </ul> </li> </ul>

- Prepare a report, annually, that details sexual abuse findings and corrective actions for each of Alvis' residential community corrections facilities and for the agency as a whole

The PREA Coordinator reports that she has enough time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The job description for the PREA Coordinator includes:

- Overseeing development, implementation of policies and procedures, which contribute to the elimination of client sexual harassment, sexual abuse and sexual assault, and/or retaliation related to allegations of such
- Coordinates with HR, staff development, and facility management to ensure staff are trained on PREA standards, agency policies and procedures for preventing, detecting, and reporting client sexual abuse, whether in assigned residential facility, while incarcerated, or other correctional supervision
- Facilitates workshops, training seminars related to PREA compliance and audit readiness
- Represents the agency at local, state, and national conferences as a Subject-Matter Expert on the application, issues, and challenges related to compliance with the PREA standards in corrections environments
- Recommends facility enhancements (e.g., security/video monitoring systems) to increase efficiency, consistency, in the utilization of tools to prevent, detect, and/or report client sexual harassment, sexual abuse, and/or retaliation
- Prepare and submit to the agency's executive team, agency board of trustees, and the public reports, at least annually, on the number, outcomes of allegations of client sexual victimization in agency facilities, or while a client is incarcerated, or under other correctional supervision and reports such allegations to the Ohio Department of Rehabilitation and Corrections (ODRC) or Federal Bureau of Prisons (FBOP), as applicable
- Conduct internal PREA site compliance audits, represents the agency with external PREA auditors, and reports violations of compliance or regulatory standards to duly authorized enforcement agencies as appropriate or required. Measures and reports outcomes and activities results to internal administrative investigations, as well as any pending criminal investigations related to client and/or staff sexual misconduct
- Provide assistance with internal audits for PREA or other compliance reviews as delegated

The agency has recently hired the Coordinator an assistant that will work with the facilities to ensure compliance and assist with new hire, annual, and refresher PREA training. This allows the PREA Coordinator more time to ensure all facilities under the Alvis umbrella are consistently maintaining compliance.

The auditor interviewed the PREA Coordinator during the onsite visit. The

Coordinator states that she conducts regular meetings with programs and departments (HR and Training) to review policies, procedures, practices, and training that will assist the agency in preventing, detecting, responding, and reporting incidents of sexual abuse and sexual harassment.

More than half of the Coordinator's responsibilities are directly related to her role as PREA Coordinator. The Coordinator is a Department of Justice Certified Auditor and her expertise and experience as an auditor ensure the agency is meeting all obligations under the PREA standards.

OhioLink Toledo's Program Manager serves as the 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. 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.

Review:

Policy and procedure

PREA Coordinator job description

Interview with PREA Coordinator

Interview with Program Manager

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

<b>115.213</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 539">The facility is required to develop a staffing plan that provides for adequate staffing and monitoring to protect residents from sexual abuse. The plan is required to be reviewed monthly and updated as needed by facility leadership. Annually, the staffing plan will be reassessed and updated by facility management and the PREA Coordinator. The staffing plan must included:</p> <ul data-bbox="280 580 1453 831" style="list-style-type: none"> <li data-bbox="280 580 794 616">• The physical layout of the facility</li> <li data-bbox="280 651 932 687">• The composition of the resident population</li> <li data-bbox="280 723 1453 759">• The prevalence of substantiated and unsubstantiated incidents of sexual abuse</li> <li data-bbox="280 795 679 831">• Any other relevant factor</li> </ul> <p data-bbox="280 866 1481 1149">The facility submitted a PREA Compliance Staffing Plan report that reviews the physical layout of the facility and identified blind spot areas. The plan identifies how the facility plans on addressing these areas, which includes increased circulation by CRS staff members. The auditor was able to see the practice of CRS staff monitoring residents through the camera system as well as when conducting circulation rounds. CRS staff will conduct four-six (4-6) house checks, two (2) bedside checks, and twelve-sixteen (12-16) circulations per shift.</p> <p data-bbox="280 1187 1461 1682">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, while the post in the female unit is not constantly manned. Only female CRS staff are allowed to man the post in this unit. During times when the second post is not manned, female offenders will ring a doorbell to alert staff that assistance is needed.</p> <p data-bbox="280 1720 1481 1839">Because the facility houses both male and female residents, the staff are required to attend Gender Differences in Community Confinement training on a quarterly basis. Staff has also trained in Trauma-informed care annually.</p> <p data-bbox="280 1877 1481 2076">The facility has 32 cameras throughout the facility that includes all common areas. The auditor was able to view all camera angles via monitors at the staff post desk. The coverage includes the front entrance, reception desk, dining room, kitchen (not operational- only used to heat and serve food) female housing unit (lounge and common areas), male housing unit (lounge and common areas), stairwells, hallways,</p>

and smoke break/recreation area.

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 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 assesses the facility's training needs, gender considerations, access to medical and mental health services, and accommodations based on risk assessment.

The facility staffing plan is reviewed monthly at staff meetings and updated as needed. The staffing plan is reviewed annually for changes that are needed. The annual staffing plan reassessment is conducted by facility management and the PREA Coordinator.

Review:

Annual staffing plan

Facility tour

Staff schedule

Camera views

Interview with PREA Coordinator

Interview with Program Manager

Interview with Facility Director

Interview with Operations Manager

	Interview with CRS staff
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 582">Alvis 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). Policy 600.02 states that female clients may only undergo a pat search or enhanced pat search by a female staff member. Female staff members are permitted to conduct pat searches on male residents, but cannot conduct an enhanced search.</p> <p data-bbox="280 622 595 658">A pat search includes:</p> <ul data-bbox="280 694 1425 913" style="list-style-type: none"> <li>• Client removes all items from pockets</li> <li>• Client removes socks, shoes, coat, hat, and other like items</li> <li>• CRS will, while wearing gloves, check the client's arm, sleeve cuffs, pant legs, and clothing pockets CRS will use a security wand on the client</li> </ul> <p data-bbox="280 949 759 985">An enhanced pat search includes:</p> <ul data-bbox="280 1021 1458 1357" style="list-style-type: none"> <li>• Basics of a pat search</li> <li>• CRS will visually inspect client's mouth and hair</li> <li>• CRS will instruct the client to lift the shirt just above the level of their waistband while staff run their hands around the waistband</li> <li>• CRS will instruct the client to shake out the bottom of their bra and staff will run their fingers around the bra straps</li> </ul> <p data-bbox="280 1393 1473 1680">All searches are required to be conducted in front of security cameras. The facility has created “search boxes” where a square has been drawn on the floor with feet prints inside. The client is instructed to state inside the box with his/her feet on the prints. Staff members will wear gloves when conducting the search. This new process allows management staff to clearly see how the pat search was conducted and ensure proper procedures were followed. The auditor was able to witness a pat search during the onsite visit. The search was conducted per policy.</p> <p data-bbox="280 1715 1481 2047">As supportive documentation, the facility provided the auditor with the training curriculum and sign-in sheets for searches. During the onsite visit, the auditor was able to interview the Training Coordinator. She reports to the auditor that she uses tracking forms to ensure all staff complete and demonstrate proficiency in searches, including conducting respectful and professional searches of transgender or intersex residents in the least intrusive manner possible, consistent with security needs. The agency has a training facility that has mannequins that staff members can practice proper technique.</p>

Interviews with sixteen (16) residents affirmed that they have received a pat and/or enhanced pat search. Female residents that were interviewed stated that they have never received a search of any kind of by a male staff member. The female residents 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. Male clients interviewed stated they on occasion they have been pat searched by a female staff member, but has never had an enhanced pat search or urine collected by a female staff member. All searches, reported by the residents, have been conducted in a respectful and professional manner.

CRS staff from all shifts were interviewed during the onsite visit. The staff report to the auditor that they receive continual training on proper pat search techniques. They state that all searches are conducted on camera, usually inside the main post. The male staff report that they are prohibited from searching female residents for any reason. Female staff report conducting pat searches on male residents only if no male staff is available. The staff report that they have not had a transgender resident in the past twelve months, but have received training on how to complete transgender, cross-gender, and intersex searches. CRS staff that have been employed at the facility for over three years were able to discuss their experience in conducting searches on a transgender resident.

Policy 1300.03 states that clients must have the ability to shower, perform bodily functions, and change clothing without nonmedical 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.

During the onsite visit, the auditor toured all bathrooms available to the residents. The male housing unit has two bathrooms. One of the bathrooms is only available to residents that are housed in two rooms that are reserved for Department of Youth Services (DYS) residents that are eighteen. These dorm rooms and bathroom are also used to house transgender and/or intersex residents. 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 were 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 female residents interviewed report that male CRS staff usually do not work inside their unit. They report that the male staff will conduct walk through, and will announce themselves when coming onto the unit. All staff knock and announce themselves before entering the housing unit and the dorm rooms. They report that male staff do not enter the bathroom, nor have they had an incident of incidental viewing by a staff member.

The male residents report that female staff work on the unit and conduct pat searches and rounds throughout the unit. They report that the female staff are not allowed to conduct an enhanced pat search or an urinalysis. They state that all female staff members knock and announce themselves before entering dorm rooms, and will yell into the bathroom before entering. Most of the male residents state that female staff do not enter the bathroom at all if there are residents inside, but will ask "who's in there" or get a male staff to go in if necessary.

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
	Resident interviews
	Facility tour

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1300.04 states that residents with disabilities will be housed in a manner that provide for their safety and security. Each potential resident will be evaluated prior to admission to determine the most suitable residential facility of placement.</p> <p>Policy 800.05b states residents admitted to the facility will receive written orientation materials and/or translation in their primary language, if they do not understand English. When a literacy problem exists, staff will assist the clients in understanding the material. During the intake process, any identified communication/language barrier will be addressed with the use of staff that is proficient in that language, family member communication assistance, or local community resources. The policy prohibits the use of resident interpreters, readers, and any other resident assistance except in circumstances in which a delay in effective communication could compromise the resident's safety, the performance of first responder duties, or the investigation of an allegation.</p> <p>The auditor viewed PREA posting in both English and Spanish during the onsite visit.</p> <p>Agency policy 800.08 states that special assistance will be provided to those residents, family members, or significant others identified as having some sensory impairment, including the blind and the hearing impaired. The assistance can include the use of auxiliary aids. The Program Director states that she is responsible for ensuring residents are afforded the opportunity to benefit from the agency's efforts to prevent, detect, respond, and report allegation of sexual abuse and sexual harassment.</p> <p>The 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>CRS staff provide PREA education during intake. During an interview of one 1st shift CRS staff member, she states that she will try to make the subject as approachable as possible. She wants to make the first interaction with the residents one where they leave feeling comfortable reporting allegations of sexual abuse and sexual harassment. She gives the resident a pamphlet with information specific to the facility. She will review the pamphlet and ensure they know the multiple ways to report and the free services available to them. When asked, she states that resident assistants are not used to help others in understanding rights and protections under the PREA standards, but will use resident translators in</p>

emergency circumstances where immediate action is needed.

Another 1st shift CRS reports that they facility currently has a resident that is cognitive deficient and that during each shift a CRS staff member will be sure to check in with the resident multiple times to assist with acclimating to the facility, and help resolve any problems/issues.

The Program Director reports that at intake, residents are assessed on their ability to read and understand English. Should the resident be in need of assistance, the facility would use community resources to ensure the resident had meaningful access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The PREA Coordinator reports that the facility has not needed the services of community resources to assist residents in being able to benefit from the facility's efforts to prevent, detect, respond, and report allegations of sexual abuse or sexual harassment. She states that she would receive information prior to intake of services or auxiliary aids necessary for residents and would provide those services free of charge.

During the onsite visit, the auditor interviewed residents that had an identified disability. These residents 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. The auditor interviewed the resident the CRS identified in her interview. He reports that the staff members are very helpful to him in navigating through the program.

The auditor reviewed the intake packet to ensure all appropriate information was accessible to clients, and noticed the PREA education posters in English and Spanish throughout the facility, including near the resident phone in the lounge.

Review:

Policy and procedure

Resident orientation material

Interview with Program Director

Interview with PREA Coordinator

Interview with CRS staff

Interview with residents

Facility tour

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1453 667">The facility is prohibited from hiring, promoting, or selecting 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 have been civilly or administratively adjudicated to have engaged in sexual abuse in the community. Agency policy (1800.04) makes clear that any material omissions or false information provided related to past PREA violations, investigations, or allegations is grounds for immediate termination.</p> <p data-bbox="280 707 1453 1115">To ensure that the facility does not hire, promote, or select services from someone who has a history of sexual abuse or sexual harassment, the agency requires all staff, including contractors and volunteers, working directly with clients to have a criminal background check before hiring, along with reference checks to ascertain whether the person was named in any PREA allegations, whether substantiated or unsubstantiated during employment. The agency conducts background checks using Ohio Bureau of Criminal Investigations and NCIC/NLEADS on all potential employee and contractors/volunteers. Employees that work in facilities that house clients whose parent institution is the Federal Bureau of Prisons will receive a background check from the FBI.</p> <p data-bbox="280 1155 1485 1653">During the onsite visit, the auditor was able to speak with an HR Audit Specialist who is in charge of ensuring the initial and five-year background checks are completed. She states, as part of their contract with FBOP, they are required to have a background check completed by the FBI every five years. Because the contract renews every five years, all staff who are working in facilities that have FBOP clients will have a background check completed, regardless of when they were hired and when their last background check was completed. She 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 have 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 data-bbox="280 1693 1469 1930">The HR Audit Specialist provided the auditor with documentation that shows the agency's best efforts at contacting any potential employee's previous employer to inquire if the potential employee had engaged in sexual misconduct or resigned during an investigation into sexual misconduct. An 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.</p> <p data-bbox="280 1971 1481 2087">Promotions within the agency are based on merit. Policy 1800.04 disqualified any employee in active disciplinary status, or have received a written reprimand (or high level discipline) within 180 days of submitting a letter of interest. The HR</p>

Audit Specialist states that an 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 policy states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The auditor reviewed two employee files who had substantiated allegations of sexual harassment. One staff member was terminated, as verified by documentation found in the file, while the other staff member resigned. The HR Department would notify any requesting agency of an employee's termination due to a substantiated sexual abuse allegation or a resignation during a pending investigation into an allegation of sexual abuse.

The auditor reviewed fifteen (15) personnel files. The files were checked for zero tolerance acknowledgments, background checks (initial and five year), affirmative duty disclosing any misconduct, reference checks, promotions, and disciplinary actions. All appropriate documentation was found in the employee files.

Review:

Policy and procedure

Employee zero tolerance acknowledgment

Employee continued affirmation

Employee background checks

Employee disciplinary action

Contractor/volunteer background checks

Applicant interview questionnaire

Background report checker

Interview with HR Audit Specialist

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Managing Director and the PREA Coordinator both report that the facility has not acquired any new facility, nor is the facility planning any substantial expansion or modification to the current facility.</p> <p>The facility has not increased its electronic monitoring ability since the last PREA audit.</p> <p>Facility management, during the annual staffing plan review, assesses the facility's needs to its video electronic monitoring system. This includes considering how such technology may enhance its ability to protect clients from sexual abuse.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Staffing plan review</li> <li>Camera views</li> <li>Facility tour</li> <li>Interview with Managing Director</li> <li>Interview with PREA Coordinator</li> </ul>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 792">Policy 1300.05a states that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary criminally investigated by the agency with legal authority to conduct such investigation. The agency does not have a Memorandum of Understanding with the Toledo Police Department, but the department has conducted criminal investigations referred by the facility in the past. 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 a uniform evidence protocol that, if necessary, has been adapted from or based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women protocols.</p> <p data-bbox="280 833 1477 1532">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 anytime the allegation looks criminal in nature. Once an allegation has been received, whether through resident 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 anytime 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 data-bbox="280 1572 1442 1854">Residents 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. This information has not changed since the previous PREA audit.</p> <p data-bbox="280 1895 1461 2056">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</p>

resource referrals, aftercare, assistance during law enforcement interviews, safety planning, and recovery reading materials.

A MOU is also in place with Sexual Assault Response Network of Central Ohio (SARNCO) to provide advocate services to victims of sexual abuse. The MOU outlines the services provided and also the availability of:

- a sexual assault helpline that is manned 24-hours a day
- use of emergency room advocates
- emotional support
- crisis intervention
- community resource referrals
- aftercare
- assistance during law enforcement interviews
- safety planning
- recovery reading materials.

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

The agency has trained emotional support staff that can be available at the resident's request. The auditor was able to interview the facility's trained emotional support person, the Program Manager, during the onsite visit. The Program Manager was able to discuss her training as well as her duties should a resident request services. She reports that while the facility had two allegations of sexual abuse during the past twelve months, she has not had to provide emotional supportive services.

The PREA Coordinator reports that a resident victim has the choice of requesting the services of an advocate from the HOPE Center or SARNCO, or the use of staff emotional supportive services.

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.

Review:

Policy and procedure

YMCA HOPE Center MOU

Emotional Support training certificates

Emotional Support training curriculum

Emotional Support Person interview

PREA Coordinator interview

Training Coordinator interview

Staff interviews

SARNCO Director interview

Sexual Abuse, Assault, Harassment Response Form

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 667">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 (<a href="https://alvis180.org/prea/">https://alvis180.org/prea/</a>) shows the agency policy concerning administrative and criminal investigations, the responsibilities of the administrative investigative agency (Alvis, Inc.) and the criminal investigative agency (Toledo), and the outcome reporting of all investigations.</p> <p data-bbox="280 705 1433 947">Investigation #1: A female resident made a verbal report to staff that the male maintenance staff member made sexually harassing comments toward her, even after asking him to leave her alone. An administrative investigation determined that the staff member acted inappropriately and determined the allegation to be substantiated. The staff member resigned. There was no criminal activity, so a referral for a criminal investigation was not made.</p> <p data-bbox="280 985 1469 1272">Investigation #2: During a random resident cell phone check, a staff member discovered sexually explicit pictures of a staff member in the resident's phone. The staff member reported the information to the facility PREA Compliance Manager, who initiated an administrative investigation. The allegation was determined to be substantiated for sexual harassment due to no evidence of sexual abuse being discovered. The staff member was terminated. There was no criminal activity, so a referral for a criminal investigation was not made.</p> <p data-bbox="280 1310 1474 1720">Investigation #3: A resident submitted a written (email) allegation that a staff member conducted a pat search that was invasive and inappropriate. The PREA Coordinator initiated an administrative investigation into the allegation. The investigation revealed that the staff member did not follow agency policy and procedure when conducting the search; however, the search was not sexually abusive. The resident also agreed that while the search was inappropriate, he did not think the search was intended to be sexual. The allegation was determined to be unfounded; however, the SART made a recommendation to train pat search procedures to staff who assist with security duties, which are not routine to their job duties.</p> <p data-bbox="280 1758 1461 2085">Investigation #4: A resident contacted the PREA auditor (the report was made beyond the twelve-month reporting period, but since the resident reported to the auditor, the investigation was included in the review). The auditor immediately reported the allegation to the agency PREA Coordinator. The PREA Coordinator initiated an administrative investigation. Due to the many inconsistencies with the victims statements, and contradicting witness statements, the allegation was determined to be unfounded. The facility did remove the resident from the alleged abuser's case load.</p>

Review:

Policy and procedure

Agency website

Interview with administrative investigators

Investigation reports

<b>115.231</b>	<b>Employee training</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 461">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 data-bbox="352 528 1469 981" style="list-style-type: none"> <li>• Agency zero tolerance policy</li> <li>• How to prevent, detect, report, and respond to sexual abuse and sexual harassment</li> <li>• Rights of clients in reporting allegations and to remain free from retaliation</li> <li>• Dynamics of sexual abuse and harassment in confinement</li> <li>• How to detect and respond to signs of threatened and actual abuse</li> <li>• How to avoid inappropriate relationships with clients</li> <li>• Appropriate communication with clients including clients who identify as gay, lesbian, bisexual, transgender, or intersex</li> <li>• How to comply with relevant regulations, policies, and procedures regarding reporting sexual abuse</li> </ul> <p data-bbox="280 1021 1469 1348">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. Because the staff at TCRC can work with both males and females, all staff are required to attend this training.</p> <p data-bbox="280 1388 1469 1509">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 data-bbox="352 1576 1023 2065" style="list-style-type: none"> <li>• Sexual harassment</li> <li>• Dynamics of abuse and common reactions</li> <li>• Access to care</li> <li>• Code of ethics</li> <li>• Client rights</li> <li>• Zero tolerance policy</li> <li>• Effects of abuse</li> <li>• Reporting requirements</li> <li>• Effective communications with LGBTI clients</li> <li>• Boundaries and professional communication</li> <li>• Cross-gender announcements</li> <li>• Privacy during showering and changing</li> </ul>

- Pat searches
- Third-party reporting
- Mandated reporting
- Rape crisis agencies/Sexual Assault Response Network of Central Ohio (SARNCO)
- Transgender/intersex policy and procedures
- Access to free medical and mental health services
- Staff reporting requirements
- First responder duties
- Investigations and client notifications
- Misuse of PREA and discipline procedures
- Limited English proficient clients

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.

During staff interviews, all staff report receiving PREA training before being allowed to “work the floor” and staff who have been at the facility for longer than 12 months report having PREA training through the Relias learning management system. Staff were able to communicate receiving training on the agency’s zero tolerance policies, reporting obligations, first responder duties, searches, LGBTIQ residents, agency coordinated response plan, gender differences, recognizing and responding to signs of sexual abuse, red flags, rights of residents under the PREA standards, and conducting risk assessments.

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 residents.

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 acknowledgment 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 resident at the facility. She showed the process for retraining staff members who may move to a different gender-specific facility. 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 new staff member confirmed the PREA training and described the work activities as more observation than practice.

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 all 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 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 biannual 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.

Review:

Policy and procedure

Training curriculum

Staff training records

Interview with Training Coordinator

Interview with staff

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1418 456">Policy 1800.18 requires PREA training for all contractors, volunteers, and interns that is appropriate to their assignment, and additional training as needed. The training will include at a minimum:</p> <ul data-bbox="352 528 1434 808" style="list-style-type: none"> <li>• Agency zero tolerance policy</li> <li>• How to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, and/or retaliation</li> <li>• Code of ethics</li> <li>• Client populations</li> <li>• Services and programs</li> <li>• Operational procedures</li> </ul> <p data-bbox="280 853 1449 969">Once a contractor, volunteer, or intern is assigned to a specific facility, the facility manager or designee is required, per policy 2200.09, to provide facility orientation that includes:</p> <ul data-bbox="352 1041 1430 1279" style="list-style-type: none"> <li>• Alvis' mission statement, goals, client population, programs, and services</li> <li>• Role of volunteers</li> <li>• Code of ethics</li> <li>• PREA orientation</li> <li>• Job description</li> <li>• Tour of facility</li> </ul> <p data-bbox="280 1323 1474 1644">The auditor was able to interview the agency training coordinator and reviewed the curriculum for contractors and volunteers. The Training Coordinator verified that all contractors and volunteers receive PREA training through a power-point presentation before being allowed to interact with clients at any facility. The training is not as extensive as employee training; however, ensures that they understand the basics of how to prevent, detect, respond, and report suspicions or reports of sexual harassment, sexual abuses, and retaliation. The curriculum is commiserate with the level of interaction between the contractor/volunteer and the clients.</p> <p data-bbox="280 1688 1453 1805">The auditor reviewed the training sign-in sheets for previous contractors and volunteers. The auditor also signed an acknowledgement of their understanding of the agency's zero tolerance policy during the onsite visit.</p> <p data-bbox="280 1850 1437 2000">Currently, the only contractors working in the facility are Aramark food service employees. Aramark employees are provided PREA training from the PREA Coordinator prior to working inside the facility. The auditor was able to review the curriculum and sign-in sheet for these contractors.</p>

Review:

Policy and procedure

Volunteer/Contractor training curriculum

Volunteer/Contractor sign-in sheet

Volunteer/Contractor zero tolerance acknowledgement

Interview with Training Coordinator

<b>115.233</b>	<b>Resident education</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1473 667">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 residents fully understand the facility's efforts to prevent, detect, respond, and report to allegations of sexual abuse, sexual harassment, and retaliation. Residents sign an acknowledgment form that they have received and understand this information, and the form is kept in each resident's file.</p> <p data-bbox="280 707 1473 1155">Residents receive PREA training conducted by the resident's case manager. During an interview, a case manager 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 case manager will ask questions, discuss definitions, and give scenarios of what constitutes sexual abuse, sexual harassment, and retaliation. The case manager will also discuss the limits of confidentiality with staff and outside reporting entities. The case manager states that she also informs the residents that if they wish to discuss any elements of PREA privately, that they can always request to speak with her. Disciplinary action against residents who participate in sexual abuse, sexual harassment, and retaliation is also discussed. Residents sign verification of receiving this information.</p> <p data-bbox="280 1196 1473 1563">The auditor conducted sixteen resident interviews. The residents report that they have received the necessary information to report a PREA allegation. The residents were able to list the different ways they could report and that they would not be retaliated against for reporting or cooperating in an allegation. Some of the residents were able to state that advocate and medical services would be provided free of charge. Most of the residents that after they received their handbook and other PREA documentation, they did not pay close attention to the rest of the information. They state that the information provided is not new to them due to being provided this information on a continual basis at other confinement facilities.</p> <p data-bbox="280 1603 1473 1841">The resident handbook, that is given to the resident at intake, also covers the information reviewed during PREA education. Residents are required to sign that they have read and understand the handbook. This verification form is kept in the resident's file. The auditor reviewed resident files and verified that the clients have documented their receipt of the handbook and acknowledgment of the zero tolerance policy.</p> <p data-bbox="280 1881 1473 2087">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; resident's 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</p>

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 residents are also given a pamphlet from SARNCO that contains information on the services the agency provides free of charge to any resident alleging sexual abuse or sexual harassment, or that would like to receive emotional supportive services.

During the onsite visit, the auditor also inspected posted notices of how residents can report sexual abuse and/or sexual harassment allegations in both male and female housing units. The notices included phone numbers and address to local, state, and national victim advocate agencies; the resident's 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 residents frequent in both English and Spanish. Residents that do not speak English or have a disability (mental, physical, and/or cognitive) will receive appropriate accommodations and/or auxiliary aids. Please see standard 115.216 for specific details on how OhioLink-Toledo provides these resident's PREA education.

Review:

Policy and procedure

PREA postings

Resident PREA curriculum

Resident Handbook

Resident PREA acknowledgment form

Resident PREA training sign-in sheet

SARNCO pamphlet

Interview with Case Manager

Interview with PREA Coordinator

Interview with Residents

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 790">Policy 1300.05a requires an investigation into all allegations of sexual abuse or sexual harassment. The agency has several 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 data-bbox="280 833 1477 1198">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 interview the Facility Director who serves as the administrative investigator for the facility and the PREA Coordinator who serves as the agency administrative investigator. The administrative investigators were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation.</p> <p data-bbox="280 1240 1477 1606">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 data-bbox="280 1648 1477 1760">The PREA Coordinator participates in a collaborative effort to provide investigator training to other community confinement facilities in the state of Ohio. She is able to conduct refresher training will all facility/agency administrative investigators.</p> <p data-bbox="280 1803 392 1832">Review:</p> <ul data-bbox="280 1874 1018 2119" style="list-style-type: none"> <li data-bbox="280 1874 579 1904">Policy and procedure</li> <li data-bbox="280 1946 783 1975">Administrative investigator training</li> <li data-bbox="280 2018 1018 2047">Administrative investigator train-the-trainer training</li> <li data-bbox="280 2089 948 2119">Administrative investigator training certificates</li> </ul>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility does not use the services of 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 agency does have crisis intervention practitioners that the residents can interact through video conferencing. The staff members that provide this service are required to complete Specialized Training: PREA Medical and Mental Care Standards. The training is provided on the PREA Resource Center's website. The auditor was provided the completion training certificates from those practitioners.</p> <p>Review:</p> <p>SARNCO MOU</p> <p>Specialized Training: PREA Medical and Mental Care Standards curriculum training certificates</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1449 499">Policy 1300.05a states that within 72 hours of arrival, staff will conduct a written assessment, via Sexual Abuse Intake Screening tool, to determine potential risk of sexual victimization or abusiveness. The complete assessment will document information, including:</p> <ul data-bbox="280 539 1401 898" style="list-style-type: none"> <li data-bbox="280 539 1082 573">• any mental, physical, or developmental disability age</li> <li data-bbox="280 611 1034 645">• physical build criminal history prior sexual offense</li> <li data-bbox="280 683 1401 757">• staff perception of the resident being gay, lesbian, transgender, intersex, or gender non-conforming</li> <li data-bbox="280 795 794 828">• any previous sexual victimization</li> <li data-bbox="280 866 1353 898">• resident's own perception of vulnerability any other relevant information</li> </ul> <p data-bbox="280 938 1406 1012">There is a note on the form that reminds the screener that residents cannot be disciplined for not answering or providing incomplete answers to the questions.</p> <p data-bbox="280 1052 1469 1211">The policy also states that at no more than 30 days after intake, all residents will be reassessed for their risk of victimization or abusiveness, and a reassessment will be completed at any time due to a referral, incident of sexual abuse, or receipt of additional information.</p> <p data-bbox="280 1252 1465 1576">The auditor interviewed sixteen (16) residents during the onsite visit. The interviewed residents stated that they received a risk screening and a rescreening. The residents were able to talk about the questions asked during the screening and understood the questions were meant for their safety. Residents that were interviewed that were identified as having reported past sexual victimization, reported that case management offered free counseling services. None of the residents accepted the counseling services or were already connected to community mental health services in which they could address any issues.</p> <p data-bbox="280 1617 1481 1984">The case manager is responsible for conducting the initial and 30-rescreening. During a case manager interview, she reviewed the process for which she gathers information to complete the assessments. She reports that she will review collateral information before conducting the assessment, which she tries to complete the day of the resident's arrival in the facility or the next day at the latest. She states she tries to make the residents feel as comfortable as possible and builds a rapport before conducting the assessment. She informs the resident that they cannot be disciplined for refusing to answer, or for not disclosing complete information during the initial screening or reassessments.</p> <p data-bbox="280 2024 1406 2058">After a review of the assessment, should the resident be classified as at risk for</p>

victimization or abusiveness, the case manager will document what type of protective or preventative measures the facility has taken in order to ensure the safety of all residents.

The Program Manager reports to the auditor that she will conduct a SecurManage report to ensure the timeliness of all assessments. She will also ensure an additional screening will be given upon any additional, relevant information received by the facility since intake or the rescreening.

The auditor requested a SecurManage report for both initial and re-screens on the PREA risk assessment tool. The auditor's review revealed that intake and re-screens were not consistently conducted at the required 72 hours or 30 day mark.

Risk screenings are conducted within the SecurManage resident database system. This allows the facility to limit access to the information on the assessment. Staff will be informed of a resident's classification in order to facilitate safety, but not the details of the assessment.

#### CORRECTIVE ACTION:

The facility will need to develop a plan that will ensure timely completion of initial assessments within the required 72 hour time limit and timely completion of the reassessment within the required 30 day time limit. The facility will need a quality assurance process to not only ensure that the screenings are completed on time, but also completed as designed by the agency.

#### FACILITY RESPONSE:

The facility provided the auditor with a SecurManage report on initial and re-screenings of PREA assessments of residents for the months of September, October, November, December, January, February, and March. The review of the report shows that the facility has been able to complete the assessments within the required time frame. The Facility Manager is back on track with running weekly reports to both provide case managers with reminders before the 30-day deadline, and to ensure the assessments are completed as designed.

#### Review:

Policy and procedure

Initial/Rescreen risk screening tool

SecurManage screening report

Program Coordinator interview

Case Manager interview

Resident interviews

Risk screening curriculum

	Risk screening training roster
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<b>115.242</b>	<b>Use of screening information</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 748">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 data-bbox="280 790 1477 987">The Program Manager reports that if a resident is identified as being highly susceptible or abusive, the case manager will work with the resident to address those issues. The case managers confirm during their interviews that they would offer community mental health services and/or programming to address concerns in these areas.</p> <p data-bbox="280 1030 1445 1144">Because the facility has not been conducting initial and reassessments in a timely fashion, the facility cannot guarantee that residents that may be classified as vulnerable are kept separate from residents identified as abusive.</p> <p data-bbox="280 1187 1453 1256">None of the interviewed residents reported seeing a counselor to address previous community or institutional sexual abuse.</p> <p data-bbox="280 1299 1477 1541">Policy 1300.14 requires the agency, upon notice, to assess, review, and manage residents who are transgender/intersex on a case-by-case basis considering the resident's individual circumstance. The management team will house a transgender/intersex clients in facilities that maximize resident safety and privacy. The resident will be placed at the facility location that offers the most appropriate resources and environment to accommodate any special needs.</p> <p data-bbox="280 1583 1477 1906">OhioLinks Toledo has been designated a facility that can appropriately provide an environment of safety, security, and manageability for transgender/intersex residents. The facility is equipped with a two-man dorm, with access to a single use private bathroom that is available to transgender residents. The facility has housed transgender residents in the past and has provided a safe and private bathroom along with a semi-private dorm room for these specialized residents. Transgender residents 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 data-bbox="280 1948 1477 2063">The auditor interviewed sixteen (16) residents, including residents that identify as LGBTI, and discussed housing, safety, and programming at the facility. All residents interviewed report feeling safe at the facility and not being housed in a room based</p>

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. No residents reported any problems or safety concerns. The facility did not have a transgender or intersex residents during the time of the audit.

The auditor conducted a web search on Alvis House, Inc. The auditor did not find any reports of the agency being involved in a lawsuit, consent decree, legal settlement, or legal judgement.

**CORRECTIVE ACTION:**

Once the facility develops a plan to ensure all residents receive an initial risk assessment and reassessment within the time constraints outline in PREA standard 115.241, they will be able to use the information to ensure any resident classified as vulnerable is kept separate from residents classified as abusive.

**FACILITY RESPONSE:**

The facility provided the auditor with a SecurManage report on initial and re-screenings of PREA assessments of residents for the months of September, October, November, December, January, February, and March. The review of the report shows that the facility has been able to complete the assessments within the required time frame. The facility is not able to ensure that a resident that is classified as vulnerable to abuse is separated from a resident that is classified as abusive.

**Review:**

Policy and procedure

Initial and 30 day assessments

Interview with residents

Interview with Program Director

Interview with case managers

Facility tour

<b>115.251</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 752">Policy 1300.05a requires the facility to provide each new/transfer residents with information on sexual abuse and sexual harassment prevention, awareness, and reporting. Residents will be informed of the designed facility PREA Compliance Manager and agency PREA Coordinator as part of the intake process. Policy 1300.03 states that all residents have the right to file a grievance on any condition of action within the facility, without fear of reprisal from staff. Residents may file an emergency grievance for any claim regarding an allegation of sexual abuse. Policy 1300.05 states that a resident who feels that they are subject to sexual abuse or sexual harassment by staff or another resident, should immediately report the matter to the facility director or manager or designed PREA Compliance Manager.</p> <p data-bbox="280 792 1474 949">The resident handbook informs all residents that all allegations of sexual abuse or sexual harassment will be investigated, and all investigations of criminal nature will be referred to the Toledo Police Department. The handbook also lists the multiple ways residents can report allegations of sexual abuse and sexual harassment. These ways include:</p> <ul data-bbox="280 1025 1102 1420" style="list-style-type: none"> <li>· Verbally to any staff member</li> <li>· In Writing</li> <li>· Anonymously</li> <li>· Third-Party</li> <li>· Internally or externally to a reporting hotline number</li> <li>· Outside agency address and phone number</li> </ul> <p data-bbox="280 1460 1394 1576">This information is also listed in a pamphlet given to the residents during Orientation and through posters that are conspicuously posted throughout the facility.</p> <p data-bbox="280 1617 1474 1859">The auditor contacted the internal and external phone numbers listed in the handbook and on posters. The internal phone number will lead to a live person (PREA Coordinator), while the external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The call to the outside reporting agency was returned the same day by an ODRC employee.</p> <p data-bbox="280 1899 1474 2056">In addition to the methods listed above, residents are informed that they can use the grievance system to report allegations of sexual abuse and sexual harassment. The facility has a PREA specific grievance form. The form allows the resident to report an allegation of sexual abuse and sexual harassment, and be able to report if</p>

the resident feels an imminent threat of sexual abuse. If the resident does feel an imminent threat of sexual abuse, the form provides the resident with instructions on how to obtain immediate assistance.

During resident interviews, the residents were asked questions in accordance with the PREA Compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents report that at intake, they receive materials with information on how to report incidents of sexual abuse or sexual harassment. The residents at OhioLink Toledo are allowed to carry cell phones. This allows for residents to report incidents of sexual harassment or sexual abuse to any entity at any time.

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.

Policy 1300.05 requires all staff members to immediately report all knowledge, suspicion, or information regarding allegations of sexual abuse or sexual harassment. The staff member who receives the initial report, regardless of how it was reported, or if the staff member was witness or is suspicious of inappropriate behavior, will complete a PREA Report Form and submit it to the PREA Compliance Manager. The staff member may also report the incident privately to the PREA Coordinator. The in house report number given to the residents is also given to the staff and goes directly to the PREA Coordinator.

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 and sexual harassment. All staff state they would immediately report the information to their supervisor or directly to the PREA Coordinator.

Review:

Policy and procedure

Resident handbook

PREA posters

Staff reporting form

Resident interviews

Grievance forms

Hotline numbers

Staff interviews

Outside reporting agency phone interview

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1436 499">Policy 1300.03 state that residents have the right to file a grievance on any condition within the facility, without fear of reprisal from staff. Residents may file emergency grievances for any claim regarding an allegation of sexual abuse. The procedure includes:</p> <ul data-bbox="352 568 1460 813" style="list-style-type: none"> <li>• Outlining the grievance procedure in the resident handbook</li> <li>• Explaining the grievance procedure during resident orientation</li> <li>• Post a copy of the grievance procedure in a place accessible by residents in each facility</li> <li>• The facility will maintain a copy of the grievance report, documentation of grievance resolution, and copies of responses given to the resident</li> </ul> <p data-bbox="280 853 1481 927">An emergency grievance is a grievance that alleges sexual abuse. The procedure for an emergency grievance includes:</p> <ul data-bbox="352 996 1473 1697" style="list-style-type: none"> <li>• No imposed time limit on when a resident may submit a grievance regarding an allegation of sexual abuse Residents are not required to use an informal grievance process or to otherwise attempt to resolve, with staff, an allegation of sexual abuse</li> <li>• The agency will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing</li> <li>• Computation of the 90 days will not include time consumed by residents in preparing any administrative appeal</li> <li>• The agency may claim an extension of time to respond for up to 70 days, if the normal time period for responses is insufficient to make an appropriate decision. The agency will notify the resident in writing of any such extension and provide a date by which a decision will be made</li> <li>• At any level of the administrative process, including the final level, if the resident does not receive a response within the allotted firm for a reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level</li> <li>• The agency can discipline residents for bad faith allegations of sexual abuse</li> </ul> <p data-bbox="280 1738 1468 2063">The policy allows for third-party assistance for emergency grievances. Third parties include other residents, staff members, family members, attorneys, and outside advocates. These parties are permitted to assist residents in filing a request for administrative remedies related to allegations of sexual abuse, and will also be permitted to file such request on behalf of residents. If the 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 that the alleged victim personally pursue</p>

any subsequent steps in the administrative process. If the resident declines to have the request processed on his or her behalf, the agency will document the resident's decision.

The policy requires the facility to take immediate corrective action to any emergency grievance. The initial response must be within 48 hours and a final agency decision within 5 calendar days. Both responses will document the agency's determination on whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

No allegation originated with a grievance. During the onsite visit, the auditor interviewed sixteen residents and questioned them on the grievance process. The residents stated that they were informed of the grievance policy at intake and again during orientation group. The residents stated they understand the grievance process and how to use it.

The PREA Coordinator states that no resident reported being in need of protection from risk of imminent sexual abuse. She states that all residents receive protection measures when allegations are reported or suspected. The protection measures include dorm moves or moving the resident to a different Alvis facility.

Review:

Policy and procedure

PREA Grievance form

Resident handbook

Resident interviews

Staff interviews

PREA Coordinator interview

Facility tour

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1449 667">The facility has a MOU with Sexual Assault Response Network of Central Ohio (SARNCO) to provide victims of sexual abuse advocates for emotional supportive services. The agreement is for all Alvis House facilities in Ohio, and not just the facilities in Central Ohio. The MOU states that SARNCO will provide their mailing address and hotline number, so residents can access their services. During intake, residents are provided written information on how to access outside confidential supportive services and the possible limitation to confidentiality when using these services. A copy of the agreement has been provided to the auditor.</p> <p data-bbox="280 705 1449 904">The facility also has a Memorandum of Understanding (MOU) with the YWCA HOPE center to provide victim advocates and emotional supportive services to residents at OhioLink Toledo. Included in the MOU is an agreement that residents can send mail or call the toll-free hotline number to access these services. A copy of the agreement has been provided to the auditor for review.</p> <p data-bbox="280 943 1469 1227">In addition to the information provided to the residents 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 data-bbox="280 1265 1477 1720">The auditor also spoke with the manager from SARNCO who provides victim advocate services to the residents of all Alvis, Inc facilities. The manager states that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate discloses to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity).</p> <p data-bbox="280 1758 1445 1917">*The national rape crisis organization RAINN does not keep record of calls into the center. All calls are anonymous, and callers are forwarded to their local rape crisis agency. When calling RAINN, an individual will be connected to the local RAINN affiliate.</p> <p data-bbox="280 1955 1449 2069">The male and female residents interviewed confirm seeing posters throughout the housing unit that contain reporting numbers, as well as having the contact information in the handbook. The residents state that they were informed that</p>

services could be accessed free of charge. No resident interviewed reported using these services.

Review:

SARNCO MOU

YMCA Hope Center MOU

PREA brochure

Resident handbook

PREA posters

Interviews with residents

Interview with SARNCO director

Facility tour

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has posted on its website (<a href="https://alvis180.org/prea">https://alvis180.org/prea</a>) ways that anyone can report an allegation of sexual abuse or sexual harassment on behalf of a resident. 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. The outside hotline reporting agency states that anyone (clients, staff, or third-parties) can use the number to report allegations of sexual abuse and sexual harassment. All information received will be immediately reported to the agency's PREA Coordinator. The in-house hotline number rings directly to the PREA Coordinator.</p> <p>Residents 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. The case managers report that during their initial meeting they will stress the importance of reporting and the various ways a resident can report. This includes being able to use a third party, or that a resident can be a third-party reporter for another resident.</p> <p>The residents report to the auditor that they understand they can have friends and family report a PREA allegation on their behalf to the facility or to the outside reporting agency. The residents state they can also report on behalf of another resident.</p> <p>The auditor submitted a third-party report received via a phone call. The auditor reported the allegation to the PREA Coordinator, who initiated an administrative investigation. The auditor was able to review the investigation report during the onsite visit.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Agency website</li> <li>PREA posters</li> <li>PREA brochure</li> <li>Interview with PREA Coordinator</li> <li>Interview with residents</li> <li>Investigation report</li> </ul>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 707">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 procedures to contact appropriate administrators. Once that is complete, the staff member will document the incident on an Unusual Incident Report using the facility's internal computer system. The Incident Report would be sent to the SART team based upon the region of the facility. This limits the number of people who have access to the information contained in the allegation.</p> <p data-bbox="280 748 1481 1115">The auditor interviewed program and security staff. These staff members report that during onboarding and ongoing training they are informed of their obligation to report all allegations (regardless of how it was reported), suspicions, and incident of sexual abuse, sexual harassment, retaliation, and staff neglect. Staff report they are not allowed to reveal any information related to incidents of sexual abuse or sexual harassment except to the extent necessary to make treatment, investigation, and other security and management decisions. Staff with licensure said at the beginning of program groups or individual services, they inform the resident of their duty to report.</p> <p data-bbox="280 1155 1481 1227">The auditor reviewed employee files during the onsite visit. The files contained the following training documentation:</p> <ul data-bbox="280 1267 1422 1671" style="list-style-type: none"> <li data-bbox="280 1267 1422 1303">• How to report allegations of sexual abuse, sexual harassment, and retaliation</li> <li data-bbox="280 1339 1374 1415">• How to properly document an allegation in the agency's internal database system</li> <li data-bbox="280 1451 1353 1527">• How to complete section "A" of the Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Report Form</li> <li data-bbox="280 1563 1011 1599">• How to communicate the limits of confidentiality</li> <li data-bbox="280 1635 922 1671">• How to use the coordinated response plan</li> </ul> <p data-bbox="280 1711 1481 2078">Policy 1300.05a require staff members to create an environment that combats the resident code of silence, and complacency. Management is responsible for creating and maintaining this environment in their facility and ensuring all staff recognize the seriousness of sexual abuse and sexual harassment. While discussing the culture of the facility with staff, all reported they try to develop a good rapport with the residents in an effort to make them feel comfortable discussing any issues, problems, or concerns. The agency as a whole promotes a reporting culture. Staff interviewed stated that during training, the agency presses upon staff the responsibility of all staff members to prevent, detect, respond, and report</p>

allegations or suspicions of sexual abuse and sexual harassment.

During a resident file review, the auditor noted that all files reviewed have signed and dated acknowledgements of receiving the resident handbook, which includes information on the limits to confidentiality. Residents verified their understanding of the limits to confidentiality during their interview.

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 resident 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 Response form

Resident files

Staff files

Resident interviews

Staff interviews

PREA Coordinator interview

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1481 875">The agency has a policy (1300.05) and a plan to protect residents 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 resident 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. Residents located in these two dorm rooms have access to a private single use bathroom. Residents, 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 moved to another facility during the course of the investigation.</p> <p data-bbox="280 913 1469 987">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 data-bbox="280 1025 1449 1267">The facility had four allegations against staff members during the past twelve months. During the investigation into the allegation, the staff member was prevented from having contact with the victim. The protection measures included placing a staff member on administrative, prohibiting the staff member from conducting pat searches, removing a resident from the staff member's case load, and limiting the staff member's access to the facility to the male unit.</p> <p data-bbox="280 1305 1481 1469">The PREA Coordinator reports that the agency will always err on the side of caution when it comes to protecting victims from abuse or retaliation for reporting abuse. She states that the type of abuse deployed will be in direct measure to the situation. To date, the facility has not had an allegation of imminent abuse.</p> <p data-bbox="280 1581 392 1615">Review:</p> <p data-bbox="280 1653 580 1686">Policy and procedure</p> <p data-bbox="280 1724 580 1758">Investigation reports</p> <p data-bbox="280 1796 743 1830">Interview with Program Manager</p> <p data-bbox="280 1868 743 1901">Interview with PREA Coordinator</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05 requires all allegations of sexual abuse and sexual harassment reported to the agency be investigated by a trained investigator, including reports referred to the agency by other confinement facilities on behalf of former residents. Facility staff are required to document the information and make a report to the facility director and/or PREA Coordinator.</p> <p>The PRA Coordinator states that the facility has not received an allegation reported by another confinement facility.</p> <p>Policy 1300.05a requires any allegation made to the facility by a resident that they were sexual abused or sexually harassed while confined at another 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 will be sent to the PREA Coordinator.</p> <p>The PREA Coordinator confirms the process and reports that the facility has not received a report from a resident that needed to be reported to another confinement facility.</p> <p>The PREA Coordinator reports that all allegations reported to the agency from other confinement facilities (jail, prisons, juvenile facility, or community confinement facility) will be administratively investigated and, if necessary, referred for a criminal investigation. She reports that any resident that reports an incident of sexual abuse or sexual harassment that occurred at another confinement facility will have that information passed on to that facility within 48 hours. She states that she receives documentation that the report was made.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 667">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 outlines 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, and immediately call 9-1-1.</p> <p data-bbox="280 707 1453 824">The first responder training is mandatory for all staff that work in Alvis correctional facilities. The training is provided during new hire orientation, and as a refresher during back to basics monthly meetings.</p> <p data-bbox="280 864 1481 1102">During staff interviews, all staff (security and non-security) state that they receive regular training on the first responder duties and have access to the steps in the Coordinated Response Plan. The staff report that there has never been an occasion where a criminal act took place and the police or medical had to be called. The staff state that for all allegations, the victim and abuser are always separated. The steps posted include:</p> <ul data-bbox="280 1142 1469 1760" style="list-style-type: none"> <li>• Separate the victim and the perpetrator</li> <li>• Immediately notify the PREA Coordinator and call 911 (if an emergency)</li> <li>• Secure the scene</li> <li>• Request the client victim to not brush teeth, shower or change clothes, and ensure that the perpetrator is unable to do the same</li> <li>• Identify any staff or client witnesses</li> <li>• Ensure client is evaluated by medical/clinical</li> <li>• File confidential incident reports before the end of shift (being detailed regarding client victim statements)</li> <li>• Remain on shift until debriefed by investigators</li> </ul> <p data-bbox="280 1800 1426 1872">The staff also indicated that should they forget the steps, the information readily available in the “PREA Book” located at the coverage desk.</p> <p data-bbox="280 1912 1449 1984">The PREA Coordinator reports that any resident involved in an allegation is offered advocate and/or emotional supportive services.</p> <p data-bbox="280 2024 392 2060">Review:</p>

Policy and procedures

Staff training curriculum

Staff training roster

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

Form PREA Book

Interview with staff

Interview with PREA Coordinator

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05a details the agency's coordinated response plan. The details of the plan are posted at the main post. The posted plan is in flowchart form and walks staff through the appropriate action steps to follow in the event of a sexual abuse or sexual assault incident. The steps are specific and include phone numbers and required forms that are to be completed. The plan also gives detailed instructions for how to manage an allegation of sexual harassment.</p> <p>The auditor viewed the posted plan during the onsite visit and was given a copy of the plan. The plan includes:</p> <ul style="list-style-type: none"> <li>• First responder duties (see standard 115.264)</li> <li>• Contact the PREA Coordinator, Facility Director/Manager Contact legal authorities</li> <li>• Contact rape crisis for emotional supportive services</li> <li>• Document incident according to agency guidelines</li> </ul> <p>Review:</p> <p>Policy and procedure</p> <p>Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Response form</p> <p>Staff Coordinated Response Plan training</p> <p>Staff training roster</p> <p>Staff interviews</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The HR Specialist and PREA Coordinator both report that the agency does not have a union nor does it enter into a contracts with employees. The auditor was able to view signed "At Will" acknowledgements while conducting employee file reviews. At Will employment allows the employer to terminate the employee at any time.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 monitoring includes status checks that will review disciplinary reports, housing changes, program changes, negative performance reviews, and staff reassignments. The required monitoring and status checks will be conducted for at least 90-days. The obligation to monitor for retaliation can be terminated if the staff or resident is no longer at the facility or the allegations has been determined to be unfounded.</p> <p>The PREA Compliance Manager, who is responsible for conducting retaliation monitoring, reports the facility has several options to provide protection from retaliation for staff or residents or report incidents of sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The facility can separate the alleged resident victim and abuse by dorm. The facility can also place the resident victim on electronic monitoring with permission from the parent agency (ODRC). The PREA Compliance Manager states that the facility can possibly move the alleged staff abuser to the other housing unit or place the staff member on administrative leave. She states that the facility will act promptly to address any allegations of retaliation.</p> <p>The PREA Compliance Manager reports she is responsible for conducting retaliation monitoring and status checks of staff and residents. She reports that she will make periodic checks with the resident or staff member for at least 90-days after the incident was reported or until the resident is release from the program. She states that the resident report includes reviews of the resident's disciplinary records, housing, program changes, or negative performance reviews. The report, once completed, will be placed in the resident's file.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA Compliance Manager interview</p> <p>Staff interviews</p> <p>Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Response form</p>

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1484 622">Policy 1300.05 requires an administrative investigation of any allegation of sexual abuse and sexual harassment. 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 trained administrative investigators to review the allegation. If the reported allegation involves possible criminal activity, the allegation will be immediately reported to the local law enforcement agency that has the legal authority to investigate.</p> <p data-bbox="280 663 1445 945">The policy also prohibits administrative investigators from requiring a polygraph examination or other truth telling devise, 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 investigator in charge of conducting the investigation will ensure cooperation with the Toledo Police Department and remain informed about the progress of the investigation.</p> <p data-bbox="280 985 1410 1102">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> <ul data-bbox="352 1173 1469 2042" style="list-style-type: none"> <li>• Name of all victims, witnesses, and abusers</li> <li>• Name of all staff members working during the incident Date, time, and location of incident</li> <li>• How the incident was reported to the agency</li> <li>• Review of the allegation and any available statements</li> <li>• Review of any prior allegations, incidents, or reports involving the victim or abuser If the victim was offered or requested the use of emotional supportive services Availability/review of video evidence</li> <li>• If this incident was an isolated event or repeated offense (not previously reported)</li> <li>• Interview of all victims, abusers, and witnesses, along with staff working the day of 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 with expressed consent from the legal authority)</li> <li>• Identify any vulnerabilities within the facility that could have contributed to the alleged abuse (physical layout of the facility, composition of resident population, inadequate staffing levels, inadequate video monitoring, blind spots, or other)</li> <li>• Location of victim(s) and abuser(s) (i.e., hospital, removed from program)</li> <li>• Finding summary including reasoning behind credibility assessments</li> </ul>

The auditor reviewed the training curriculum and certificates of completion for all administrative investigators. The curriculum was provided by the Moss Group and included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate an allegation.

The facility has three administrative investigators who have been appropriately trained to conduct administrative investigations. The auditor interviewed all three investigators and the PREA Coordinator who is also a trained investigator during the onsite visit. When discussing their methods for conducting an investigation, the investigators say their methods include 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 reports to the auditor that at no time will any staff member conduct an interview with the alleged staff abuser during a criminal investigation. The facility is part of a private non-profit agency and is not bound by Miranda or Garity warnings; however, the coordinator reports that an administrative investigation would only begin after the conclusion of the criminal investigation or with the permission of the legal authority. The coordinator 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 PREA Coordinator retains all information collected during investigations. She confirms that the information is kept for at least five years following the release of the resident or termination of the staff member.

For a summary of the allegations during the past twelve months, see standard 115.222.

Review:

Policy and procedure

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

Administrative Investigator training curriculum

Administrative investigator training certificates

Interview with Administrative

Investigators Interview with PREA Coordinator

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 investigator and the PREA Coordinator, who is also an investigator.</p> <p>The administrative investigators reported the PREA Coordinator reviews all administrative investigations and makes final outcome determinations.</p> <p>The auditor reviewed allegations from the past twelve months to confirm the standard being used to determine investigation outcomes.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedures</li> <li>Administrative investigator interview</li> <li>PREA Coordinator interview</li> </ul>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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"> <li>• substantiated, unsubstantiated, or unfounded determination</li> <li>• whether the staff member is no longer working within the client's facility</li> <li>• Whether the staff member is no longer employed by the agency</li> <li>• whether the staff member/client abuser has been indicted on a charge related to sexual abuse in the facility</li> <li>• whether the staff member/client abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <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 administrative investigations, however, none of those investigations were referred for a criminal investigation. The investigation outcome notice was given to the alleged victim in each case. The auditor was able to review the signed documentation.</p> <p>The PREA Coordinator reports that residents who were no longer confined to the facility were sent notification of the investigation outcome through certified mail. The PREA Coordinator reports that every attempt is made to give victims outcome notices, even if the resident 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:</p> <p>Policy and procedure</p> <p>PREA Allegation Outcome Notice Form</p> <p>PREA Coordinator interview</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 792">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 resident, 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="280 833 1481 1160">The auditor was provided an employee handbook. The handbook states that any staff member found to have engaged in sexual abuse will be terminated. Terminations or resignations by staff will not void an investigation, and any criminal activity will be reported to the legal authority and to any relevant licensing agency. 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.</p> <p data-bbox="280 1200 1481 1397">The auditor was able to review employee files during the onsite visit. The file review including documentation of new hire orientation, receipt, and acknowledgment of the agency's employee handbook and zero tolerance policies. This includes any disciplinary action taken against them. No staff member had an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="280 1438 1481 1845">The auditor interviewed program, security, and management during the onsite visit. All staff interviewed reported receiving an employee handbook during orientation. They also report signing a zero tolerance acknowledge annually. These documents document staff's knowledge and understanding of the agency's PREA policies, including disciplinary actions related to violations of any part of the PREA policies. A few staff commented on seeing a staff member get "walked out" for violating PREA. The staff all report that termination would result for engaging in sexual harassment or sexual abuse of the residents. They also understood that criminal charges and reporting to licensure boards could also result for engaging in such behavior.</p> <p data-bbox="280 1886 1481 2083">The auditor discussed the agency's disciplinary policies, procedures, and practices as they relate to violations of the agency's zero tolerance policy with the HR Audit Specialist. The Specialist states that it's the agency's practice to place staff on administrative leave during the course of an investigation. Should the investigation determined that the staff member substantially committed an act of sexual abuse or</p>

sexual harassment, the agency will terminate employment or contract service.

The agency had four allegations against staff members during the past twelve months. Two allegations were determined to be unfounded, while the other two were substantiated. A staff member who received a substantiated allegation was terminated, and the other resigned. The auditor was able to review the investigations, resignation letter, and termination documentation.

Review:

Policy and procedure

Employee and contractor PREA acknowledgment

Investigation report

Employee disciplinary records

Employee training files

Interview with staff

Interview with HR Specialist

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1800.18 requires all contractors, volunteers, and interns to receive appropriate PREA training that provides an overview of their responsibilities to prevent, detect, report, and respond to residents allegations of sexual abuse, sexual harassment, and retaliation. This training makes clear that any contractor, volunteer, or intern that violates the agency's policy on sexual abuse and sexual harassment will have their contract 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 requirements for staff, contractors, volunteers, and interns to report any suspicions or reports, including third-party reports, of sexual abuse and sexual harassment. The form also covers the continuing affirmation to disclose any sexual misconduct and possible disciplinary action for a violation of these policies. Any material omissions regarding sexual misconduct with subject to dismissal.</p> <p>The auditor was able to discuss the agency's disciplinary procedures for contractors, volunteers, and interns with the HR Audit Specialist. The Specialist reports that it is agency practice to prevent contractors, volunteers, or interns access to the facility during investigations into sexual abuse or sexual harassment. She states that should an investigation determine that the contractor, volunteer, or intern violated the agency's zero tolerance policy, they will have their services terminated.</p> <p>Due to COVID-19 protocols, the facility has limited its use of contractors, volunteers, and interns. The only service providers are Aramark employees.</p> <p>The facility has not received any allegations of sexual abuse or sexual harassment against a contractor, volunteer, or intern.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and Procedures</li> <li>Employee and contractor PREA acknowledgement</li> <li>Contractor, volunteer, and intern training curriculum</li> <li>Contractor, volunteer, and intern training roster</li> <li>Interview with HR Audit Specialist</li> </ul>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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 resident violations of rules and regulations. Sanctions will be chosen to coincide with the appropriate violations and category as listed in the resident 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 resident's 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 resident being permanently removed from the program.</p> <p>Facility rules are reviewed with the resident at intake by the CRS and again with the resident's case manager. CRS who perform intake duties, are responsible for reviewing the facility handbook and PREA rules to every new resident. The residents are required to sign an acknowledgement that they have received a handbook and an acknowledgement that they have received PREA education, including the agency's zero tolerance policy. The case manager will also review facility rules and expectations with the resident during their initial meeting.</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>The auditor also interviewed sixteen (16) clients during the onsite visit. The residents interviewed, verified that they received a handbook at intake and that a staff member reviewed program rules, expectations, and sanctions with them.</p> <p>The auditor reviewed 5 resident files during the onsite visit, and confirmed that the date of intake matched the date the resident recorded they received the handbook.</p> <p>The facility has not had an allegation of resident-to-resident sexual abuse or sexual harassment during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook Resident files</p> <p>Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Response form</p>

	Resident interviews
	PREA Coordinator interview
	Intake Coordinator interview

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 499">Policy 1300.05a allows for all resident 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.</p> <p data-bbox="280 539 1449 864">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 data-bbox="280 904 1469 1104">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 data-bbox="280 1144 1461 1469">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 requiring medical, mental health, or advocate services will be provided these services free of charge.</p> <p data-bbox="280 1509 1453 1581">The staff response plan is located in the “PREA Book” located inside the main post. The plan list the following steps:</p> <ul data-bbox="352 1653 1453 2063" style="list-style-type: none"> <li>• Separate the victim and the perpetrator</li> <li>• Immediately notify the PREA Coordinator and call 911 (if an emergency)</li> <li>• Secure the scene</li> <li>• Request the client victim to not brush teeth, shower or change clothes, and ensure that the perpetrator is unable to do the same</li> <li>• Identify any staff or client witnesses</li> <li>• Ensure client is evaluated by medical/clinical</li> <li>• File confidential incident reports before the end of shift (being detailed regarding client victim statements)</li> <li>• Remain on shift until debriefed by investigators</li> </ul>

The facility did not have any allegations/investigations that required the assistance of medical, mental health, or rape crisis services.

Review:

Policy and procedure

MOU with YWCA HOPE Center

MOU with SARNCO

Sexual Abuse, Assault, Harassment Response Procedure

SANE Charge Nurse interview

PREA Coordinator interview Staff interviews

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="280 237 1007 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 315 579 349"><b>Auditor Discussion</b></p> <p data-bbox="280 394 1458 712">The facility offers medical and mental health counseling services in the community for clients who have been sexually abused in a prison, jail, lockup, or juvenile facility. These services are discussed with the client during the initial risk screening 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="280 757 1458 992">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="280 1037 1458 1317">As part of the PREA risk assessment, residents are asked to disclose if they have ever been assaulted or abused while in a confinement facility. Any resident 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 resident's risk assessment, will be disqualified from placement.</p> <p data-bbox="280 1361 1458 1641">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 any resident 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 resident that is sexually abused or assault while at the facility and make necessary referrals.</p> <p data-bbox="280 1686 1458 1753">The facility has not had an allegation of sexual abuse during the past twelve months that required medical, mental health, or rape crisis services.</p> <p data-bbox="280 1798 392 1832">Review:</p> <p data-bbox="280 1877 579 1910">Policy and procedure</p> <p data-bbox="280 1955 994 1989">Sexual Abuse, Assault, Harassment Response Plan</p> <p data-bbox="280 2022 1121 2056">Risk for victimization or abusiveness assessment screening</p>

	PREA Coordinator interview
	Program Manager interview
	Case manager interviews

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1453 707">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 resident's case manager. The team will also include any other staff as needed.</p> <p data-bbox="280 748 1477 864">The auditor reviewed the agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form. The SART will complete section "D" of this form during the review of the allegation. The team will review:</p> <ul data-bbox="352 934 1461 2056" style="list-style-type: none"> <li>• Verify zero tolerance training and acknowledgement for all parties involved</li> <li>• Number of staff on duty and if the staffing is adequate</li> <li>• Surveillance monitors availability and condition of equipment</li> <li>• Barriers to communication (limited English proficient, auxiliary aids used)</li> <li>• Physical barriers or other facility design that enabled the abuse</li> <li>• PREA Coordinator consultation on any substantial expansion or modification to the facility</li> <li>• Facility response per agency protocol</li> <li>• Coordinated response plan followed</li> <li>• Medical treatment/SANE services used</li> <li>• Emotional supportive services used</li> <li>• Referral for criminal investigation</li> <li>• Needed updates to policy and procedure</li> <li>• Verify victim and abuser received agency handbook (resident and/or employee)</li> <li>• Victim and abuser risk assessments (initial and rescreen)</li> <li>• 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)</li> <li>• Previous allegations, grievances, or incident reports</li> <li>• Any response to previous allegations, grievances, or incident reports</li> <li>• Notification of mandatory reporting laws</li> <li>• Community based services offered free of charge</li> <li>• Suspected or documented acts of retaliation</li> <li>• Protection measures employed</li> <li>• Victim notification of investigation determination</li> <li>• Disciplinary actions</li> </ul>

- 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

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

The facility had four allegations during the past twelve months. The SART team reviewed the investigation for all allegations and made one recommendation for the facility to provide pat search training for staff members who provide assistance to security staff, but do not perform pat searches as part of their job duties.

The auditor was able to interview several members of the SART during the onsite visit. The members report that should there be a substantiated or unsubstantiated allegation of sexual abuse, the team would review agency policy, procedures, and protocols to address whether change is needed in order to more effectively prevent incidents of sexual abuse and sexual harassment.

The PREA Coordinator reports that the Program Director is responsible for ensuring recommendations made by the SART are implemented at the facility. If there are reasons why the recommendations cannot be implemented, the Program Director will document the reason. The PREA Coordinator will perform quality assurance checks to confirm implementation.

Review:

Policy and procedure

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

Program Director interview

PREA Coordinator interview

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 the Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument. The facility provided the auditor with the agency's data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes data on:</p> <ul style="list-style-type: none"> <li>• Resident-to-Resident sexual abuse</li> <li>• Resident-to-Resident sexual harassment</li> <li>• Staff-to-Resident sexual abuse</li> <li>• Staff-to-Resident sexual harassment</li> <li>• Administrative investigations</li> <li>• Criminal investigations</li> <li>• Retaliation</li> <li>• Staff training</li> <li>• Resident education</li> <li>• Initial and 30-day risk screening</li> </ul> <p>The information on this form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, <a href="https://www.alvis180.org/prea/">https://www.alvis180.org/prea/</a>. The auditor accessed the agency's website and reviewed the Alvis PREA Allegation Summary Report for 2020 and 2021. Both reports contain annual aggregated sexual abuse and sexual harassment allegation data from all Alvis, Inc. operated facilities. The information documented is enough to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator reports that the Department of Justice has never requested such data.</p> <p>ALLEGATION SUMMARY for ALL ALVIS HOUSE FACILITIES: 2021</p>

	Substantiated	Unsubstantiated	Unfounded	Ongoing Investigation
Resident - Resident Sexual Harassment	1	0	0	0
Resident - Resident Sexual Abuse	0	0	0	0
Resident - Resident Retaliation	0	0	0	0
Staff - Resident Sexual Harassment	3	0	1	0
Staff - Resident Sexual Abuse	3	0	2	0
Staff - Resident Retaliation	0	0	0	0
Total	7	0	3	0

Review:

Policy and Procedure

Agency website

PREA Allegation Summary Report 2020

PREA Allegation Summary Report 2021

PREA Coordinator interview

<b>115.288</b>	<b>Data review for corrective action</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1473 831">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 <a href="https://alvis180.org/prea/">https://alvis180.org/prea/</a> and reviewed the PREA Allegation Summary Report for 2020 and 2021. Both reports contain details on how the agency as a whole and the facility specifically assesses and improves the effectiveness of its sexual abuse prevention, detection, and response policies. The report reviews each allegation reported at every facility operated by Alvis, Inc. as well as the outcome of the investigation and any necessary corrective action. The report does not contain personal identifying information or information that would present a clear and specific threat to the safety and security of the facility.</p> <p data-bbox="280 873 1473 1072">The agency post the annual reports from 2016 to 202, so that aggregated data from those years can be compared. Each report list an assessment of improvements for the agency and individual facilities, and the overall progress toward addressing sexual abuse. The agency has implemented the following in an effort to improve the agency's ability to keep residents safe from sexual abuse and sexual harassment:</p> <ul data-bbox="352 1144 1473 1720" style="list-style-type: none"> <li>• Unfounded allegations of sexual abuse by another resident or staff will undergo a Post-Incident review by the agency's Sexual Abuse Response Team (SART)</li> <li>• Internal facility site reviews will be conducted by an in-house team comprised of multiple areas of over site, to provide ongoing assessment of key operational areas (e.g., PREA intake screening/re-screenings, housing and bed assignments of residents deemed as high risk for sexual abuse or sexual abusiveness)</li> <li>• Alvis will make continued effort to establish documented Memorandums of Understanding (MOU's) with local law enforcement in Ohio cities where Alvis operates residential programs: Chillicothe, Lima, and Toledo (a documented MOU with Columbus law enforcement is currently in place), and which conduct criminal investigations of reported allegations of resident sexual abuse</li> </ul> <p data-bbox="280 1762 1473 2085">Alvis continues to emphasize a zero-tolerance policy with respect to resident sexual abuse, harassment, and retaliation. Internal site reviews are conducted as a proactive approach to resident supervision, and monitoring of facilities to prevent, detect, and report client sexual harassment, sexual abuse, and retaliation. During the 2020-2021 pandemic, employees received monthly PREA refreshers on various PREA standards via the Relias Learning Management system. Alvis suspended facility in-person site reviews during the 2020-2021 pandemic, and will resume in 2022, depending on CDC guidelines for congregate settings. Alvis has imposed</p>

disciplinary action, up to, and including termination, for staff substantiated allegations of sexual harassment, and sexual abuse of residents. Unfounded allegations have resulted in additional resident education, resident violations, and staff training. The predominate area for staff training, or re-training is on proper pat-down search procedures, first responder procedures, and boundaries with residents. Specialized training for medical, and mental health staff in 2021 was provided via webinars, and continues to be a staple in staff training requirements for new hires in the agency's Behavioral Health service line. New facility directors who participate in administrative investigations received specialized PREA training in 2019, 2020, and 2021. Due to the pandemic, investigations training in 2021 program directors received required training via online courses through the National Institute of Corrections (NIC). Alvis is actively taking steps toward ongoing, full PREA compliance. Employee training and resident education is conducted throughout the year on Alvis policies and procedures for the prevention, detection, and reporting of resident sexual abuse, sexual harassment, and retaliation; working with vulnerable populations, and residents' right to be free from sexual abuse, sexual harassment, and retaliation.

Review:

Policy and procedure Alvis website

PREA Allegation Summary Report 2020

PREA Allegation Summary Report 2021

**115.289 Data storage, publication, and destruction****Auditor Overall Determination:** Meets Standard**Auditor Discussion**

The auditor accessed the agency's website, <https://alvis180.org/prea/>, and reviewed the PREA Allegation Summary Report and Assessment for 2020 and 2021. The information is collected by the facility's Program Director and reported to the PREA Coordinator. The PREA Coordinator will aggregate the information and prepare the information for the annual report. The information in the 2020 aggregated report includes:

## ALLEGATIONS SUMMARY:

<b>Number of Allegations in 2021</b>	Total =10
Substantiated	7
Unsubstantiated	0
Unfounded	3
Ongoing	0

The data collected pursuant to standard 115.287 is made available to the public through the agency website. The Coordinator reports that printed copies of the report are available by request. The report does not contain any personal identifying information, nor do they contain information that would jeopardize the safety and security of the facility.

The PREA Coordinator reports that she keeps the information under her direct care and supervision in a locked file cabinet (viewed by the auditor). This information is kept for ten (10) years.

Review:

Policy and procedure

Alvis, Inc. website

PREA Allegation Summary Report 2020

PREA Allegation Summary Report 2021

Interview with PREA Coordinator

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency post all final reports of each of its facilities on the agency website. The auditor reviewed the agency website (<a href="https://www.alvis180.org/prea/">https://www.alvis180.org/prea/</a>) to ensure that all agency facilities have been audited during this audit cycle. The agency has ensured that at least 1/3 of the facilities were audited during each year of the cycle. This is the last year of the audit cycle. All other facility's operated by Alvis, Inc. have been audited, and their final PREA audit report has been posted to the agency's website. This audit is being conducted back to back with another community confinement facility under the Alvis, Inc umbrella. Policy, procedure, forms, and administrative interviews are representative of both facilities.</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 did not receive documentation for the audit prior to the onsite visit through the Online Auditing System, but a few months after the onsite visit. During the onsite visit, the auditor was supplied with additional documentation that includes a staff file review, resident file review, training records, camera views, and electronic databases. All requested documentation was received. 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 residents; nor did anyone request to speak to the auditor during the onsite visit.</p> <p>The auditor did not have access to all documentation needed to make an informed decision on all standards at the conclusion of the onsite visit. The information was provided to the auditor after the conclusion of the 45-day interim reporting period. The auditor informed both the agency and the POA that the audit report will be sent after the required reporting date.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the agency's website (<a href="https://www.alvis180.org/prea/">https://www.alvis180.org/prea/</a>) 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 and Terry Collins Reentry Center (facilities that are being audited during this final year) have the final audit report posted from 2019. The PREA Coordinator reports her understanding of the requirement to post all final reports, and ensures that the agency complies with this standard.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

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

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

<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

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

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

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is 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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

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

<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

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

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

<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

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

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

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

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

<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

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

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

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes