

# PREA Facility Audit Report: Final

**Name of Facility:** OhioLink Lima

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 10/19/2023

**Date Final Report Submitted:** 02/04/2024

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> 02/04/ 2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	07/23/2023
<b>End Date of On-Site Audit:</b>	07/24/2023

FACILITY INFORMATION	
<b>Facility name:</b>	OhioLink Lima
<b>Facility physical address:</b>	519 S Main Street, Lima, Ohio - 45804
<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>	4195090762

<b>Facility Director</b>	
<b>Name:</b>	Wondell Hills
<b>Email Address:</b>	wondell.hills@alvis180.org
<b>Telephone Number:</b>	4195090762

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	64
<b>Current population of facility:</b>	66
<b>Average daily population for the past 12 months:</b>	64
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<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>	TT/TC/CoPro
<b>Number of staff currently employed at the</b>	21

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<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>	6142528402

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Denise M. Robinson
<b>Email Address:</b>	denise.robinson@alvis180.org
<b>Telephone Number:</b>	6142528402

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

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-23
2. End date of the onsite portion of the audit:	2023-07-24

#### 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- Rape Crisis/Emotional Support Lima Memorial- SANE Bureau of Community Sanctions- outside reporting agency

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	64
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>	61
<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>	1
<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>	0
<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
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	2

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</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>No text provided.</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>21</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>5</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>13</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 list of current residents that included number of days in the facility, gender, dorm, age, and race.</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>All residents, random and targeted, were interviewed using the random resident interview protocols. Some residents that have been identified as a targeted resident, were counted as random due to multiple residents in that category.</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>3</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>1</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>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>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>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have an isolated housing unit or isolation cells. The auditor was able to verify this during the tour portion of the onsite visit.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

**71. Enter the total number of RANDOM STAFF who were interviewed:**

5

**72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)**

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

**73. Were you able to conduct the minimum number of RANDOM STAFF interviews?**

- Yes
- No

**a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)**

- Too many staff declined to participate in interviews.
- 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).
- Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.
- Other

<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 facility has a total of 21 staff members, including the facility director. The auditor interviewed all staff available over the two-day onsite visit.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>

**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>If "Other," provide additional specialized staff roles interviewed:</b>	Training Coordinator
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>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.</p>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and SecurManage resident database system.</p>

## Documentation Sampling

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

**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?**

Yes

No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.

The auditor reviewed electronic documentation during the onsite visit. This includes camera views and SecurManage resident database system.

## 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:**

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The facility did not have an allegation of sexual abuse during the past twelve months.

<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 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 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>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>



<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility only had one allegation during the past twelve months- Resident- Resident, Sexual Harassment. The auditor reviewed the allegation.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>OhioLink Lima, operates under the Alvis, Inc. policies and procedures. Agency policy 1300.05a states that Alvis has zero tolerance for resident sexual harassment, sexual abuse, and/or retaliation. Reported allegations of sexual harassment, sexual abuse, and/or retaliation will be investigated thoroughly and with respect to resident safety, dignity, and privacy. Staff are responsible for creating a culture of reporting and safety; while management is responsible for creating and maintaining this environment in their facility and ensuring that all staff recognize the agency's zero tolerance of resident abuse, harassment, or retaliation.</p> <p>The policy includes definitions; reporting options; rights and responsibilities of residents and staff; investigation protocols; and other agency procedures in which the agency as a whole and each individual facility will prevent, detect, respond, and report allegations.</p> <p>Agency policy 133.05b designates the agency's Chief Human Resource Officer as the agency wide PREA Coordinator. The facility provided the auditor with an</p>

administrative table of organization that list the Chief HR Officer as reporting directly to the President and CEO. The Agency PREA Coordinator is responsible for:

- Being the point of contact and reporting for a resident's allegation of sexual abuse, sexual harassment, and/or retaliation
- 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.
- Monitoring defendant/offender screening procedures and investigations according to the PREA standards
- Overseeing internal audits of the agency's compliance with PREA standards
- Providing access to records and materials to external auditors monitoring PREA compliance
- Working with Sexual Abuse Response Teams to analyze sexual abuse data and make recommendations for improvements
- Supervise the agency's data collection process
- Prepare a report, annually, that details sexual abuse findings and corrective actions for each of Alvis' residential community corrections facilities 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

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.

In addition to the Agency PREA Coordinator, community confinement facilities under the Alvis umbrella, have access to the Program Liaison, who provides support and assistance to each facility in order to ensure facilities maintain compliance and comply with any changes to agency policy and procedures related to the PREA standards.

OhioLink Lima's Program Director serves as the facility's PREA Compliance Manager. The PREA Compliance Manager is responsible for ensuring the facility is following all agency policies, procedures, and protocols related to the PREA standards. He will review grievances, conduct the annual staffing plan review, assist in conducting administrative investigations, and ensure staff and residents have proper training/education related to PREA rights and responsibilities. He states that he works directly with the agency PREA Coordinator to enforce agency policy on detection, protection, and response to allegations of sexual abuse and sexual harassment.

Review:

Policy and procedure

PREA Coordinator job description

Table of organization

Interview with PREA Coordinator

Interview with PREA Compliance 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>
	<p>Agency policy 1300.05a states that the agency does not contract with any external entity for the confinement of its residents. The PREA Coordinator confirms that the facility is part of a private non-profit agency that does not contract with other agencies for the confinement of residents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05a requires Alvis correctional residential facilities to have a PREA compliant staffing plan. The staffing plan will provide for adequate staffing levels, and where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility will take into consideration:</p> <ul style="list-style-type: none"> <li>• The physical layout of each facility</li> <li>• The composition of the resident population</li> <li>• The prevalence of substantiated and unsubstantiated incidents of sexual abuse</li> <li>• Any other relevant factors</li> <li>• Justifications anytime the staffing plan is not complied with</li> </ul> <p>Annually, or whenever necessary, the facility must assess, determine, and document whether adjustments are needed to the staffing plan. The review includes:</p> <ul style="list-style-type: none"> <li>• Prevailing staffing patterns</li> <li>• Deployment of video monitoring systems and other monitoring technologies</li> <li>• Resources the facility has available to commit to ensure adequate staffing levels</li> </ul> <p>The facility provided the auditor with the most recent staffing plan. The staffing plan included:</p>

**Physical Layout**

The facility is a one-story facility that is divided into two housing units, one for males and one for females. Once buzzed into the lobby of the facility, there is an entrance to the housing units to one side, and staff offices and group rooms on the opposite side. All staff offices and group rooms have windows into each room that provide clear line of site views. The male and female residents do not have contact with one another.

**Composition of Resident Population**

The facility has the ability to house 120 residents but is only funded to house eighty-four. Since the last PREA audit, the facility has added female residents. During the onsite visit, the facility had sixty-one male and female residents. The facility has a specific room available that is in clear view of the back coverage desk. Residents that are considered to be vulnerable to sexual victimization or reported sexual victimization can be placed in this room for increased monitoring.

**Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse**

During calendar year 2022, the facility had 0 allegations of sexual abuse.

**Any Other Relevant Factors**

None

**Adequate Staffing/Staffing Patterns**

The staffing plans calls for:

- 2 CRS staff per shift
  - 1st shift 0700-1500
  - 2nd shift 1500-2300
  - 3rd shift 2300-0700
- Program and Management staff work 0900-1700 Monday - Friday

The facility has a total of 11 CRS security staff that work in shifts 24 hours/day 365/ year. The minimum staffing level is two staff per shift. If there is a vacant position or a staff member calls off, the facility covers these shifts through mandatory overtime, temporary assignments, and/or management filling in. The facility reports it has not deviated from the staffing plan.

**Monitoring**

The facility has forty (40) cameras placed strategically placed throughout the internal and perimeter of the facility. Staff are trained to know the locations of all video surveillance cameras in the facility. A layout of the locations of all cameras and their view span is reviewed throughout the year to ensure blind spot areas are known and monitored according to the staffing plan. Staff are required to complete

	<p>walk through of the facility every two hours. Areas may be monitored by staff more frequently if misconduct has occurred or any resident is deemed to be at higher risk of victimization or abusiveness.</p> <p>Facility management will review the staffing plan annually to ensure the facility has adequate amounts of staff and surveillance monitoring equipment. The plan is updated if necessary and staff is then trained on any changes. Should the facility find the need to increase the amount of staff or monitoring equipment, the recommendation would be listed on the plan, and a request to administrative leadership would be made.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Facility staffing plan</p> <p>Staff schedule</p> <p>Camera views</p> <p>Floor plan</p> <p>Interview with Facility Director</p> <p>Interview with Operations Manager</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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>A pat search includes:</p> <ul 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>



An enhanced pat search includes:

- Basics of a pat search
- CRS will visually inspect client's mouth and hair
- CRS will instruct the client to lift the shirt just above the level of their waistband while staff run their hands around the waistband
- CRS will instruct the client to shake out the bottom of their bra and staff will run their fingers around the bra straps

Staff members of opposite gender (male to female or female to male) may conduct a visual inspection and use a security metal detector on residents.

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.

The auditor interviewed sixteen residents during the onsite visit. The residents report that they have never experienced a hands-on cross gender pat search, a strip search, or a body cavity search. Female residents report that they have never been prohibited from leaving the facility or participating in activities because no female staff was available. They report that there is always a female staff member in the building. All residents report searches by staff members have been conducted in a professional, respectful manner.

Policy 1300.03 stipulates that clients must have the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policy requires staff of the opposite gender to knock and announce their presence when entering an area where clients are likely to be sleeping, performing bodily functions, or changing clothing.

Male Unit: The bathroom in the housing unit has an open entryway. There are seven toilet stalls with doors across from four sinks with a mirror above. The toilet stalls are not visible from outside the bathroom. Straight ahead from the entrance is the shower area. The eleven single use showers are in a "U" shape around the perimeter of the back of the bathroom. There is a 1/2 wall in front of the shower along the back wall to allow for privacy. Each shower has an appropriate shower curtain with clear tops and bottoms.

Female Unit: The bathroom has a solid door at the entrance. There are three toilet stalls with doors across from sinks with mirrors above. The entrance to the shower area is covered with a shower curtain. The shower area has six single use showers

that are divided by shower curtains. The shower curtains have clear tops.

Interviewed residents report that staff members of the opposite gender always announce their presence when entering into the housing unit. They report that staff will knock and announce when entering their dorm rooms and the bathrooms. The residents did not report any incidents of incidental viewing while changing, showering, or using the toilet. The dorm rooms have windows that allow for clear line of site views into the rooms. The residents report that they are required to change clothing in the bathroom.

All staff interviewed (formally and informally) report being trained on the agency's knock and announce policies. The staff report that it is facility practice to allow staff of the same gender to conduct searches and rounds inside resident bathrooms.

The auditor was able to view the knock and announce protocol in practice during the onsite visit, as well as witness pat searches. All were conducted based on agency policy.

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

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

The facility does not currently have a resident that identifies as transgender or intersex. The staff report that the facility did house a transgender resident since the last PREA audit. The staff report that the resident was housed on the male unit and received "hands off" searches. The staff state at no time was a search conducted to determine the resident's genital status. The staff report being trained on how to conduct a search of a transgender resident and felt the training was adequate to allow them to search professionally and respectfully while maintaining the safety and security of the facility.

The facility has installed a body scanner, but cannot make it operational until all staff have been trained on proper protocols. Once the body scanner becomes operational, it allows for searches without touching residents. This will limit the possibilities of sexual abuse allegations, while still allowing the facility to prevent

	<p>contraband from entering into the secure perimeter.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Training curriculum</p> <p>Training course records</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Interview with Training Coordinator</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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 for 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</p>

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.

The agency has an agreement with Deaf Services Center. This agency's interpreting services include sign language, Spanish, and Somali. The agreement includes all Alvis, Inc facilities and offers on-call interpreters. The 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.

CRS staff members who work the first shift are responsible for conducting new resident intake. The staff available during the onsite visit were interviewed on their process for conducting new staff intake. The staff interviewed report reviewing:

- Resident handbook
- Facility rules/expectations
- Daily operations
- Facility tour

The staff report that if at any point during the intake a resident needs translation or interpretive services, they would contact the Program Manager, who is responsible for contacting community resources to assist the resident. The staff conducting the intake would also assess the residents' ability to read and understand. The staff report that if a resident is unable to read or understand the material, a staff member work one on one with the resident to ensure they understand their rights and protections under the PREA standards.

The Operations Manager will conduct an orientation group with new residents. During Orientation group, the residents will be given PREA education, which includes how and ways to report allegations of sexual abuse and sexual harassment. She reports that if a resident requires translation, interpretive, or auxiliary aids to understand PREA education, she will ensure that the facility provides services at the level needed by the resident.

The PREA Coordinator reports that the facility is able to accommodate any resident having a reading or cognitive disability, physical disability, or limited English proficient. The type of accommodation or service provided will depend upon the individual needs of the resident.

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

	<p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Resident PREA posters- English and Spanish</p> <p>Deaf Services Center</p> <p>Access 2 Interpreters</p> <p>Facility tour</p> <p>Interview with residents</p> <p>Interview with CRS staff</p> <p>Interview with Operations Manager</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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>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>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</p>

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.

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.

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 Director reports that the department will review any person's letter of interest for an open position and will alert the hiring manager. 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 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 acknowledgements

Employee continued affirmation

Employee background checks

Employee disciplinary records

Contractor/volunteer background checks

	<p>Applicant interview questions</p> <p>Background report tracker</p> <p>Interview with HR Audit Specialist</p> <p>Interview with HR Director</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Facility Director reports that the facility has not acquired any new facility, nor is the facility planning any substantial expansion or modification to the facility. The facility made a cut-out in the male bathroom in order to better hear residents inside. This allows for staff members at the back control desk to hear any issues or problems between residents and respond quickly to these situations.</p> <p>The facility has added females to the facility since the last PREA audit. The addition of female residents meant the facility needed to add monitoring equipment to this housing unit. The cameras in this unit allows for staff at the main control desk to provide surveillance, and enhance the facility's ability to protect residents from sexual abuse.</p> <p>Review:</p> <p>Tour of facility</p> <p>Camera views</p> <p>Floor plans</p> <p>Interview with Facility Director</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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 Lima Police Department, but the department has conducted criminal</p>

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.

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 Lima 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.

Residents that are in need of a forensic medical exam will be taken to Lima Memorial Hospital. Lima Memorial Hospital offers trained SANE nurses who will collect DNA and other evidence. The auditor was able to speak with the Director of Nursing at Lima Memorial Hospital, who discussed the protocols a SANE nurse would follow for sexual assault victims. The SANE nurse will discuss the following with the victim during the exam:

- The use of emergency contraception
- How to lower the risk of HIV infection and the use of post-exposure prophylaxis
- Tested and treated for other sexually transmitted infections
- Care for self after a sexual assault
- Referral to local support services

A MOU is 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).

Resident victims at OhioLink Lima can also receive victim support services from Crime Victim Services. Crime Victim Services offers rape crisis services to any client that has been a victim of sexual abuse or sexual harassment. These services include:

- A 24-hour hotline staffed with licensed crisis counselors and professional victim advocates
- 24-hour-day response to emergency rooms with trained victim advocate
- Victim advocacy for sexual assault victims
- Coordination with Victim Assistance through justice phases
- Recovery services for victims
- Support groups for survivors
- Long-term emotional support and crisis intervention
- Information and referrals for follow-up disease testing counseling and legal issues

If for any reason an advocate is not available, the agency has trained emotional support staff that can be available at the victim's request. During the interview with the training coordinator and employee file review, the auditor verified the emotional support training provided by the Ohio Bureau of Community Corrections and the completion certificates.

Review:

Policy and procedure

SARNCO MOU

Crime Victim Services

	<p>Emotional Support Training Certificates</p> <p>PREA Coordinator interview</p> <p>Nursing Director interview</p> <p>Facility Director interview</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies 1300.05 and 1300.05a outlines the agency's responsibilities to conduct administrative investigations into all allegations of sexual abuse or sexual harassment. The policies also stipulate 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 (City of Lima Police Department), and the outcome reporting of all investigations.</p> <p>The facility has had one allegation of sexual abuse or sexual harassment during the past twelve months.</p> <p>Investigation #1: Resident reported to the PREA Coordinator that another resident was making sexually harassing comments towards him. The residents were separated from one another during the investigation. The allegation was determined to be unsubstantiated; however, the alleged abuser in the case began acting out aggressively and was removed from the program. The victim was offered emotional support services, but he declined.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Investigation report</p>

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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:

- Agency zero tolerance policy
- How to prevent, detect, report, and respond to sexual abuse and sexual harassment
- Rights of clients in reporting allegations and to remain free from retaliation
- Dynamics of sexual abuse and harassment in confinement
- How to detect and respond to signs of threatened and actual abuse
- How to avoid inappropriate relationships with clients
- Appropriate communication with clients including clients who identify as gay, lesbian, bisexual, transgender, or intersex
- How to comply with relevant regulations, policies, and procedures regarding reporting sexual abuse

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 OhioLink Lima can work with both males and females, all staff are required to attend this training.

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:

- Sexual harassment
- Dynamics of abuse and common reactions
- Access to care
- Code of ethics
- Client rights
- Zero tolerance policy
- Effects of abuse
- Reporting requirements
- Effective communications with LGBTI clients
- Boundaries and professional communication
- Cross-gender announcements
- Privacy during showering and changing
- Pat searches
- Third-party reporting
- Mandated reporting
- Rape crisis agencies/Sexual Assault Response Network of Central Ohio (SARNCO)

- Transgender/intersex policy and procedures
- Access to free medical and mental health services
- Staff reporting requirements
- First responder duties
- Investigations and client notifications
- Misuse of PREA and discipline procedures
- Limited English proficient clients

This monthly training is mandatory for all staff members who work directly with offenders.

The auditor interviewed security, program, and management during the onsite visit. The staff report that they receive PREA training during New Employee Orientation and then annually thereafter. The staff report that throughout the year, the training department will assign them training through the agency's online system. The staff were able to verbalize training topics such as first responder duties, effects of abuse, gender differences, reporting, and boundaries. Case managers also reported being trained on how to complete a PREA risk assessment.

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 clients at the facility. She showed the process for retraining staff members who may move to a different gender-specific facility.

The auditor reviewed a total of fifteen employees' 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 bi-annual training, the agency provides monthly training on the topics listed above. These topics comprise the list of topics as required by the standard as well as other needed training that aids in the prevention, detection, response, and reporting of sexual abuse and sexual harassment.

Review:

Policy and procedure

Training curriculum

Training course records

	<p>New Employee Orientation Training</p> <p>Training Coordinator interview</p> <p>Facility Director interview</p> <p>PREA Coordinator interview</p> <p>Staff interviews</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1800.18 requires PREA training for all contractors, volunteers, and interns. The training will include at a minimum:</p> <ul style="list-style-type: none"> <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>Once a contractor, volunteer, or intern is assigned to a specific facility, the facility manager or designee is required per policy 2200.09, to provide facility orientation that includes:</p> <ul style="list-style-type: none"> <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>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 residents.</p>

	<p>The Training Coordinator provided the auditor with training sign-in sheets for contractors and volunteers. The contractors and volunteers signed an acknowledgement of their understanding of the training.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Contractor/volunteer training curriculum</p> <p>Contractor/volunteer training roster</p> <p>Contractor/volunteer zero tolerance acknowledgement</p> <p>Interview with Training Coordinator</p>
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<b>115.233</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>1300.05 requires resident education or refresher information to include information on how to make an anonymous report or a report to a third party. The policy also requires the facility provide the residents education material that is continuously and readily available. 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>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>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.</p> <p>For specific information on how the agency provides PREA education to residents</p>

that have special needs, see standard 115.216.

Upon arrival to the facility, residents are provided information about the agency's zero tolerance policy and must sign an acknowledgment. The residents are also provided a handbook that gives the residents ways they can report allegations, including outside reporting numbers, and the following information:

- OhioLink has zero tolerance toward all forms of sexual abuse/misconduct. Resident on resident, staff on resident and resident on staff sexual assault, sexual abuse, and/or sexual relationships will not be tolerated. Residents will be free from fear of sexual assault and if a report of sexual assault is made, it will be investigated thoroughly and with respect to the client's safety, dignity, and privacy, without fear of retaliation.
- Resident on resident, staff on resident or resident on staff sexual abuse or assault is defined as one or more clients engaging in, or attempting to engage in a sexual act with one another or the use of threats, intimidating, inappropriate touching, or other actions and/or communications by one or more persons aimed at coercing and/or pressuring another to engage in a sexual act.
- In order to ensure your safety, all residents are encouraged to report instances of sexual assault to any program staff member. Residents may also report a sexual assault/abuse through a grievance form or contacting the agency PREA coordinator. All allegations will be taken seriously and thoroughly investigated, and staff shall take the necessary steps to separate the victim from the accused. Staff will make assistance available for the resident to receive medical evaluation and care, as well as needed mental health support.
- Appropriate steps will be made to protect the resident including, but not limited to: transferring to another facility where they can be housed more appropriately (i.e. single room) moved to another room in the facility closer to the staff office, increased contact with case management to provide ongoing support, etc.

CRS staff members who work the first shift are responsible for conducting new resident intake. The staff available during the onsite visit were interviewed on their process for conducting new staff intake. The staff interviewed report reviewing:

- Resident handbook
- Facility rules/expectations
- Daily operations
- Facility tour

The Operations Manager will conduct an orientation group with new residents. During Orientation group, the residents will be given PREA education, which includes how and ways to report allegations of sexual abuse and sexual harassment.

The facility provided the auditor with the PowerPoint for PREA resident education.

The training includes:

- What is PREA
- PREA definitions found in the standards
- What PREA is not
- Resident handbook
- PREA risk assessment
- All reporting options
- Staff roles and responsibilities
- Community resources
- Available accommodations
- What to expect after an allegation
- Free medical services
- Outcome notification
- Confidentiality vs. duty to report

The facility also provides PREA education and reporting information available to residents through posters located throughout the facility. The information is posted in English and Spanish. The information on the poster includes:

- Ways to report
- Reporting phone number
- Rape crisis phone number/address

The auditor interviewed targeted residents from standard 115.216 and non-targeted residents. All residents interviewed reported receiving information concerning PREA at intake, and that staff reviewed this information with them verbally. The residents also confirm receiving formal PREA education during orientation group. The residents were able to discuss their rights, how to report, the ways available to report, and the free services offered. Most of the resident report being familiar with PREA from their stay at other confinement facilities, but understood the facility's responsibility in ensuring they had appropriate PREA education specific to this facility.

The auditor reviewed resident files during the onsite visit. The files contained signed and dated acknowledgements of PREA education and receipt of the resident handbook.

Review:

Policy and procedure

Resident handbook

Resident PREA posters

Resident acknowledgements



	<p>Facility tour</p> <p>Resident PREA education PowerPoint</p> <p>Interview with CRS staff</p> <p>Interview with Program Manager</p> <p>Interview with residents</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has both agency and facility trained PREA administrative investigators, including the agency PREA Coordinator. The training was facilitated by the Moss Group and includes:</p> <ul style="list-style-type: none"> <li>• PREA Standards</li> <li>• First Response and Evidence Collection</li> <li>• Agency Culture</li> <li>• Trauma and Victim Response</li> <li>• Interviewing of Victims of Sexual Misconduct</li> <li>• Legal Liability and Use of Miranda and Garrity</li> <li>• Sexual Harassment</li> <li>• Report Writing</li> </ul> <p>The PREA Coordinator received train-the-trainer training also provided by the Moss Group. She uses the Moss Group training curriculum to provide refresher training to Alvis, Inc. administrative investigators. Training certificates for completion were verified during the employee file review.</p> <p>The auditor reviewed the training curriculum for both the initial administrative investigator training and the curriculum for the train-the-trainer administrative training. Both training curricula provide appropriate material for proper training.</p> <p>The PREA Coordinator and the Program Director 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>The PREA Coordinator states that any allegation that appears to be criminal in nature will be referred to the Lima Police Department for a criminal investigation.</p>

	<p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training curriculum</p> <p>Training certificates</p> <p>Interview with administrative investigators</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility does not have employees or contractors who act as medical or mental health practitioners. The PREA Coordinator reports that residents who experience sexual abuse will be transported to Lima Memorial Hospital to have a forensic examination performed by a SANE nurse, and mental health services are performed via telehealth. Services provided to resident victims from these organizations are free of charge.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05a states that within 72 hours of arrival, the assigned case manager will conduct a PREA risk assessment and document the resident's potential for victimization or abusiveness, including:</p> <ul style="list-style-type: none"> <li>• any known history of victimization and abusiveness</li> <li>• any mental, physical, developmental disability</li> <li>• age</li> <li>• physical build (small in stature/size)</li> <li>• resident's own perception of vulnerability</li> <li>• effeminate mannerisms</li> <li>• lack of confidence</li> <li>• timid</li> </ul>

- LGBTI identification
- staff perception of the resident's sexual orientation/gender identity
- any other relevant information

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.

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.

The auditor interviewed sixteen residents during the onsite visit. The residents report receiving an initial risk assessment as a part of their intake. They state that the case manager received the tool with them and explained the confidentiality of the information reported. Not all residents remembered having a second assessment, but all reported feeling safe in the facility.

During the onsite visit, the auditor reviewed assessments from residents who have had both an initial and 30-day assessment. The auditor found the tool to be objective and include the minimum required criteria for both risk of abusiveness and vulnerability. The auditor was provided with a risk assessment report for the past twelve months. The auditor noted that the initial assessments were being conducted within 72 hours; while the 30-day reassessments were consistently completed well beyond the 30-day mark.

The case managers are responsible for conducting both the initial and 30-day risk assessment. The auditor interviewed two case managers during the onsite visit. Both case managers report that they received training on how to conduct the screening instrument. They report they will complete the initial risk assessment in conjunction with a health screen so that the resident will have a comprehensive screening that will help identify residents that may be more vulnerable to abuse. The case manager will explain the purpose of the assessment, how it will be used, and assistance that is available based on the assessment results. They use the comment section to document any concerns and/or accommodation strategies. The case managers report that they use SecurManage task alerts to ensure that the assessments are completed in a timely manner.

The facility provided the auditor with the Case Manager Checklist, used to ensure new case managers receive proper training to manage their case loads. The checklist includes the PREA risk screening instrument.

The auditor interviewed the Program Manager during the onsite visit. She reports that her responsibilities include ensuring the case managers are meeting with their residents and performing monthly quality assurance checks on risk assessments. During these checks, the Program Manager will make sure that the assessments are being completed on time. She reports that the information on the assessment is limited to the program staff and the PREA Coordinator.

	<p>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.</p> <p><b>CORRECTIVE ACTION:</b> The facility will need to develop a plan that will ensure 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, even through staff changes.</p> <p><b>FACILITY RESPONSE:</b></p> <p>The facility has provided the auditor with three months of risk assessments, both initial and reassessments. The assessments were completed within the required time period. The Program Director has developed a new quality assurance process that assessments will be completed on time, regardless of staffing changes. The process includes setting a task reminder within SecurManage that will alert the case manager of the 72-hour and 30-day deadline; run monthly reports to ensure consistency of completion of the screenings; ensure all new case manager receive training on PREA screenings as part of the onboarding process; and add PREA screening checklist to weekly treatment team agenda based on weekly arrival reports.</p> <p><b>Review:</b></p> <p>Policy and procedure</p> <p>Risk assessment tool</p> <p>SecurManage risk assessment report</p> <p>Case Manager checklist</p> <p>Interview with case managers</p> <p>Interview with Program Manager</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 1300.14 outlines the risk screening process and how the screening tool is to be used to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those residents at high risk to be sexually abusive. The facility has</p>

identified specific dorm rooms that are for residents who have been identified through the risk screening to possibly be subject to sexual victimization or be sexually abusive to other residents. Policy 1300.04 states that residents with a history of being sexually abusive may be denied admittance as such placement would impact the safety and/or security of the residents, other residents, or the facility. Admission based upon gender identity is prohibited.

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.

The Operations Manager reports to the auditor that residents will be moved to a bed that is near the post desk at any time during the resident's stay if that resident needs to be monitored more closely by CRS staff.

Because the facility has not been conducting 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.

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 residents 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.

The PREA Coordinator reports that the facility has in the past housed a transgender resident. The facility had an appropriate plan that included conferring with the resident to address any concerns about their safety they may have. . The resident was placed in a dorm that has high visibility from the post desk and was offered private shower times.

The auditor interviewed sixteen (16) residents 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 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 a reassessment

	<p>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.</p> <p>Facility Response:</p> <p>The Program Director has developed a new quality assurance process that assessments will be completed on time, regardless of staffing changes. The process includes setting a task reminder within SecurManage that will alert the case manager of the 72-hour and 30-day deadline; run monthly reports to ensure consistency of completion of the screenings; ensure all new case manager receive training on PREA screenings as part of the onboarding process; and add PREA screening checklist to weekly treatment team agenda based on weekly arrival reports.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Risk assessments</p> <p>Web search</p> <p>Facility tour</p> <p>Interview with residents</p> <p>Interview with Program Manager</p> <p>Interview with Operations Manager</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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>The resident handbook informs all residents that all allegations of sexual abuse or</p>

sexual harassment will be investigated, and all investigations of criminal nature will be referred to the Lima Police Department. The handbook also lists the multiple ways residents can report allegations of sexual abuse and sexual harassment. These ways include:

- Verbally to any staff member
- In Writing
- Anonymously
- Third-Party
- Internally or externally to a reporting hotline number
- Outside agency address and phone number

This information is also listed in a pamphlet given to the residents during Orientation and through posters that are conspicuously posted throughout the facility.

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 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.

Residents are able to make unassisted free phone calls to any of the hotline agencies through the use of a facility house phone. This phone is located in the resident lounge area and is available to the residents at all hours of the day. The residents are also able to carry their own cell phone. This allows for residents to report to any entity, anywhere, at any time. During resident interviews, they report that if they do not have their own cell phone, they will borrow another resident's phone, or will use the phone in the resident lounge. They are able to use this phone without the assistance of staff.

The auditor verified that the methods available to residents were posted in various areas throughout the facility and listed in the resident handbook. The facility has posted PREA reporting posters in English and Spanish that provide residents information on reporting numbers, physical address, and email address to internal and external entities.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions Chief. He reports that the hotline is monitored by himself and two other Assistant Chiefs. They will contact the facility where the call originated from and inform the PREA Coordinated of the information reported. All PREA allegations that involve offenders housed on behalf of the Ohio Department of Rehabilitation and Corrections are required to be reported to the Bureau of

	<p>Community Sanctions within forty-eight hours of receiving the allegation. At the conclusion of the investigation, the facility is required to report the outcome of that investigation. The Chief confirms that residents can remain anonymous by request.</p> <p>During interviews of targeted and random interviews, they report to the auditor that during intake, orientation group, and during meetings with their case manager they receive information on how to report allegations of sexual abuse, sexual harassment, and retaliation. They state that throughout the facility there are posters with the reporting information, and the information is always available to them through the handbook. The resident state that “this isn't that type of facility,” but agreed that should they have “issues like that,” they would report the incident to the staff immediately.</p> <p>Policy 1300.05 requires all staff members to immediate 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.</p> <p>All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. The staff stated they felt comfortable privately reporting to their supervisor or the PREA Coordinator.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Resident handbook</li> <li>PREA Posters</li> <li>PREA report form</li> <li>Interviews with residents</li> <li>Interviews with staff</li> <li>Outside agency reporting test</li> </ul>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



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:

- Outlining the grievance procedure in the resident handbook
- Explaining the grievance procedure during resident orientation
- Post a copy of the grievance procedure in a place accessible by residents in each facility
- The facility will maintain a copy of the grievance report, documentation of grievance resolution, and copies of responses given to the resident

An emergency grievance is a grievance that alleges sexual abuse. The procedure for an emergency grievance includes:

- 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
- 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
- Computation of the 90 days will not include time consumed by residents in preparing any administrative appeal
- The agency may claim an extension of time to respond for up to 70 days, if the normal time period for 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
- 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
- The agency can discipline residents for bad faith allegations of sexual abuse

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 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

	<p>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.</p> <p>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.</p> <p>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.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Grievance form</li> <li>Grievance box</li> <li>Resident handbook</li> <li>Resident interviews</li> <li>Staff interviews</li> <li>Interview with PREA Coordinator</li> </ul>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 1300.05a states that the PREA Coordinator will compile mailing addresses and telephone numbers including toll-free hotline numbers of local, State, and national victim advocacy or rape crisis organizations. This information will be provided to the residents through various forms. Residents are capable of communicating with these agencies privately.</p> <p>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</p>

supportive services and the possible limitation to confidentiality when using these services. A copy of the agreement has been provided to the auditor.

The residents are also able to receive emotional supportive services from Crisis Victim Services. The agency has provided their phone number and addresses for residents to use to obtain their services.

The name, phone number, and address for emotional supportive services are given to clients at intake. It is listed in the handbook and on reporting posters throughout the facility. The facility also provides the clients with the name, phone number, and address of other state and national rape crisis agencies. These agencies include the Sexual Abuse Response Network of Central Ohio (SARNCO) and for the Rape, Abuse, and Incest National Network (RAINN).

The auditor was able to see the posters throughout the facility and in each housing unit during the onsite visit. The auditor also reviewed resident files and verified residents received and acknowledged receipt of this information.

The residents reported during interviews that the facility has provided them with supportive services information during orientation group and that services could be access free of charge. The resident also described the mail process to the auditor. They report that they usually do not use the mail system because they have access to a phone, but could send out mail through staff at the main post desk or on their own while out in the community. No resident reported sending out mail via the facility mail system. The residents state that if they receive mail at the facility, the staff will give them their mail, and they are required to open the mail in front of staff.

The Program Director reports that residents are able to purchase stamps and envelopes in the community or receive these items through their case manager.

Review:

Policy and procedure

Resident handbook

SARNCO MOU

Crisis Victim Services

Facility tour

Interview with residents

Interview with Program Director

	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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 facility has not had an allegation of sexual abuse or sexual harassment reported during the past twelve months.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Agency website</li> <li>PREA posters</li> <li>Investigation report</li> <li>Interview with residents</li> <li>Interview with staff</li> </ul>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p>

Policy 1300.05a 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.

The policy also requires staff to create a culture of reporting and safety, while management is responsible for ensuring all staff recognize the agency's zero tolerance stance on incidents of sexual abuse, sexual harassment, and retaliation.

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. The staff report that they have been trained on how to maintain professional boundaries, recognize red flags, and address suspicious behavior. One staff member reported how she had, in the past, reported suspicious behavior, while another admitted that while she would absolutely report allegations, she would feel uncomfortable reported a co-worker.

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. They state that the new Program Manager is a big reason why the facility has a reporting culture, and staff feel comfortable addressing any issue or concern. 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 allegations or suspicions of sexual abuse and sexual harassment.

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.

The auditor reviewed employee files during the onsite visit. The files contained the following training documentation:

- How to report allegations of sexual abuse, sexual harassment, and retaliation
- How to properly document an allegation in the agency's internal database system
- How to complete section "A" of the Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Report Form

	<ul style="list-style-type: none"> <li>• How to communicate the limits of confidentiality</li> <li>• How to use the coordinated response plan</li> </ul> <p>The Training Coordinator reviewed the onboarding training curriculum with the auditor. The training includes instruction on how to report allegations, detect incidents of sexual abuse and sexual harassment, identify red flags, and maintain professional boundaries. Staff verified the training through sign-in sheets.</p> <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form</p> <p>Resident files</p> <p>Staff training curriculum</p> <p>Staff interviews</p> <p>Resident interviews</p> <p>PREA Coordinator interview</p> <p>Training Coordinator interview</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05 states that appropriate steps will be made to protect the resident, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• housing unit change</li> <li>• dorm change</li> <li>• bed change</li> <li>• facility move</li> </ul>

	<ul style="list-style-type: none"> <li>• increase contact with staff</li> </ul> <p>If the alleged abuser is a staff member, depending upon the seriousness of the allegation, the agency has the ability to move the staff member to another facility during the investigation or place the staff member on administrative leave. The PREA Coordinator and Program Director both report that the agency tries to err on the side of caution and places the staff member on administrative leave.</p> <p>Depending on the status of the resident and the referral agency, the facility also has the option of placing clients on electronic monitoring. The alleged abuser can also be returned to the referral source during an investigation. The PREA Coordinator reports that the type of protection will depend upon the nature of the allegation and the available protection options.</p> <p>The facility had one allegation during the past twelve months. The allegation was resident to resident sexual harassment. Once the facility was aware of the allegation, the alleged abuse and victim were immediately separated. The alleged victim was offered supportive services, and staff members watched for signs of retaliation.</p> <p>The facility has not received a report of a resident that was at risk of imminent abuse.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p>
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<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>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policy 1300.05a requires all staff to be trained on how to perform first responder duties. The duties are applicable to all staff members and 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:</p> <ul style="list-style-type: none"> <li>• separate the victim and abuser;</li> <li>• preserve and protect the crime scene;</li> <li>• 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,</li> <li>• immediately call 9-1-1.</li> </ul> <p>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</p>



during back to basics monthly meetings.

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:

- Separate the victim and the perpetrator
- Immediately notify the PREA Coordinator and call 911 (if an emergency)
- Secure the scene
- Request the client victim to not brush teeth, shower or change clothes, and ensure that the perpetrator is unable to do the same
- Identify any staff or client witnesses
- Ensure client is evaluated by medical/clinical
- File confidential incident reports before the end of shift (being detailed regarding client victim statements)
- Remain on shift until debriefed by investigators

The staff also indicated that should they forget the steps, the information readily available in the “PREA Book” located at the coverage desk.

The PREA Coordinator reports that any resident that is involved in a PREA incident, will be offered advocate and/or emotional supportive services. The facility had one allegation during the past twelve months. The allegation was resident to resident sexual harassment. The resident victim was offered supportive services.

Review:

Policy and procedure

Staff training curriculum

Staff course records

Investigation report

PREA book

Interview with staff

Interview with PREA Coordinator

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>1300.05 details the agency's coordinated response plan to allegations of sexual abuse. The plan has been outlined in a flow chart and posted at the post desk in each facility. The steps include the contact person along with the phone number for each step in the chain. The chart documents the steps for both sexual harassment and sexual abuse allegations. The posted plan includes:</p> <ul style="list-style-type: none"> <li>• First responder duties listed in standard 115.264</li> <li>• Immediately contact 911 for police and medical</li> <li>• Contact the PREA Compliance Manager or PREA Coordinator</li> <li>• Report allegations to referral agency</li> <li>• Forensic medical examinations free of charge</li> <li>• Client victim will be evaluated by the designated victim support person or other qualified practitioner</li> </ul> <p>All staff are mandated to learn the agency's Sexual Abuse, Assault, Abuse, Harassment Response Procedure during orientation training. More specific training on the facility's plan is given to the employee once assigned to a specific Alvis facility.</p> <p>The PREA Coordinator reports that various steps of the plan are conducted based on the type of allegation and the specific needs.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>PREA Book</p> <p>Staff training course record</p> <p>Interview with staff</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The HR Director and PREA Coordinator (who is over the Human Resource Department) both report that the agency does not have a union nor does it enter into a contract with employees. The auditor was able to view signed "At Will" acknowledgements while conducting employee file reviews. At Will employment</p>

	<p>allows the employer to terminate the employee at any time.</p> <p>Review:</p> <p>Employee handbook</p> <p>Employee files</p> <p>Interview with PREA Coordinator</p>
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<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 Operations 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 Operations 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 Operations 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>The facility had one allegation of resident to resident sexual harassment, the only allegation reported within the last twelve months. The residents were immediately separated from each other during the investigation. The allegation was determined to be unsubstantiated. The alleged abuser was later terminated from the facility for</p>

	<p>other aggressive behaviors. The alleged victim was offered supportive services and monitored for retaliation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Operations Manager interview</p> <p>PREA Coordinator interview</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>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>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>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 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 <ul style="list-style-type: none"> <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</li> </ul> </li> </ul>

- supportive services Availability/review of video evidence
- If this incident was an isolated event or repeated offense (not previously reported)
- 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)
- 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)
- Location of victim(s) and abuser(s) (i.e., hospital, removed from program)
- Finding summary including reasoning behind credibility assessments

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 Garrity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate an allegation (see standard 115.234 for specific details).

The facility has one administrative investigator who have been appropriately trained to complete administrative investigations. The agency also has trained investigators, including the PREA Coordinator. 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 Garrity warnings; however, the coordinator reports that an administrative investigation would only begin after the conclusion of the criminal investigation or with the permission of the legal authority. The coordinator or assigned administrative investigator would remain informed of the progress and outcome of the criminal investigation; however, it would be the responsibility of the legal authority to make a referral for criminal prosecution. The coordinator confirmed that should a staff member resign during an investigation, the resignation would not halt the investigation.

The 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.

	<p>For a summary of the allegations during the past twelve months, see standard 115.222.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Administrative investigator training certificates</p> <p>Administrative investigator training curriculum</p> <p>Interview with administrative investigators</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency does not impose a standard higher than the preponderance of the evidence or 51% in determining whether an allegation of sexual abuse or sexual harassment is substantiated. The PREA Coordinator confirmed during interviews that the agency uses preponderance of the evidence when determining the disposition of an investigation.</p> <p>The auditor reviewed all allegations from the past twelve months. The determination was based on the appropriate standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p>

<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 agency has had one (1) allegation during the past twelve months of resident to resident sexual harassment. The outcome notice of unsubstantiated was given to the resident victim. Residents are required to sign and date the notice, and a copy will be placed in the investigation file.</p> <p>The auditor was able to view the outcome notifications given to the resident in the allegation.</p> <p>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>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Staff are required by policy 1300.05a to be appropriately disciplined for any substantiated allegation of sexual abuse, sexual harassment, or sexual misconduct. Policy 1300.05 declares it is never appropriate or acceptable for a staff member to have a personal or sexual relationship with a 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</p>

investigation will not terminate these responsibilities. The Human Resource Director confirmed the practice of terminating the employment of any employee that violates the agency's zero tolerance policy.

The auditor was provided an employee handbook. The handbook list violations that are grounds for immediate terminations. These violations include:

- Engaging in any kind of sexual behavior with a resident, including sending sexually explicit electronic communications (e.g., sexting)

Staff members can also be disciplined for “failure to report a violation of the Code of Ethics.”

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.

During interviews of staff members, they report that they have received an employee handbook during New Employee Orientation. They report that during the PREA section of training, the staff member outlined the agency's disciplinary process for a substantiated violation of the zero tolerance policies and for failure to report violations of the zero tolerance policies. Most staff members report that they would talk to their co-workers about “red flag” behavior, and would report this behavior to their supervisor, if the behavior continued. All staff stated that they would report sexual abuse, sexual harassment, and retaliation, regardless of how it was reported. One staff member stated that she would be uncomfortable reporting a co-worker, but she would absolutely do it. Another staff member, interviewed, reported that she has, in the past, reported suspicious “red flag” behavior of a co-worker. All staff members state that termination is the expected outcome for any PREA violation.

The auditor reviewed fifteen employee files during the onsite visit, including disciplinary records. The review of employee with a disciplinary sanction, did not include anyone that has violated the zero tolerance policy.

The auditor discussed the agency's disciplinary procedure with the HR Director. The Director states that, depending upon the violation, during any investigation into sexual abuser or sexual harassment, a staff member will be placed on administrative leave, placed in another facility, or man a post that will not allow for interaction with the alleged victim. He states that staff members who violate the agency's zero tolerance policy or does not report allegations, suspicions, or reports of sexual abuse and sexual harassment will be terminated. Staff members that have a substantiated allegation of sexual abuse or harassment that is criminal in nature, will also be reported to law enforcement, and if necessary, relevant licensing boards.



	<p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Disciplinary records</p> <p>Employee handbook</p> <p>Interview with staff</p> <p>Interview with HR Director</p>
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<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 contractor, volunteers, and interns to receive appropriate PREA training that provides an overview of their responsibilities to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, or retaliation. This training also makes clear that any contractor, volunteer, or inter that violates the agency's policies on sexual abuse and sexual harassment will have their contact or agreement with the agency cancelled. The agency is also under the obligation to report the contractor, volunteer, or intern to law enforcement for any act that appears to be criminal, and to any relevant licensing boards.</p> <p>The auditor reviewed the Staff, Vendor, Volunteer, and Contractor PREA Acknowledgement and Review Form. This form reviews the agency's requirement for staff, contractors, volunteers, and interns to report any suspicions or reports, including third party reports, of sexual abuse and sexual harassment. The form also covers the continuing affirmation to disclose any sexual misconduct and possible disciplinary action for a violation of these policies. Any material omissions regarding sexual misconduct is subject to dismissal.</p> <p>The auditor was able to discuss the agency's disciplinary procedures for contractors, volunteers, and interns with the HR Director. The Director reports that it is agency practice to prevent contractors, volunteers, or interns access to the facility during investigations into sexual abuse or sexual harassment. He 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>The facility has not received an allegation of sexual abuse or sexual harassment against a contractor, volunteer, or intern during the past twelve months.</p> <p>Review:</p>

	<p>Policy and procedure</p> <p>Employee and contractor PREA acknowledgement and review</p> <p>Contractor, volunteer, and intern training curriculum</p> <p>HR Director interview</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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 during orientation group. 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 orientation group facilitator will also review facility rules and expectations with the resident during the meeting.</p> <p>The auditor reviewed the resident handbook. The handbook outlines the agency's zero tolerance policies, possible sanctions for violations, and also prohibits consensual sexual relationships. It specifies that residents 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 Program Director states that any resident found to have sexually abused another resident will be terminated from the facility. All other substantiated allegations of sexual harassment will be disciplined according to the agency’s progressive discipline policy. He states that if sexual harassment incidents are egregious or repetitive, the agency will terminate the resident. The agency does not offer therapy, counseling, or other interventions designed to address and correct</p>

	<p>the underlying reasons or motivations for abuse.</p> <p>During resident interviews, all residents were aware of the facility's zero tolerance policy, received a handbook during intake, participated in orientation group and understood the facility's disciplinary policies. When questioned on the possible sanction for a violation of the policy, all residents stated that termination from the facility would be the consequence for a PREA violation.</p> <p>The facility one allegation of resident to resident sexual harassment during the past twelve months. The allegation was determined to be unsubstantiated. The alleged abuser in the situation was removed from the program due to aggressive behaviors.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Investigation report</p> <p>Interviews with residents</p> <p>Interview with Program Director</p> <p>Interview with orientation group facilitator</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 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>Lima Memorial Hospital in Lima, Ohio, would provide timely information and timely access to emergency contraception and sexually transmitted infectious prophylaxis, pregnancy related services. The Nursing Director confirmed these services during a post onsite visit phone interview. The agency has a MOU with the Sexual Abuse Response Network of Central Ohio (SARNCO) to provide emotional supportive services, crisis intervention, and ongoing recovery assistance to all Alvis, Inc. community confinement facilities. The residents at OhioLink Lima can also access mental health, crisis intervention, or advocacy services provided by Crisis Victim Services.</p> <p>Policy 1100.01 requires the agency to make available emergency and routine medical care to all residents as needed. Services at OhioLink Toledo are made</p>

	<p>available on a 24-hour basis through Lima Memorial Hospital. 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 residents are expected to pay for their own medical services, any resident requiring medical, mental health, or advocate services will be provided these services free of charge.</p> <p>The staff response plan is located in the “PREA Book” located inside the main post. The plan list the following steps:</p> <ul 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>The facility had one allegation of resident to resident sexual harassment. The allegation was determined to be unsubstantiated. The resident victim was offered emotional supportive services, but declined any assistance.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with SARNCO</p> <p>Sexual Abuse, Assault, Harassment Response Procedure</p> <p>PREA book</p> <p>Interview with Director of Nursing</p> <p>Interview with Program Director</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The facility offers medical and mental health counseling services in the community

	<p>for residents who have been sexually abused in a prison, jail, lockup, or juvenile facility. These services are discussed with the resident during the initial risk screening and again, if necessary, during any re- screening. The PREA Coordinator and Program Director 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>OhioLink Lima houses both male and female residents. 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>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>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Any sexual abuse allegation investigation that resulted in a determination of substantiated or unsubstantiated will be reviewed by the agency's Sexual Assault Response Team (SART) per policy 1300.05a. This review will take place within thirty (30) days of the conclusion of the investigation. The review team consist of the Managing Director of Agency Programs, Managing Director of Clinical Services, Managing Director of Operations or human resource designee, Director of Accreditation, Associate Managing Director of Grants and Communications, facility Program Director, and the resident's case manager. The team will also include any other staff as needed.</p> <p>The auditor reviewed the agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form. The SART will complete section "D" of this form during the review of the allegation. The team will review:</p> <ul style="list-style-type: none"> <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> </ul>

- Barriers to communication (limited English proficient, auxiliary aids used)
- Physical barriers or other facility design that enabled the abuse
- PREA Coordinator consultation on any substantial expansion or modification to the facility
- Facility response per agency protocol
- Coordinated response plan followed
- Medical treatment/SANE services used
- Emotional supportive services used
- Referral for criminal investigation
- Needed updates to policy and procedure
- Verify victim and abuser received agency handbook (resident and/or employee)
- Victim and abuser risk assessments
- Motivation for abuse/assault (race, ethnicity, gender identity and/or sexual orientation or perceived gender identity and/or sexual orientation, gang affiliation, or any other group dynamics)
- Previous allegations, grievances, or incident reports
- Any response to previous allegations, grievances, or incident reports
- Notification of mandatory reporting laws
- Community based services offered free of charge
- Suspected or documented acts of retaliation
- Protection measures employed
- Victim notification of investigation determination
- Disciplinary actions
- Receipt of timely information and access to emergency medical treatment and crisis intervention services, pregnancy testing and related medical services, and test for sexual transmitted infections as medically appropriate
- Ongoing medical and mental health care as determined by medical and health practitioners

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 one allegation of resident on resident sexual harassment during the past twelve months. The allegation was administratively investigated and determined to be unsubstantiated. There was no need for a SART review.

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.

	<p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form</p> <p>SART team member interviews</p> <p>Investigation reports</p>
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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.</p> <p>The Program Director reports that the facility uses the SSV form to collect the data, and reports all data to the PREA Coordinator. The PREA Coordinator uses the information collected from all Alvis, Inc. community confinement facilities and list the aggregated information in the agency's annual PREA report. The report is then posted on the agency's website.</p> <p>The auditor accessed the agency's website, <a href="https://alvis180.org/site/assets/files/1305/2022-prea-allegation-and-a-sessment-report.pdf">https://alvis180.org/site/assets/files/1305/2022-prea-allegation-and-a-sessment-report.pdf</a>, and reviewed the PREA Allegation Summary Report for calendar year 2021 and 2022. Both reports contain the aggregated sexual abuse and sexual harassment allegation data from all Alvis, Inc community Confinement Facilities. The PREA Coordinator reports that the Department of Justice has never requested such data.</p> <p>Allegation Summary for all Alvis, Inc. facilities- 2022:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Number of reported allegations of resident on resident Sexual Harassment- 0</p> </div>

- Substantiated 0
- Unsubstantiated 0
- Unfounded 0
- Ongoing Investigation 0

Number of reported allegations of resident on resident Sexual Abuse- 1

- Substantiated 0
- Unsubstantiated 0
- Unfounded 1
- Ongoing investigation 0

Number of reported allegations of resident on resident Retaliation- 0

- Substantiated 0
- Unsubstantiated 0
- Unfounded 0
- Investigation ongoing 0

Number of reported allegations of staff on resident Sexual Harassment- 2

- Substantiated 2
- Unsubstantiated 0
- Unfounded 0
- Investigation ongoing 0

Number of reported allegations of staff on resident Sexual Abuse- 5

- Substantiated 2
- Unsubstantiated 0
- Unfounded 3
- Investigation ongoing 0

Number of reported allegations of staff on resident retaliation-0

- Substantiated 0
- Unsubstantiated 0
- Unfounded 0
- Investigation ongoing 0



	<p>Total Number of Allegations Reported in 2022: 8</p> <ul style="list-style-type: none"> <li>• Substantiated 4</li> <li>• Unsubstantiated 0</li> <li>• Unfounded 4</li> <li>• Ongoing Investigation 0</li> </ul>
	<p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>PREA Allegation Summary Report 2021 &amp; 2022</p> <p>Interview with Program Director</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In addition to requiring the PREA Coordinator to collect and aggregate data on the agency's sexual abuse and sexual harassment allegations, policy 1300.05b requires the publishing of this report on the agency's website and make available in other forms as requested. The auditor accessed the website at <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>The agency post the annual reports from 2021 to 2022, 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> <p>Based on information received and reviewed of resident reports of sexual abuse, sexual harassment, and retaliation, Alvis will continue the following action steps,</p>

implemented in 2023:

- Internal facility site reviews will be conducted by an in-house team comprised of multiple areas of oversight, to provide ongoing assessment of key operational areas (e.g., PREA Intake screenings/re-screenings, housing and bed assignments of residents deemed as high risk for sexual abuse, or sexual abusiveness);
- In 2023, Alvis will implement a PREA team to assure ongoing staff training, and resident education on PREA policies and procedures, client rights; a state of “audit-readiness” in residential facilities; and, timely response to allegations of resident sexual abuse, sexual harassment, and /or retaliation;
- Alvis will make a 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.

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 2021 and 2022

<b>115.289</b>	<b>Data storage, publication, and destruction</b>		
	<b>Auditor Overall Determination:</b> Meets Standard		
	<b>Auditor Discussion</b>		
	The auditor accessed the agency's website, <a href="https://alvis180.org/prea/">https://alvis180.org/prea/</a> , and reviewed the PREA Allegation Summary Report and Assessment for 2021 and 2022. 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 2022 aggregated report includes:		
	ALLEGATION SUMMARY:		
	<table border="1"><tr><td><b>Number of Allegations in 2022</b></td><td><b>Total = 8</b></td></tr></table>	<b>Number of Allegations in 2022</b>	<b>Total = 8</b>
<b>Number of Allegations in 2022</b>	<b>Total = 8</b>		

Substantiated	4
Unsubstantiated	0
Unfounded	4
Ongoing Investigation	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

Agency website

PREA Allegation Summary Report 2021 and 2022

Interview with PREA Coordinator

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<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 first year of the audit cycle. All other facility's operated by Alvis, Inc. have been audited in the last cycle, and their final PREA audit report has been posted to the agency's website. This audit is being conducted back to back with two other 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</p>

	<p>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>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The 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 audit cycle are currently posted. The auditor noted that the final report for OhioLink Lima, Jackson Pike, and Alum Creek South (facilities that are being audited during this final year) have the final audit report posted from 2020. 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	na

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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