PREA Facility Audit Report: Final

Name of Facility: OhioLink Toledo
Facility Type: Community Confinement
Date Interim Report Submitted: 09/21/2025
Date Final Report Submitted: 02/19/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Kayleen Murray	**Date of Signature:** 02/19/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	08/04/2025
End Date of On-Site Audit:	08/05/2025

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

Primary Contact

Name:	Wondell G Hills
Email Address:	wondell.hills@alvis180.org
Telephone Number:	4195090762

Facility Director	
Name:	Wondell G Hills
Email Address:	wondell.hills@alvis180.org
Telephone Number:	4195090762

Facility PREA Compliance Manager	
Name:	Wondell Hills
Email Address:	wondell.hills@alvis180.org
Telephone Number:	419-241-4308
Name:	Dionne Jenkins
Email Address:	dionne.jenkins@alvis180.org
Telephone Number:	(937) 266-6036

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	53
Average daily population for the past 12 months:	58
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18 & Up

Facility security levels/resident custody levels:	Transitional Control; Pre-Release; County Probation
Number of staff currently employed at the facility who may have contact with residents:	23
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Alvis House, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2100 Stella Court, Columbus, Ohio - 43215
Mailing Address:	
Telephone number:	6142528402

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

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-04
2. End date of the onsite portion of the audit:	2025-08-05

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	St. Vincent Hospital- SANE SARNCO- Rape crisis BCS- Outside reporting agency

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	58
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	57
25. 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:	1
26. 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:	1
27. 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:	0
28. 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:	0
29. 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:	0
30. 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:	1

31. 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:	0
32. 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:	0
33. 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:	2
34. 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:	0
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	18
37. 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:	4

38. 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:	6
39. 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:	There were no volunteers at the facility during the onsite visit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☐ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided the auditor with a list of current residents.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. 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):	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.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. 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:	1

49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	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.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	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.

51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	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.
52. 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:	1
53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	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.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	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.
55. 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:	2

56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility does not have segregated housing or isolation cells.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	7

59. 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
60. 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
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The facility has a total of 18 staff members including the Facility Director. Resident supervisor staff from every shift were interviewed, as well as multiple program staff.

Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	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.

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.

77. 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
78. 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.

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0

a. Explain why you were unable to review any sexual abuse investigation files:	The facility had one sexual harassment allegation during the past twelve months. Thee allegation was initially reported as sexual abuse; however, the investigation did not uncover any sexual contact and was reclassified as sexual harassment.
86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had one sexual harassment allegation during the past twelve months. Thee allegation was initially reported as sexual abuse; however, the investigation did not uncover any sexual contact and was reclassified as sexual harassment.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. 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

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

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	OhioLink Toledo has an agency policy that has zero tolerance for client, 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 the client's safety, dignity, and privacy. Staff are responsible for creating a culture of reporting and safety. Clients and staff must feel safe reporting an act or attempted act of sexual abuse, that they will be heard, respected, treated with dignity, and their privacy maintained. Management is responsible for creating and maintaining this environment in their facility and ensuring that all staff recognize the agency's zero tolerance of client sexual abuse, harassment, or retaliation. The policy contains definitions for: • Sexual abuse • Sexual harassment

- Voyeurism

Clients will be provided information on sexual abuse prevention, awareness, and reporting.

Alvis has an agency wide PREA Coordinator who is responsible for ensuring all Alvis correctional facilities are complying with the PREA Standards. The facility provided the auditor with a table of organization. The table identifies the Chief Human Resources Officer as the designated PREA Coordinator. The PREA Coordinator reports directly to the agency President and CEO. The PREA Coordinator is responsible for:

- Being the point of contact and reporting for a resident's allegation of sexual abuse or sexual harassment
- 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 and for the agency as a whole

The auditor interviewed the PREA Coordinator during the onsite visit. The Coordinator states that she conducts regular meetings with programs and departments (HR and Training) to review policies, procedures, practices, and training that will assist the agency in preventing, detecting, responding, and reporting incidents of sexual abuse and sexual harassment. The PREA Coordinator reports that while she can be stretched thin, she has enough time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards.

The facility has recently hired to assist with Employee Relations. His position ties in through his responsibilities related to code of ethics, conduct standards, and HR related investigative practices. Donovan is being trained on the PREA standards and investigative processes. Donovan is being trained to assist with investigations. He accompanies the PREA Coordinator during employee related investigations to serve as a management witness and note taker. Afterward, the PREA Coordinator and Donovan compare notes and observations.

	OhioLink Toledo's Program Manager serves as the PREA Compliance Manager. The Compliance Manager is tasked with ensuring the facility is following all agency policies, procedures, and guidelines to comply with the PREA standards. She implements and evaluates policies and procedures and performs quality assurance activities. The auditor was able to interview the Compliance Manager during the onsite visit. She states that she works directly with the PREA Coordinator and assists with the facility's responsibility of detection, protection, and responses to allegation of sexual abuse and sexual harassment. Review: Policy and procedure Table of Organization Interview with PREA Coordinator Interview with Program Manager

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Alvis House is a private facility that does not contract with other agencies for the confinement of clients.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility is required to develop a staffing plan that provides for adequate staffing and monitoring to protect residents from sexual abuse. The plan is required to be reviewed monthly and updated as needed by facility leadership. Annually, the staffing plan will be reassessed and updated by facility management and the PREA Coordinator. The staffing plan must include: • The physical layout of the facility • The composition of the resident population • The prevalence of substantiated and unsubstantiated incidents of sexual

abuse
- Any other relevant factor

Facility:

OhioLink Toledo is a single level facility that houses both male and female clients. The clients are separated by a security door, and share a dinning hall. All staff offices have windows that allow for clear line of site views into the area while meeting with clients. The main post is always manned by CRS staff member, while the post in the female unit is not constantly manned. Only female CRS staff are allowed to man the post in this unit. During times when the second post is not manned, female offenders will ring a doorbell to alert staff that assistance is needed.

Composition of Resident Population:

The facility is comprised of offenders from the State of Ohio, Lucas County, Pre-trial offenders, and specific rooms assigned for offenders from the Department of Youth Services.

The facility is designed to house a maximum of sixty-four (64) male and female offenders. All clients receive an initial PREA risk for vulnerability or abusiveness assessment that staff use to ensure proper dorm/bed placement. The facility's Operations Manager is responsible for reviewing client bed assignments and ensuring clients that identify as LGBTI or non-gender conforming are housed safely. The facility has identified a room located near the front vestibule and men's control station may be utilized for any male client considered to be vulnerable to sexual victimization or reported prior victimization. In the female unit, the room located near the rear women's control station may be utilized for any female client considered to be vulnerable to sexual victimization or reported prior victimization.

Prevalence of Substantiated and unsubstantiated Incidents of Sexual abuse:

The facility had one substantiated allegation of sexual abuse and zero unsubstantiated incidents of sexual abuse.

Any other factor:

None listed.

Prevailing Staffing Pattern:

The maximum staffing level for this facility is 12 CRS staff and 3 shift supervisors to cover 3 shifts. The minimum staffing levels are 3 staff per shift: one to cover the female unit, one to cover the male unit, and one to remain at the main coverage desk. During periods of security staff vacancy, shifts are covered through overtime, temporary assignments, and management support. The prevailing staffing plan for Community Reentry Specialist (CRS) is:

- 1st shift- 7am-3pm, 3-4 CRS
- 2nd shift- 3pm-11pm, 3-4 CRS
- 3rd shift- 11pm-7am, 2-3 CRS

The policy requires at least one male and one female to be on shift at all times. Staff are strategically assigned to specific areas, while female staff will be stationed on the female unit.

Treatment and management staff work Monday-Friday 9am-5pm.

Video Surveillance and Monitoring:

The facility has 32 cameras that covers the interior and perimeter. All common areas, accessible hallways, the cafeteria, and both men's and women's control stations are covered.

CRS staff conduct unannounced house checks four times per shift to ensure all clients are present, in good health, and are not displaying any negative behaviors, along with 6 - 10 walkthroughs/circulations. During these checks, staff are required to monitor identified blind spot areas, including restrooms. All house checks are documented in the facility's resident data management system (SecurManage) and are reviewed by management.

The facility conducted a review of the facility and has identified blind spot areas. In response, the faciity has added mirrors and adjusted others in order to improve visibility.

The facility has identified a room located near the front vestibule and men's control station may be utilized for any male client considered to be vulnerable to sexual victimization or reported prior victimization. In the female unit, the room located near the rear women's control station may be utilized for any female client considered to be vulnerable to sexual victimization or reported prior victimization.

Review of Staffing Plan:

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

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

Review:
Annual staffing plan

	Facility tour Staff schedule Camera views Interview with PREA Coordinator Interview with Program Manager Interview with Facility Director Interview with Operations Manager

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Avis has an agency policy that outlines the procedures for searches. The policy states all Alvis staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Pat-down searches must be conducted in designated areas where video technology can record the search. • Female residential facilities: Women shall be searched by same gendered staff, except in exigent circumstances. If situations require a male staff to conduct a pat search, or enhanced pat search on a female client, such must be documented in the facility shift log, including the reason the search was not conducted by a female staff. Absence of female staff on shift does not eliminate the requirement to conduct pat searches of clients returning from the community, or adhering to established search procedures. Female clients shall not be prevented from entering their facility of residence, or participating in community activities because no female staff are available to conduct a pat search • Male residential facilities: Male clients may be searched by male, or female staff on shift. Enhanced pat searches shall be conducted by same gendered staff except in exigent circumstances. If situations require a female staff to conduct an enhanced pat search on a male client, such must be documented in the facility shift log, including the reason the search was not conducted by a male staff. Policy 600.02 outlines the agency's searches procedures. Body Search • Empty all pockets and concealment areas and may include removing shoes, socks, coats, hat and any other like items • Use a metal detector (wand) to check for any possible metallic contraband

	Pat Search • Must be conducted in the line of the security camera for documentation and security purposes • Check under the client's arms, sleeve cuffs, pant legs, and clothing pockets • If the staff member believes they have found a suspicious item, they will instruct the client to remove the item. Staff will not remove items from the client's person • Female clients may only be patted down by female staff members Enhanced Pat Down Search • Basics of a pat search • Client will remove clothing down to the base layer (not to reveal their undergarments) • Perform a visual inspection of the client's mouth and hair • Instruct the client to lift the shirt just above the level of their waistband • Instruct the client to shake out the bottom of their bra and staff will run fingers around the bra straps Policy prohibits strip searches under any circumstances. Alvis does no conduct manual or instrument inspection of client body cavities. CRS staff are required to explain the process to the client and ensure that searches are conducted professionally, ensuring that the client is not disrespected or humiliated through the process. The facility has acquired a body scanner since the last PREA audit. The staff member conducting the scan can be of any gender. The scans do not show body contours that would require same gender viewing. The facility has a policy for searches of transgender or intersex clients. Searches are ordinarily conducted by a staff member of the same gender as the client. A transgender or intersex client may appeal to the facility PREA Compliance Manager or Program Director to request pat-down searches be conducted by staff of the gender with which the client identifies. These request should be made during initial intake, and will be granted when the facility is able to accommodate such request, but are not guaranteed. Policy states that transgender or intersex individuals admitted to Alvis programs will be assigned to locations, which offer appropriate resources and an environment to accommodate any special needs. OhioLink Toledo has been deemed appropriate to house transgender residents. The facility has two rooms that can be used as an individual use with access to a private single use bathroom. During interviews with administrative and line staff, staff reported that the facility has housed transgender clients in the past. The Training Coordinator reports to the auditor that CRS staff receive pat search

	training during orientation and semi-annually thereafter. The training includes proper techniques for same gender, cross gender, transgender searches in a respectful and professional manner, using the least intrusive manner possible. Staff sign and date training attendance, confirming they received and understood the procedures. During the onsite visit, the auditor interviewed CRS staff, including supervisors from both shifts. Staff report that they are trained on how to properly conduct pat searches, including gender-specific searches and how to conduct them professionally. Female staff report that male staff are not allowed to pat search female residents and staff try to avoid cross-gender searches unless absolutely necessary. They report a male and female CRS staff member is always available. Female clients interviewed during the onsite visit report that pat downs were always conducted by female staff, and they were professional and respectful. Male clients also report receiving professional and respectful pat searches. Clients interviewed did not report any inappropriate conduct related to searches. The auditor was able to view how CRS staff process clients into the facility. The staff member processed the client through the body scanner and then conducted a pat search. Both were conducted as policy outlines. Policy states that clients must have the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policy requires staff of the opposite gender to knock and announce their presence when entering an area where clients are likely to be sleeping, performing bodily functions, or changing clothing. The facility has postings requiring residents to change clothing in the bathroom due to the cameras in the dorms. During the onsite visit, the auditor toured all bathrooms available to the residents. The male housing unit has two bathrooms. One of the bathrooms is only available to residents that are housed in two rooms that are reserved for Department of Youth Services (DYS) residents that are eighteen. These dorm rooms and bathroom are also used to house transgender and/or intersex residents. This bathroom is a single use bathroom that is equipped with a toilet, sink, and shower (shower curtain covers the shower area). There is a solid door at the entrance. The main bathroom in the male housing unit has two entrances, both with solid doors. At one entrance to the right were three sinks with mirrors above. At the far wall, there are three toilet stalls with doors and two urinals with dividers in between. At the end of the urinal area is s shower curtain that blocks the view of the urinals from the second entrance. On the other side of the shower curtain is an area where there were three more sinks with mirrors above and another shower curtain that blocks the view from the shower area. The shower area has three individual use showers that have a shower curtain for privacy. In the female housing unit, there are two places to use the restroom, but only one

	also has a shower area. The restroom has a solid door at the entrance. There are three toilet stalls with doors and two sinks. Right next door, is the bathroom with the shower area. There are two toilet stalls with doors, one individual use handicap shower stall that does not have a curtain but is not visible from other areas of the bathroom or the entrance, and a large shower area with three individual shower stalls with curtains and a changing area. There is a curtain at the entrance of the shower area. The auditor was able to interview both male and female clients during the onsite visit. The female clients report that the bathroom and showers felt private and safe. No resident felt as if staff are watching them while showering. The female clients consistently reported that when male staff entered the housing unit, they announce loudly, “male on the floor.” They report that male staff do not go into the toilet or shower room. Male clients also confirmed that the bathrooms provided sufficient privacy, and they had no concerns about being observed with using them. The male clients say that female staff announce themselves when entering the housing unit. They report that female staff will announce before entering the restroom or shower room; however, they state that female staff only open the door but never go inside the bathroom. The auditor was able to review the training curriculum for pat and enhanced pat searches and the staff sign-in sheets. Review: Policy and procedure Training curriculum Training verification Facility tour Body scanner Interview with CRS staff Interview with clients Interview with Training Coordinator Interview with Operations Manager Interview with Assistant Program Director

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	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. 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. The Program Director states that should a literacy problem exist, the staff will read aloud the rules and regulations to the client, and ensure the resident understands the information. Agency policy 800.08 states that special assistance will be provided to those residents, family members, or significant others identified as having some sensory impairment, including the blind and the hearing impaired. The assistance can include the use of auxiliary aids. The Program Director states that she is responsible for ensuring residents are afforded the opportunity to benefit from the agency's efforts to prevent, detect, respond, and report allegation of sexual abuse and sexual harassment. The staff reported that the facility accommodates residents who have communication barriers, including those who are deaf or have limited English proficiency. They use translation and communication tools to assist residents. Staff state when dealing with residents who are deaf/hard of hearing, blind/low vision, are limited English proficient, or have cognitive disabilities they lead with patience and unsure they understand the resident. Repetition and simplified communication they report is what works the best. The Program Director reports that the facility will make reasonable accommodations and will work with the resident to ensure the type of accommodation or assistance is appropriate for the specific resident. The facility will use Access2Interpreters should a client need translation or interpretation services. The translation agency offers over 70 languages from face-to-face interpretation, and over 180 languages for telephone interpretation locally and internationally. Staff will call the agency for face-to-face and telephonic translation services. Written translation services may be quested via email. The translation services will be provided to the clients at no cost. The staff report to the auditor that they have not had a client who did not speak, write, or understand English. They report that they have had clients who are English as Second Language. They report using simpler language when writing or speaking to ensure effective communication. The staff also report that if necessary, documents can be

	translated into the client's native language. Staff report that they have worked with clients who have cognitive disabilities, low/non-readers, or other disabilities that impact their ability to understand their rights under the PREA standards. Staff report when working with these clients, they will slow their speech down, repeat questions, and rephrase information. Case managers assigned to complete the orientation group have been trained to ensure all residents understand PREA education and grievances procedures, providing interpreters, written materials, or one-on-one explanations as needed. The facility provided the auditor with copies of the materials distributed to residents during intake, which were written at a ninth-grade reading level. During the tour, the auditor observed PREA informational posters displayed throughout the facility in both English and Spanish. The auditor interviewed residents that fit into the specialized category. None of the residents in this group indicated a need for additional services to understand or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. Residents stated that staff provided assistance when needed, but they did not experience difficulties completing the program. All interviewed residents were able to explain the facility's zero tolerance policy, describe available reporting methods, and identify services offered at no cost to any resident who requests them. Review: Policy and procedure Client handbook Client PREA posters Interview with Program Director Interview with Intake CRS Interview with targeted clients

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency is required to hire or promote in accordance with PREA standard 115.217. This means the agency prohibits the hiring or promoting of anyone who may have contact with clients, and prohibits the services of any contractor who may have contact with the clients who:

- has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- has been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- has been civilly or administratively adjudicated to have engaged in the activity described in the above section

To ensure the agency does not hire prohibited applicants, the agency will ensure all prospective employees, volunteers, and contract staff have a criminal records background check prior to the beginning of employment. All criminal background checks are completed through the Ohio Bureau of Criminal Investigations (BCI), who will provide the Human Resources Department with the results of the check. For positions that engage with, and/or have access to federal clients, the Federal Bureau of Prisons will conduct a criminal background check (i.e., NCIC/NLETS). The BOP shall notify the human resources office of the background check results. Forms for BOP background checks may be submitted via fax, or U.S. Mail. During site visits, the BOP may conduct onsite background check updates via hard copy fingerprint cards. The BOP shall notify the human resources office on the result of such background checks.

Every five years, all current employees will complete an updated criminal background check. The Human Resources Director reports to the auditor that the agency has contracted with the Ohio Attorney General's office to use their Rapback program. The Rapback program allows employee's fingerprints to be continually compared against the BCI's criminal records databases. If an employee has been arrested or convicted of a crime or escalated misdemeanor, the program will alert the agency to log into the portal for more information. As part of their contract with FBOP, they are required to have a background check completed by the FBI every five years. Because the contract renews every five years, all staff who are working in facilities that have FBOP clients will have a background check completed, regardless of when they were hired and when their last background check was completed.

All applicants are required to have a reference check. Reference checks for all applicants indicating past employment, including unpaid internships, and volunteering, with an institution identified in 42 U.S.C. § 1997 will include whether the applicant was named in any PREA allegation(s), whether substantiated or unsubstantiated, during their employment. The Human Resource Department is responsible for documenting attempts to contact previous employers, and if the applicant has been involved in a substantiated allegation.

During the annual performance evaluation, the employee will sign a statement attesting to the fact that they have not been convicted of engaging in sexual abuse, or misconduct in the community facilitated by force, or coercion; nor have they been civilly or administratively adjudicated to have engaged in such activity.

Material omission or the provision of materially false information, shall be grounds for termination.

Policy describes the hiring and promotion process. Policy states that all vacancies will be advertised on the Alvis website, HRIS tool, and other online job boards. All applicants, whether internal or external, who omit information requested on an employment application or interest letter, or who provide false information, related, but not limited to, past PREA violations (sexual abuse and sexual harassment), investigations, or allegations of such will be disqualified, and be subject to disciplinary action up to and including immediate termination for omission of such information.

Alvis provides promotional opportunities to non-entry level positions. An employee is eligible for promotion upon:

- Timely submission of a letter of interest
- Be in their current role at least through their 90-day probationary period (exceptions must be approved by an Alvis executive team member)
- Be in “good standing” for six months, or successful completion of their probationary period
- Good standing is defined as no disciplinary action on file six months prior to submitting an application/letter of interest
- Overall “Meets Expectation” or higher rating on the last performance evaluation
- Verification that the employee has not
    - 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)
    - 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
    - Been civilly or administratively adjudicated to have engaged in the activity described above

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

The HR Department would notify any requesting agency of an employee's termination due to a substantiated sexual abuse allegation or a resignation during a pending investigation into an allegation of sexual abuse. The facility provided the auditor with verification of providing notification to another confinement facility.

The auditor reviewed ten employee files during the onsite visit. The auditor was able to view the following documents in the file:

	• Background checks • PREA acknowledgement and agreement • Reference checks • Performance appraisals • Human resources policy manual • Code of Ethics • Employee at will statement • Standards of Employee conduct • Cultural competency • Cultural Awareness/diversity • Sexual abuse/assault pamphlet acknowledgement • Client bill of rights Review: Policy and procedure Application Interview questions Employee files Employee background checks Rapback Employee continued affirmation Performance evaluations Employee promotions Interview with Human Resources Director Interview with Program Director

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Program Director and the PREA Coordinator both report that the facility has not acquired any new facility, nor is the facility planning any substantial expansion or modification to the current facility. The facility has not increased its electronic monitoring ability since the last PREA audit. Facility management, during the annual staffing plan review, assesses the facility's needs to its video electronic monitoring system. This includes considering how such

	technology may enhance its ability to protect clients from sexual abuse. Review: Staffing plan review Camera views Facility tour Interview with Program Director Interview with PREA Coordinator

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Alvis does not conduct criminal investigations related to sexual abuse. Should physical evidence be present related to an allegation of sexual abuse, local law enforcement, or other jurisdictional authority (e.g., State Highway Patrol, Federal Bureau of Prisons) will be contacted to conduct a criminal investigation, and collect any potential physical evidence. • Alvis employees shall follow the established uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Instructions are located at the coverage desk in each correctional residential facility (see First Responder Protocol instructions). • Alvis does not house clients under age 18; the established protocol shall be 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. 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 Ohio Highway Patrol 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.

The facility does not have any in-house medical staff. Any client that needs access to forensic examination, or other related medical services at an outside facility, without financial cost, where evidentially or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

Residents that are in need of a forensic medical exam will be taken to Mercy's St. Vincent Hospital. The nurses at St. Vincent Hospital are trained to recognize signs of sexual assault, collect microscopic evidence, and document the patient’s mental and emotional state. The auditor had an interview with the Chief Nursing Executive, who signed the MOU after the onsite visit. She reports that the hospital partners with the YWCA’s Sexual Assault Response Team. She verified the MOU, services provided, and that the services were offered free of charge.

The facility provided the auditor with documentation of a MOU with YWCA Hope Center. The MOU stated that the rape crisis agency agreed to:

- provide a toll-free hotline number, address, third-party reporting
- victim advocacy, emotional supportive services
- survivor support groups
- crisis intervention
- community referrals

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

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

The auditor also spoke with the manager from SARNCO who provides victim

	advocate services to the residents of all Alvis, Inc facilities. The manager states that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate discloses to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity). The PREA Coordinator states that every attempt is made to provide a victim advocate from the YWCA Rape Crisis Center or SARNCO. Review: Policy and procedure SARNCO MOU Administrative investigator training certificates MOU with YWCA Rape Crisis Center Interview with PREA Coordinator Interview with SARNCO Interview with Nursing Coordinator

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Alvis shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 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. Alvis' agency post the responsibilities of the investigating agency on its website, https://www.prearesourcecenter.org/training-t--echnical-assistance/prea-in-action/embracing-the-standards/alvis-house-profile-p-age. • If a separate entity is responsible for conducting criminal investigations (e.g., BOP, ODRC, local law enforcement), such publication shall describe the

responsibilities of both Alvis and the investigating entity.

- Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.
- Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

The auditor reviewed all investigations for the past twelve months.

Interview #1: The facility received a report from a staff member of some suspicious behavior from two other staff members. During the investigation, sexual pictures and text were discovered. The staff member resigned in the middle of the investigation, otherwise she would have been terminated. There was no criminal activity discovered during the course of the investigation.

Review:

Policy and procedure

Agency website

Investigation report

Interview with PREA Coordinator

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Alvis, Inc. has a policy 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

Policy requires all new staff members, during their first year of employment, receive training on client sexual abuse, harassment, and staff/client retaliation (PREA). The training will be sufficient enough to satisfy PREA standard 115.231. PREA specific training, such as Gender Difference in Corrections, will be related to the gender of the clients at the facility where new staff are assigned. Gender-specific training also includes cross-gender pat down searches and searches of transgender and intersex clients. 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 Toledo can work with both males and females, all staff are required to attend this training.

The agency also provides specific training to management staff. This training focuses on:

- How to use cognitive approach as an aid to prevent sexual harassment and abuse
- Routine techniques and processes to help detect signs of sexual harassment and abuse
- Important timelines for reporting and notifications regarding PREA allegations, and investigations
- Use of PREA screening results
- Boundaries with clients
- Follow-up procedures after allegations
- PREA report forms
- Staffing Plan (facility floor plan and blind spots)
- Ensuring electronic monitoring devices are working
- Monitoring of vendors, interns, and volunteers
- Communication when a victim or abuser is transferred to another Alvis facility

During the onboarding process, in addition to full PREA training, the new employees are also provided with training to enhance the staff ability to prevent, detect, respond, and report allegations of sexual abuse and sexual harassment. These topics include:

- Employee handbook
- PREA acknowledgment and agreement
- Code of ethics
- FBOP standards of employee conduct
- Cultural competency
- Cultural awareness and diversity

- Sexual abuse, assault pamphlet acknowledgement
- Client bill of rights

Throughout the year, staff will be provided with refresher training on a monthly basis. The training topics for the refresher include:

- PREA Refresher #1 - The Basics
- PREA Refresher #2 - Effects of Abuse
- PREA Refresher #3 - Professional Communication and Boundaries
- PREA Refresher #4- Client Privacy and Respect
- PREA Refresher #5 - Ways Clients Can Report
- PREA Refresher #6 - Client Support Services
- PREA Refresher #7 - Helping Clients who Primarily Speak Another Language
- PREA Refresher #8 - Reporting Knowledge, Suspicion, or Information
- PREA Refresher #9 - Completing an Incident Report
- PREA Refresher #10 - First Responder Duties
- PREA Refresher #11 - Investigations
- PREA Refresher #12 - Misuse of PREA and Discipline
- PREA Refresher #13 - Monitoring for Safety and Security

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

Staff shared that they have received PREA training both when they were first hired and through regular refresher sessions. They explained that the training covers the agency’s zero-tolerance policy, how to report allegations, what their role is as first responders, and ways to help keep residents safe from sexual abuse or harassment. Staff also said the training helped them learn how to recognize warning signs, respond if someone makes a disclosure, and understand their responsibility to report concerns right away.

The auditor interviewed the agency Training Coordinator and reviewed both the training curriculum and training rosters. The Training Coordinator explained the mandatory orientation process, noting that all employees must receive PREA-related training and sign the zero-tolerance acknowledgment before working directly with clients. PREA training is verified through training rosters, which are submitted to the training department and entered into a compliance database. Copies of training documentation and zero-tolerance acknowledgments are maintained in each employee’s personnel file. The Training Coordinator also reviewed the curriculum with the auditor, explaining how onsite training is tailored to the gender of the clients at the facility and how staff are retrained when transferring to a gender-specific program. She acknowledged that new staff may occasionally be assigned to a facility prior to attending orientation training; however, such staff receive the required PREA instruction beforehand and are restricted from performing certain duties (e.g., pat searches) until training is completed. The facility provided the auditor with a copy of all facility's staff PREA training, refresher training, and

	onboarding training, verifying compliance. Review: Policy and procedure Training curriculum Staff training records Interview with Training Coordinator Interview with staff

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires the agency ensure all volunteers and contractors who have contact 9with clients have been trained on their responsibilities under the agency's PREA zero-tolerance policies and procedures. 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 clients (e.g., behavioral health), but all volunteers and contractors who have contact with clients shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Alvis training department maintains documentation confirming that volunteers and contractors understand the training they have received. The facility uses Aramark Food Service to provide meals to its facilities. The staff at Aramark that work in any type of confinement facility will receive PREA training from Aramark. Aramark staff will receive PREA training from their agency and from OhioLink. Aramark training topics include: • What is PREA • Definitions of sexual harassment, sexual abuse, sexual contact, and consent • How does PREA apply to Aramark • How does Aramark comply with PREA- Responsibilities of an Aramark employee under PREA • Reporting an incident • Aramark's harassment policy and why it is important • Manipulation and PREA • Personal VS Personable

	OhioLink Toledo PREA training includes: • Understanding the PREA standard requirements • Review Alvis'zero tolerance policy against sexual abuse and sexual harassment • Understand the dynamics of sexual abuse sexual harassment in confinement • Review of how to respond to sexual abuse incidents • Identify staff reporting requirements specific to sexual and sexual harassment The auditor reviewed the training sign-in sheets for contractors and volunteers. The auditor also signed an acknowledgement of their understanding of the agency's zero tolerance policy during the onsite visit. Review: Policy and procedure Volunteer/Contractor training curriculum Volunteer/Contractor sign-in sheet Volunteer/Contractor zero tolerance acknowledgement Interview with Training Coordinator

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy states that during the intake process, clients shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Intake staff will contact the agency PREA coordinator when a client identifies as transgender or intersex. The agency shall provide refresher information whenever a client is transferred to a different facility. In such case(s), clients will complete a new PREA assessment, and the Alvis zero-tolerance policy and procedures are reviewed. The agency shall provide client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as clients who have limited reading skills. Client documents may be translated, upon request, in a client’s primary language. In-person, or phone interpreters may be provided upon request.

	Staff explained that clients receive PREA education within 72 hours of arrival. A case manager or CRS staff completes the initial orientation, which includes PREA education. The auditor interviewed the case manager responsible for providing client orientation. She reports that during orientation she will explain PREA, describe their reporting options, and free services that are available. She states, “First I’ll ask them if they know what PREA is and of course all of them say yeah, then I say I’m going to provide facility specific information. I tell them, 'You can report PREA for yourself or for someone else. The number is posted throughout the facility. And you can use your personal phone or the phone we have here to make a report'.” During the onsite visit, the auditor inspected: • posted notices of how clients can report allegations of sexual abuse and sexual harassment; • phone numbers and addresses to local and national victim advocates • their right to be free from retaliation for reporting such incidents The posters were in highly visible locations throughout the facility in both English and Spanish. The auditor received a copy of the written intake information that is given to each resident upon their arrival at the facility. The auditor also viewed acknowledgements from residents confirming their receipts of the handbook and acknowledgement of the zero tolerance policy. The paperwork includes: • practical and statutory definitions of sexual abuse, sexual harassment, and inappropriate staff misconduct; • resident's right to be free from sexual assault; • confidentiality; • what to do if the resident is sexually assaulted; • seeking medical and mental health help free of charge; • understanding the investigation process; • ways to protect from sexual assault; • ways to report sexual abuse or sexual harassment (verbally to any staff member, contractor or volunteer; written and given to any staff member or through use of the grievance system; and /or using the various hotline numbers) • how they can report anonymously. Staff will work one-on-one with any client that has a cognitive/reading, deaf/hard of hearing, or blind/low vision disability. She reports that these residents would be provided written materials in their native language, using Google Translate to print these materials. See standard 115.216 for how the facility ensures residents with physical, mental, or cognitive disabilities or residents who are limited English proficient receive PREA education.

	The clients report that they were told the rules, given handbooks, and educated on PREA at intake. Many clients also recall receiving a paper with PREA information on it. The residents can articulate thatt sexual buse and sexual harassment are not tolerated. They weere aware that reports could be made to staff, outside agencies, through a third party, and even anonymously. All clients were well versed on PREA and understood their rights, and reported that they felt like their complaints would be taken seriously. Review: Policy and procedure Client intake packet Client handbook PREA posters PREA reporting phone numbers Client files Interview with clients Interview with CRS staff Interview with case manager Interview with Program Director

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires all administrative investigators to receive specialized training. The agency has three investigators as well as the PREA Coordinator. The investigators received in-person training from the Moss Group, and/or received training from Bureau of Community Sanctions. The training from both agencies provided includes: • techniques for interviewing sexual abuse victims, • proper use of Miranda and Garity warnings, • evidence collection in a confinement setting, • required evidence to substantiate a case for administrative action or criminal referral

	The PREA Coordinator received train - the - trainer training also provided by the Moss Group. She uses the Moss Group training curriculum to provide refresher training to Alvis, Inc. administrative investigators or to train new investigators. Training certificates for completion were verified during the employee file review. The PREA Coordinator explained that no administrative investigator is permitted to investigate a PREA allegation involving a staff member currently employed at their own facility. In such cases, a trained investigator from another facility, working in coordination with the agency PREA Coordinator, is assigned to conduct the investigation. The auditor interviewed the Program Director who is the facility's assigned administrative investigator. He reports that he has been trained to conduct trauma-informed investigations and use motivational interviewing techiniques. He states that his training includes when to refer allegations for a criminal investigation, and to never question staff or residents once possible or identified criminal behavior has been detected. The investigators understood Garity; however, this is a private non-profit organization and Garity warnings do not apply. The PREA Coordinator reports to the auditor that at no time would an administrative investigator or any staff member question a staff member if the behavior appears to be criminal until the conclusion of a criminal investigation or without the legal authority's consent. Review: Policy and procedure Administrative investigator training curriculum Administrative investigator train the trainer training Administrative investigator training certificates Interview with Program Director Interview with PREA Coordinator

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not use the services of medical or mental health practitioners at the facility. Should a client be in need of these services, the client would be transported to community agencies. Medical services (forensic exam) would be provided to the clients by Mercy's St. Vincent Hospital, while the Zepf Center for

	Health and Wellness would provide mental health counseling. The agency does have crisis intervention practitioners that the residents can interact either in person or through video conferencing. The staff members that provide this service are required to complete Specialized Training: PREA Medical and Mental Care Standards. The training is provided on the PREA Resource Center's website. The auditor was provided the completion training certificates from those practitioners. Review: SARNCO MOU Specialized Training: PREA Medical and Mental Care Standards curriculum training certificates

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy states, within 72 hours of arrival, the assigned case manager will conduct a PREA risk assessment and document the client’s potential for victimization or abusiveness including: any known history of victimization or abusiveness, small in stature/size, effeminate mannerisms, lack of confidence, timid, LGBTI identification, etc. Within the first 30 days of arrival (e.g., 25-30 days), the assigned case manager will conduct a reassessment of the above, and document such in the client’s SecurManage profile. Conducted at intake to identify residents at risk of sexual victimization or those who may pose a risk of sexually abusing others. Information gathered includes: • Prior victimization or perpetration. • Age, physical build, and criminal history. • Mental health and developmental disabilities. • Sexual orientation, gender identity, and gender non-conforming status. • Prior confinement history and history of abuse Responses indicating prior victimization trigger referrals to medical and counseling services, with the Program Manager responsible for arranging community referrals. Case management staff are responsible for conducting the PREA risk assessment. Duringg interviews of the case managers, one reports, "the PREA assessment is part of the case manager intake. I've got to have it done within like 72-hours, and then

	30 days from now I'm going to ask the same questions." Another case manager stated, "I begin by asking residents whether they understand PREA and then I say, 'I'm going to ask you some PREA questions,' and then I proceed with screening questons." The case managers report that the facility uses an assesment with a scoring system that identifies residents as vulnerable or abusive. The case managers state that the assessment information helps develop the resident's program placement, suervision levels, and treatment services. They report that if at anytime the facility recieves information that can impact the residents classification as vulnerable or abusive, they will conduct another assessment and make accomodations as necessary. Clients interviewed were asked about their experience with risk assessments. All residents reported receiving an assessment at intake. A few noted that they completed the assessment twice, while others were unsure. Clients reported that their case manager explained the purpose of the assessment, and the process is familiar to them from other incarcerations. Clients that reported previous victimization histories reported being offered mental health services. The SecurManage system has a task manager that alerts case managers when risk assessments are due. The task is automatically set once a new client is entered into the system. Through the SecurManage system, the Program Manager is able to run reports to ensure assessments have been completed. The system also provides controls over who has access to the risk screening tool. CORRECTIVE ACTION: The policy is missing several elements of the standard, including ensuring risk assessments are reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. The auditor is also requesting a report for the last six months to ensure the facility is conducting the initial and reassessment reports in a timely manner. The facility has received corrective action for this standard over several audits. FACILITY RESPONSE: The facility has updated its policy to include a list of the considerations to assess clients for risk of sexual victimization/abusiveness; the requirement to reassess the resident's risk prior to the 30-day mark, between 25–30 days; the requirement to reassess the resident's risk for victimization/abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of victimization/abusiveness; the restriction from disciplining residents for refusing to answer, or for not disclosing complete information in response to questions; and the requirement to implement controls on the dissemination of the risk screening tool. The PREA Coordinator conducted a retraining on risk assessments, how and when to

	conduct, and protocols around safeguarding the information. The facility provided the auditor with the training agenda and sign-in sheet. Review: Policy and procedure Initial/Rescreen risk screening tool SecurManage screening report Program Coordinator interview Case Manager interview Resident interviews Risk screening curriculum Risk screening training roster

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 identified specific dorm rooms (male) and beds (female) that are for residents who have been identified through the risk screening to possible be subject to sexual victimization or be sexually abusive to other residents. The facility uses the risk assessment tool as a way of identifying the needs and vulnerabilities of residents. The information collected will assist the facility in assigning program placement, supervision levels, treatment needs, and referals for community level services. Residential referrals with a history of being sexually victimized, or of being sexually abusive may be denied admittance into an Alvis residential program, should information from the referring entity indicate such placement would impact the safety and/or security of the client, or other clients in the facilities. The Operations Director uses the risk classification to make dorm/bed determinations. The facility has several dorms, including dorms with two beds to ensure safety and separation for vulnerable clients. Should the facility house a transgender client, the client will be housed in a dorm room near the main post that has a single use bathroom room assigned to the two, two bed, dorm rooms nearest it. 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 resident will have the option of receiving services from Alvis counselors via telehealth, or direct services from community providers.

Policy states within the inherent limitations of resources, and the need to maintain facility security, the health, and safety of clients and staff, and to further successful client re-entry, it is the policy of Alvis, based on available information, to:

- Identify clients who are Transgender or Intersex upon acceptance in an Alvis program/facility when possible during admission processing/review;
- 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
- House Transgender or Intersex clients in facilities, which to the extent possible within the limits of resources, maximize client safety, and privacy

Transgender and intersex clients admitted to Alvis programs will be assigned to locations, which offer appropriate resources and an environment to accommodate any special needs.

OhioLinks Toledo has been designated a facility that can appropriately provide an environment of safety, security, and manageability for transgender/intersex residents. The facility is equipped with a two-man dorm, with access to a single use private bathroom that is available to transgender residents. The facility has housed transgender residents in the past and has provided a safe and private bathroom along with a semi-private dorm room for these specialized residents. Transgender residents that are housed in the female housing unit will be offered private shower times in order to facilitate private showering as required by this standard.

During the onsite visit, the auditor interviewed all clients who identified as gay, lesbian, or bisexual. The discussions focused on housing, safety, and program participation. Clients reported that they were not housed in a unit or dorm based on their sexual orientation or perceived orientation. None of the residents indicated that they felt targeted by peers or staff, nor did they report being restricted from full participation in program activities. No safety concerns were expressed by any of the residents interviewed.

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 judgment.

Review:

Policy and procedure

Initial and 30 day assessments

	Interview with clients Interview with Program Manager Interview with Operations Interview with case managers Facility tour

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy states upon arrival, all clients receive an informational handout on sexual abuse prevention, awareness, and reporting, pursuant to the Prison Rape Elimination Act (PREA). Clients sign off, acknowledging receipt of this information. During the initial intake process, clients shall receive information on how and where to access information to report a PREA allegation. Clients will be advised of where PREA pertinent information is located in the facility, and in the Client Handbook. Clients will also be informed of the designated facility PREA compliance manager, and agency PREA coordinator as part of their initial intake process. Clients have the option of reporting sexual abuse and sexual harassment in a written statement, to the internal toll-free hotline number, through the use of a third-party hotline number, to an outside third-party advocacy group (locally and nationally), or through friends and family, and if they so choose, they can report anonymously. Clients at the facility are able to carry a personal cell phone and have free, unfettered access to a land-line phone where they can call 9-1-1. Clients interviewed stated they were informed of PREA during intake and orientation. They reported knowing how to report PREA concerns if needed. Clients said they would feel comfortable reporting to staff and believed staff would take the allegations seriously. Clients described being able to report through: • Staff (verbally or in writing). • PREA phones or toll-free outside hotlines. • Mail (including confidential channels) • Third-paries The clients report to the auditor that they can send out mail by presenting sealed, stamped, and ready for mailing and will present to staff on duty for delivery. Outgoing mail may be opened and inspected in the presence of the client if there

	are legitimate security concerns. Clients also have the option of dropping their mail to an outside post while on community pass. For incoming mail, the clients report all personal mail is opened in the presence of the staff, with the resident asked to empty the envelope and show that no contraband is enclosed. Staff do not read client mail unless there is a specific concern. Correspondence from rape crisis centers, emotional support agencies, or the Office of the Inspector General is treated as confidential legal mail and not opened. Resident's report to the auditor that they are able to have personnel cell phones in the facility that they have accecss to 24/7, aslong as a Cell Phone Contract is signed. Resideents report that until they can obtain a personnel cell phone, they are able to use a facility phone that is located in the resident lounge area (in both the male and female units). This phone is unmonitored by staff, and is free of charge to use. The residents also report having access to a computer located in the resident lounge. Access to the computer allows another method of being able to report PREA internally, externally, and anonymously. The clients report that they have free access to mail, phones, and computers in order to make private, confidential reporting of sexual abuse, sexual harassment, or retaliation. Policy 1300.05 requires all staff to immediately report any knowledge, suspicion, or information related to allegations of sexual abuse or sexual harassment. The staff member who receives the initial report—whether through direct disclosure, observation, or suspicion of inappropriate behavior—must complete a PREA Report Form and submit it to the PREA Compliance Manager. Staff also have the option to report incidents privately to the PREA Coordinator. The same in-house reporting number provided to residents is available to staff and connects directly to the PREA Coordinator. The staff member who received the initial report from the resident (whether verbally, in writing, anonymously, or from a third party), or who witnessed the incident, shall complete Section A of the PREA Report form, and submit it to the facility PREA compliance manager and encourage the resident (victim) to prepare a signed written statement regarding the events. The facility had one report during the past twelve months. The allegation was reported from staff identifying suspicious behavior from another staff member. Review: Policy and procedure Client handbook PREA posters Staff reporting form Client interviews

	Grievance forms Hotline numbers Staff interviews Hotline number test

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A: The agency does not have an administrative procedure to address resident grievances regarding sexual abuse. All allegations of sexual abuse or sexual harassment, will be administratively/criminally investigated as required in agency policy 1300.05a.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility maintains an MOU with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide victim advocacy and emotional support services to clients who experience sexual abuse. This agreement applies to all Alvis House facilities across Ohio, not only those in Central Ohio. The MOU specifies that SARNCO will provide its mailing address and hotline number, so residents can directly access their services. During intake, clients receive written information explaining how to contact outside confidential support services, along with a description of the possible limitations to confidentiality. A copy of the MOU was provided to the auditor. The facility also has a Memorandum of Understanding (MOU) with the YWCA HOPE center to provide victim advocates and emotional supportive services to residents at OhioLink Toledo. Included in the MOU is an agreement that residents can send mail or call the toll-free hotline number to access these services. A copy of the agreement has been provided to the auditor for review. In addition to the information provided to the residents about the available services from the YWCA HOPE Center and SARNCO, the facility also provides the clients with information for emotional supportive services available from other state and national rape crisis agencies. Throughout the facility in both the male and female

	housing units, there are postings with the toll-free hotline numbers and mailing addresses for various state agencies and RAINN, a national rape crisis support network. The auditor also spoke with the manager from SARNCO who provides victim advocate services to the residents of all Alvis, Inc facilities. The manager states that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate discloses to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity). *The national rape crisis organization RAINN does not keep record of calls into the center. All calls are anonymous, and callers are forwarded to their local rape crisis agency. When calling RAINN, an individual will be connected to the local RAINN affiliate. The male and female residents interviewed confirm seeing posters throughout the housing unit that contain reporting numbers, as well as having the contact information in the handbook. The residents state that they were informed that services could be accessed free of charge. No resident interviewed reported using these services. Review: SARNCO MOU YMCA Hope Center MOU PREA brochure Resident handbook PREA posters Interviews with residents Interview with SARNCO director Facility tour

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency’s website (https://alvis180.org/prea) provides information on how anyone can report allegations of sexual abuse or sexual harassment on behalf of a resident. The site includes Alvis, Inc.’s toll-free hotline number as well as a link to

	submit an online report. This information is also posted in the facility's main lobby and visitation areas. The auditor tested all available reporting methods and confirmed that each generated a response. The external hotline agency confirmed that the toll-free number may be used by clients, staff, or third parties to report allegations, and that all information received is immediately forwarded to the agency's PREA Coordinator. Calls to the internal hotline connect directly to the PREA Coordinator. During the onsite visit, the auditor used the free resident phone to call the agency's internal hotline number. The call was answered by the PREA Coordinator. During client interviews, they report to the auditor that they understand they are able to report on behalf of another client, and to have friends and family on the outside report on their behalf. The facility did not have an allegation reported via third party during the last twelve months. Review: Agency website PREA posters Client PREA materials Interview with clients Interview with PREA Coordinator

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's zero tolerance policy states that all staff are required to report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, or retaliation. This includes first-hand reports, observations, and third-party reports from residents, staff, or others. Staff must report regardless of who the alleged abuser is (resident, staff, volunteer, or contractor). Information related to a PREA allegation must be shared only with those who have a legitimate need to know to ensure resident safety and the integrity of the investigation. Staff are required to make reports to their immediate supervisor, facility PREA Compliance Manager, or the agency PREA Coordinator. They may also make reports to outside authorities, as outlined in the agency's zero-tolerance policy. Management will combat the code of silence through regular communication with

clients upon admission and during client meetings regarding the procedures in place to protect clients, reassuring them of staff availability to assist, and the services that are available to help them. Conversely, staff will be continually reminded of the Alvis culture of safety and reporting, and the responsibility for anyone with knowledge, suspicion, or direct/indirect involvement in a sexual abuse incident to document such. While clients have multiple options for reporting allegations, staff (including volunteers, and contractors) must document any report of PREA violations, and are expected to fully cooperate during administrative, and/or criminal investigations.

Agency policy requires any staff member who receives an allegation of sexual abuse or sexual harassment from the resident (whether verbally, in writing, anonymously, or from a third party), or who witnessed the incident, shall complete Section A of the PREA Report form, and submit it to the facility PREA compliance manager and encourage the resident (victim) to prepare a signed written statement regarding the events. The facility PREA compliance manager will complete Section B of the PREA Report form, and submit both Sections A and B to the PREA coordinator.

During a review of employee training files, the auditor noted that staff receive the following PREA related training:

- 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
- How to communicate the limits of confidentiality
- How to use the coordinated response plan

Failure to report suspected or known sexual abuse or harassment is considered a serious violation and may result in disciplinary action, up to and including termination. Staff, volunteers, and contractors sign acknowledgment forms affirming their duty to report and their understanding that omissions or violations may lead to dismissal.

During staff interviews, it was consistently reported that staff are required to immediately report any allegation, suspicion, or knowledge of sexual abuse, sexual harassment, or retaliation. One staff member explained that PREA training reinforces their duty to report and clarified that they are not permitted to investigate on their own before reporting. Staff indicated that if they observe something inappropriate or receive a disclosure, they must notify a supervisor or the PREA Coordinator right away. Staff also reported understaing the facility's zero tolerance policy, and that failing to report could result in discipinary action. Staff reported that they can report to their direct supervisor, or privately to the agency's PREA Coordinator.

The facility reported one allegation within the past twelve months. The allegation

	was reported after a staff member conducted a random cell phone check on a resident's phone and discovered in appropriate activity. The staff member that discovered the information, reported t he information to the Program Director immediately, and an administrative investigation was launced into the allegation. Policy requires that all allegations of sexual abuse and sexual harassment be reported to the Ohio Department of Rehabilitation and Correction’s Bureau of Community Sanctions, the Federal Bureau of Prisons, and the Ohio Department of Developmental Disabilities if the victim is under the supervision of one of these agencies. The PREA Coordinator noted that the facility does not house residents under the age of eighteen (18) and therefore does not have a reporting obligation to child protective services. Clients are required to sign and date receiving a handbook which includes information on the limits to confidentiality. Review: Employee handbook Policy and procedure Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Response form Staff files Staff interviews PREA Coordinator interview

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a policy (1300.05) and a plan to protect residents from imminent sexual abuse. The facility has several dorm rooms in both the male and female housing unit, which can be used to separate potential resident abusers from victims. The male housing unit also has two dorm rooms that are not located in the same area as the rest of the male dorm rooms. Residents located in these two dorm rooms have access to a private single use bathroom. Residents, who cannot be moved within the facility in order to facilitate protection, can be placed on electronic monitoring with the approval of the referral source, or the alleged abuser can be removed from the facility. In the case of a staff alleged abuser, the PREA Coordinator reports that agency practice is to place the staff member on administrative leave. If the allegation does not warrant the staff member to be placed on leave, the coordinator reports that staff can be moved to another facility

	during the course of the investigation. The PREA Coordinator reports that the type of protection used will depend upon the situation and that protecting victims is an agency priority. The facility had four allegations against staff members during the past twelve months. During the investigation into the allegation, the staff member was prevented from having contact with the victim. The protection measures included placing a staff member on administrative, prohibiting the staff member from conducting pat searches, removing a resident from the staff member's case load, and limiting the staff member's access to the facility to the male unit. The PREA Coordinator reports that the agency will always err on the side of caution when it comes to protecting victims from abuse or retaliation for reporting abuse. She states that the type of abuse deployed will be in direct measure to the situation. To date, the facility has not had an allegation of imminent abuse. The facility did not have a report from a resident that they fear risk of imminent abuse. Review: Policy and procedure Facility tour Interview with staff Interview with PREA Coordinator

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In the event a client reports an alleged sexual abuse that occurred while in an Alvis facility, the staff shall report this information directly to the agency PREA coordinator, and attempt to gain a written statement from the client. The president/ CEO (or designee) shall, within 72 hours of receipt of such information, send written notification to the Warden, or facility head where the alleged sexual abuse occurred. (Bureau of Prisons, Department of Youth Services, Ohio Department of Rehabilitation and Correction, etc.). 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. Policy 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. The PREA Coordinator states that the facility has not received an allegation reported by another confinement facility. Review: Policy and procedure Interview with PREA Coordinator

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The first responder training is mandatory for all staff that work in Alvis correctional facilities. The training is provided during new hire orientation, and as a refresher during back to basics monthly meetings. The staff interviewed were able to show the auditor the location of the Coordinated Response plan that contained the first responder duties. 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 facility had one allegation that was reported during the past twelve months. The allegation was reported after a random phone search of a resident's phone. The staff member was placed on administrative leave, and the information related to the allegation from the resident's phone was secured. No other first resonder duties were necessary in this situation. The resident was offered supportive

	services, but declined. The PREA Coordinator reports that any resident involved in an allegation is offered advocate and/or emotional supportive services. Review: Policy and procedures Staff training curriculum Interview with PREA Coordinator PREA Book Sexual Abuse, Assault, Harassment Response Procedure Interview with staff

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires each corrections-based residential facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The coordinated response flowchart is posted at the coverage desk of each residential location for ease of access. The posted plan is in flowchart form and walks staff through the appropriate action steps to follow in the event of a sexual abuse or sexual assault incident. The steps are specific and include phone numbers and required forms that are to be completed. The plan also gives detailed instructions for how to manage an allegation of sexual harassment. The auditor viewed the posted plan during the onsite visit and was given a copy of the plan. The plan includes: • First responder duties (see standard 115.264) • Contact the PREA Coordinator, Facility Director/Manager Contact legal authorities • Contact rape crisis for emotional supportive services • Document incident according to agency guidelines The auditor discussed the plan with CRS staff who will be responsible for deploying most of the first response duties and coordinated response plan. All CRS staff

	interviewed felt comfortable completing the steps should it be necessary. Review: Policy and procedure Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Response form Coordinated Response Plan Procedure Staff interviews

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

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Alvis will monitor the conduct/treatment of clients or staff that have reported sexual abuse or cooperated with investigations, including any client disciplinary reports, housing changes, or program changes, for at least 90 days following their report or cooperation, to assess changes that may suggest possible retaliation by clients or staff. If the client’s stay is less than 90 days, retaliation monitoring shall continue until the client has completed/terminated their Alvis residential program. The staff report to the auditor that all staff check in regularly with residents and employees after a report to ensure there are no adverse action or intimidation. The PREA Compliance Manager states that the facility can possibly move the alleged staff abuser to the other housing unit or place the staff member on administrative leave. He states that the facility will act promptly to address any allegations of retaliation. The PREA Compliance Manager reports is responsible for conducting retaliation

	monitoring and status checks of staff and clients. The PREA Compliance Manager will make periodic checks with the client or staff member for at least 90-days after the incident was reported or until the client is release from the program. The 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. CORRECTIVE ACTION: The facility had one allegation of staff-to-resident sexual abuse. The facility conducted an administrative investigation into the allegation and determined the allegation to be substantiated. The facility did not provide the auditor with documentation of retaliation monitoring. FACILITY RESPONSE: The PREA Coordinator conducted a training with case management staff and management staff who would be tasked with conducting retaliation monitoring. The training included how to document monitoring and status checks on SecurManage. The facility provided the auditor with the agenda and sign-in sheets for the training. The facility has not had an allegation of sexual abuse or sexual harassment since the conclusion of the audit. Review: Policy and procedure Interview with Program Director Interview with staff Coordinated response plan

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's investigation policy states all PREA allegations are investigated. Alvis investigations are administrative; sexual misconduct which may be criminal in nature will be referred to the supervising/legal authority (BOP, ODRC, local law enforcement). Alvis will assure that a criminal investigation is conducted by investigators who have received specialized training in sexual abuse investigations. Criminal investigations may include: • obtaining physical and DNA evidence

- collect any available electronic monitoring data
- conduct interviews with alleged victims, suspected perpetrators, and witnesses
- review prior complaints/reports related to the investigation on record

If an allegation that is reported to and investigated by the appropriate legal/ contracting authority does not result in criminal charges or disciplinary actions from that body, Alvis reserves the right to impose administrative action based on agency policies and/or PREA standards.

Administrative and criminal investigations:

- Shall include an effort to determine whether staff action(s) or failure to act contributed to the abuse, and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- Alvis shall retain all written reports related to administrative and/or criminal investigations for as long as the alleged abuser is an Alvis client or employed by the agency, plus five years.
- The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. External investigative reports will be provided to the President/ CEO, or designee.

Agency policy does not require a client who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not be determined by the persons' status as client or staff.

The agency's Sexual Abuse, Sexual Assault, Sexual harassment, and Retaliation Report Form serves as a guide for the administrative investigator. The form documents:

- Name of all victims, witnesses, and abusers
- Name of all staff members working during the incident Date, time, and

location of incident
- How the incident was reported to the agency
- Review of the allegation and any available statements
- Review of any prior allegations, incidents, or reports involving the victim or abuser If the victim was offered or requested the use of emotional supportive services Availability/review of video evidence
- 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

Investigators reported that they conduct trauma-informed and motivational interviews with victims, witnesses, and alleged abusers. They also review available video recordings and examine records of prior violations to identify patterns of behavior. When assessing credibility, investigators explained that their conclusions are based on documented actions and evidence. The PREA Coordinator is ultimately responsible for determining whether an allegation is substantiated, unsubstantiated, or unfounded. The administrative investigator interviewed stated that he is ressponsible for preserving and securing evidence until it can be collected by the appropriate authority; ensring investigations are conducted objectively and documented thoroughhly; and cooperate fully with any criminal investigation.

The Ohio Highway Patrol is immediately contacted to take over the criminal investigation. Once this occurs, facility staff are not permitted to interview the accused resident or staff member. The assigned investigator is expected to cooperate fully with the Highway Patrol and stay informed about the progress of the case. While no formal MOU exists with the Ohio Highway Patrol, a designated Trooper is assigned to investigate all criminal allegations of sexual abuse, sexual assault, or sexual harassment at the facility.

The PREA Coordinator retains all investigative records and confirms that the information is maintained for at least five years after the resident’s release or the staff member’s termination. A summary of all allegations from the past twelve months is documented under standard 115.222.

Review:

Policy and procedure

	Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form Administrative Investigator training curriculum Administrative investigator training certificates Interview with Administrative Investigators Interview with PREA Coordinator

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Alvis, Inc. policy 1300.05a states that the agency shall impose no standard higher than the preponderance of the evidence or 51% in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This determination status was confirmed during the interviews with the administrative investigator and the PREA Coordinator, who is also an investigator. Administrative investigator reported during his interview that he will give recommended outcomes while the PREA Coordinator reviews all administrative investigations and makes final outcome determinations. The auditor reviewed allegations from the past twelve months to confirm the standard being used to determine investigation outcomes. Review: Policy and procedures Interview with administrative investigator Interview with PREA Coordinator

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy state that following an investigation into a client's allegation of sexual abuse suffered in an Alvis facility, the agency will inform the client as to whether:

	• the alleged staff member is no longer posted in the resident's facility • the alleged staff member is no longer employed with the agency • the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility • the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility • the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility • the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility The facility provided the auditor with the Resident Notification Form that was used to inform the residents of the outcome of the investigation. The form included all required elements of this standard. The form provides the disposition of the investigation and, if substantiated, the outcome of the abuser. The facility had one allegation reported during the past twelve months. The facilty provided the auditor with a copy of the outcome notification. The form identified the type of allegation, a summary of the allegation, and the sanction imposed on the staff member. The document is signed by the staff meember that provided the notification, and has a comment that the resident refused to sign the notification. A copy of the notification is sent to the PREA Coordinator, the Division Director of Correctional Programs, and the Chief Operating Officer. The PREA Coordinator stated that residents who are no longer housed at the facility receive notification of investigation outcomes by certified mail. She explained that every effort is made to provide victims with outcome notices, even after release. The PREA Coordinator also maintains communication with criminal investigators to ensure victims are informed of the outcomes of any related criminal proceedings. Review: Policy and procedure PREA Allegation Outcome Notification form Interview with PREA Coordinator

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Alvis agency policy states that any reported violation will be immediately reported and thoroughly reviewed, and corrective action shall be imposed in a timely manner.

	Staff shall be subject to disciplinary action up to, and including, termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary action for staff who have engaged in resident sexual abuse. If the reported allegation involves possible criminal behavior, immediate reporting will be made to local law enforcement for further investigation, and to any relevant licensing bodies. A staff member who resigns during an investigation will not terminate these responsibilities. The PREA Coordinator confirmed the practice of terminating the employment of any employee that violates the agency's zero tolerance policy. The Employee Handbook states that employees who violate standards related to sexual abuse or sexual harassment are subject to strict disciplinary action. Sanctions vary depending on the nature and severity of the violation, but may include corrective measures up to and including termination of employment. Termination is the presumptive response when an allegation of sexual abuse is substantiated. In addition, cases that may involve criminal conduct are referred to law enforcement for investigation and possible prosecution. The facility documents the disciplinary outcomes in personnel files and maintains records of terminations or resignations connected to sexual abuse or sexual harassment to ensure accurate reporting to future employers. The agency’s disciplinary policy is reviewed with staff during orientation, and each employee is required to sign an acknowledgment form confirming they have read, understood, and agreed to comply with Alvis, Inc. policies and procedures. The auditor verified these acknowledgment forms and signatures during the file review. During the onsite visit, the PREA Coordinator conducted a refresher training for all staff, including the Aramark food service providers. The training included the consequences related to violations of the agency's zero tolerance policy. During the onsite visit, the auditor also reviewed employee files. The files contained documentation of new hire orientation, acknowledgment of the employee handbook, and agreement to the agency’s zero-tolerance policies, as well as records of any disciplinary actions issued. Staff reported that they understand violations of PREA standards are taken very seriously by the agency. They acknowledged that engaging in sexual abuse, sexual harassment, or failing to comply with PREA requirements could result in immediate disciplinary action, including termination of employment. Staff also expressed awareness that violations may be referred to law enforcement for potential criminal prosecution. Several staff stated that they have a duty to uphold PREA standards at all times, and failure to report an allegation or information jeopardizes their employment. The facility had one allegation of staff-to-client sexual abuse, and no allegations of staff-to-client sexual harassment. The allegation was administratively investigated and determined to be substantiated. The staff member resigned before the conclusion of the investigation; however, the facility has identifed this as a

	terrmination. The allegation was not referred for a criminal investigation. The auditor reviewed the agency’s disciplinary policies, procedures, and practices related to violations of the zero-tolerance policy with the HR Audit Specialist. The Specialist explained that staff are typically placed on administrative leave while an investigation is pending. If the investigation determines that a staff member has committed sexual abuse or sexual harassment, the agency will terminate the individual’s employment or contract. Review: Policy and procedure Employee handbook Employee and contractor PREA acknowledgment Employee disciplinary records Employee training files Interview with staff Interview with HR Specialist

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires all contractors, volunteers, and interns to receive appropriate PREA training that provides an overview of their responsibilities to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, and retaliation. This training makes clear that any contractor, volunteer, or intern that violates the agency's policy on sexual abuse and sexual harassment will have their contract or agreement with the agency cancelled. The agency is also under the obligation to report the contractor, volunteer, or intern to law enforcement for any act that appears to be criminal, and to any relevant licensing boards. The auditor reviewed the Staff, Vendor, Volunteer, and Contractor PREA Acknowledgment and Review Form. This form outlines the agency’s requirement that staff, contractors, volunteers, and interns report any suspicions or allegations of sexual abuse or sexual harassment, including third-party reports. It also includes a continuing obligation to disclose any history of sexual misconduct and explains that violations of these policies may result in disciplinary action. The form specifies that any material omission related to sexual misconduct may be grounds for dismissal.

	The agency's HR Director reports that the facility has not disciplined a contractor, volunteer, or intern during the past twelve months. He confirms the agency's practice of not allowing contractors, volunteers, or interns access to any resident after a substantiated allegation of sexual abuse or sexual harassment. He additional states, that the investigation outcome would be reported to the person's contract agency. The facility did not have an allegation against a contractor, volunteer, or intern during the past twelve months. Review: Policy and Procedures Employee and contractor PREA acknowledgement Contractor, volunteer, and intern training curriculum Interview with HR Audit Specialist

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility provides the clients handbooks which outlines the agency's disciplinary practices. The facility will manage client rule violations by applying the sanction within the approved category as listed in the 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 client'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 client being permanently removed from the program. The handbook describes respectful interaction with peers that clients are expected to follow. The description states: • Clients are expected to refrain from any inappropriate physical interaction, this includes consensual or non-consensual sexual activity with another person and exposure of genitals or non-discreet masturbation. The handbook also describes respectful interaction with staff that clients are expected to follow. The description states: • Clients are expected to have appropriate boundaries and use prosocial skills

with interaction with staff. This includes, observing personal space and not inquiring about a staff's personal life.

The client handbook outlines the facility's rule violations and sanctions. The violations range in severity:

- Minor
- Serious
- Severe
- Major

Under the major rule violations, the violations include:

- Engaging in sexual relations, having any sexual contact, or attempted sexual contact with other Alvis House clients or staff on or off Alvis House premises

The possible consequences for this violation are:

- 30 day restriction
- Extended stay in program
- Loss of privileges
- Loss of levels
- Room restriction
- Immediate termination

The clients are provided a handbook during intake, and the Intake CRS staff member will review the rules and disciplinary policy with the client. The client will document receipt of the handbook.

All clients interviewed report they are issued a facility handbook during the intake and orientation process. Several residents stated that during orientation the rules were reviewed and explained to them. They reported understanding the expectations regarding behavior, movement, and consequences for rule violations. Residents were able to describe the disciplinary process. In interviews, t he residents explained that if someone violates rules, consequences may include write-ups, loss of privileges, or possible termination if the violation was serious.When specifically asked aboutt the consequences related to PREA violations, all residents reported that termination was the expected outcome.

The facility has not had an allegation of client-to-client sexual abuse or sexual harassment during this reporting period.

Review:

Client handbook

Client files

	Sexual Assault, Sexual Abuse, Sexual Harassment, and Retaliation Response form Interview with clients Interview with CRS staff

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 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 judgment. Mercy Hospital in Toledo, Ohio would provide timely information and timely access to emergency contraception and sexually transmitted infectious prophylaxis, pregnancy related services. The SANE Charge Nurse confirmed these services during the phone interview. YWCA Rape Crisis Center has agreed (signed MOU) to provide emotional supportive services, crisis intervention, and ongoing recovery assistance to all client victims of sexual abuse at all Alvis, Inc. community confinement faculties. Policy requires the offering of these services regardless of whether the victim names the abuser or cooperates with any investigation. The agency also has a MOU with the Sexual Abuse Response Network of Central Ohio (SARNCO) to provide advocate, rape crisis, and emotional supportive services to all Alvis, Inc. community confinement facilities. The residents at OhioLink Toledo would be able to access these services free of charge. The facility will make available emergency medical and routine medical care to all clients as needed. The Coordinated Response Chart, given is made available to all staff, instructs first responders to immediately call 911 and request medical attention for any victim of sexual assault. The PREA Coordinator reports that while clients are expected to pay for their own medical services, any client requiring medical, mental health, or advocate services will be provided these services free of charge. The staff have, available to them, at each post desk, a “PREA Book”. The coordinated response is located inside the book. The plan list the following steps: • Separate the victim and the perpetrator • Immediately notify the PREA Coordinator and call 911 (if an emergency) • Secure the scene • Request the victim to not brush teeth, shower, or change clothes, and

	ensure the perpetrator is unable to so the same • Identify any staff or resident witnesses • Ensure the victim is evaluated by medical/clinical staff • File confidential incident reports before the end of shift • Remain on shift until debriefed by investigators The clinical department will conduct check-ins with victims via telehealth to ensure proper assistance and support. The clinicians will make referral to community practitioners if necessary. The facility had one allegation of sexual abuse that was later amended to sexual harassment. The victim in this case, did not require any services Review: Policy and procedure MOU with YWCA Rape Crisis Center MOU with SARNCO Sexual Abuse, Assault, Harassment Response Procedure SANE Charge Nurse interview PREA Coordinator interview Staff interviews

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	OhioLink Toledo offers medical and counseling services in the community 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 assessment and, if necessary, again during the re-screening, and are listed in the resident handbook. The community services available would include evaluation and treatment; follow-up care; treatment plans; and further referral to community resources following a resident's transfer or placement into another facility or release from custody. At OhioLink Toledo, which houses both male and female offenders, any female resident who is a victim of sexual abuse or sexual assault involving vaginal penetration will be offered a pregnancy test. She will receive timely and

	comprehensive information regarding all lawful pregnancy-related medical services, along with timely access to those services. Additionally, all victims of sexual abuse or sexual assault—regardless of gender—will be provided testing for sexually transmitted infections. As part of the PREA risk assessment process, clients are asked whether they have ever experienced assault or abuse while in a confinement facility. Any client who answers affirmatively is offered medical and counseling services. The assessment also includes questions to identify any known client abusers. According to the PREA Coordinator, if an individual is identified as a client abuser—either through collateral documentation or the risk assessment—that person will be disqualified from placement at the facility. The Program Manager reports that case managers will assist clients with accessing local mental health treatment. In addition to local mental health agencies, clients can access telehealth services from Alvis clinicians. The PREA Coordinator confirmed that all such services are available at no cost to the client. She further explained that agency policy prohibits housing clients who are known resident-to-resident abusers. Review: Policy and procedure PREA risk screening Interview with case manager Interview with PREA Coordinator

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy states that within 30 days of the conclusion of the investigation, the agency will assemble the Sexual Assault Response Team (SART) to conduct a sexual abuse incident review, which includes the division director of correctional programs, facility program director/PREA compliance manager, PREA Coordinator or (designee), and other staff, as deemed relevant for each case. The goal of the SART is to ensure all policies and procedures are being followed, or identify a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The SART will review the incident, and the area in the facility where the incident allegedly occurred, to assess:

- whether physical barriers in the area may enable abuse;
- evaluate what possible warning signs were missed
    - if anything could have been done to prevent the abuse
    - what can be done to prevent an abuse from happening again in the same manner, location, etc.
- whether the incident or allegation was motivated by race; ethnicity; gender identity; sexual orientation; or gang affiliation;
- was motivated or otherwise caused by other group dynamics at the facility
- assess the adequacy of staffing levels in that area during the shift
- whether monitoring technology should be deployed or augmented to supplement supervision by staff

At the conclusion of the review, the team will document its findings and any recommendations for improvement.

The facility had one substantiated allegation of sexual abuse (later changed to sexual harassment) during the past twelve months. The review team consisted of:

- Ramona Wheeler- PREA Coordinator
- Wondell Hills- Program Director
- Aiyanna Arrick- Employee Relations Specialist/Investigator

The team answered these questions on the SART form:

- Based on the allegation, or investigative documentation, does the SART recommend a change in policy or practice to better prevent, detect, or respond to sexual abuse?
- Based on the allegation, or investigative documentation, does the incident or allegation appear to be motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility?
- Did the SART assess the area in the facility where the incident allegedly occurred?
- Based on known facts, was the staffing level adequate in the area of the incident during different shifts?
- Does the SART recommend the deployment, or augmentation of monitoring technology to supplement supervision by staff?
- SART findings
- Recommendations

The auditor was provided a copy of the SART report. The report did not contain any recommendations.

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 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. Review: Policy and procedure Investigation report Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Response form Interview with Program Director Interview with PREA Coordinator

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator will collect and ensure a report is prepared that details sexual abuse and sexual harassment findings and corrective actions for each Alvis, Inc. operated community confinement facilities. The facility's director or manager is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA Coordinator. The information on this form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, https://www.alvis180.org/prea/. The auditor accessed the agency's website and reviewed the Alvis PREA Allegation Summary Report for 2023 and 2024. Both reports contain annual aggregated sexual abuse and sexual harassment allegation data from all Alvis, Inc. operated facilities. The information documented is enough to answer the most resent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator reports that the Department of Justice has never requested such data. The facility provided the auditor with the 2024 aggregated incident report data.

	Substantiated	**Unsubstantiated**	**Unfounded**	**Ongoing Investigation**
Client-	2	1	0	0

Client Sexual Harassment				
Client-Client Sexual Abuse	1	0	2	0
Client-Client Retaliation	0	0	0	0
Staff-Client Sexual Harassment	0	0	1	0
Staff-Client Sexual Abuse	3	1	4	0
Staff-Client Retaliation	0	0	0	0
Total	7	2	6	0

Review:

Policy and procedure

Agency website

PREA Allegation Summary Report 2023

PREA Allegation Summary Report 2024

Interview with PREA Coordinator

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator will compile the aggregated data and document the information in a report. The report will be published on the agency's website. The auditor accessed the website at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://alvis180.org/site/assets/files/

1305/alvis_prea_allegations_and_assessment_report_2024.pdf, and reviewed the PREA Allegation Summary Report for 2023 and 2024.

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.

The report includes:

- Identifying problem areas
- Tacking action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole

The 2024 report has the following 2023-2024 comparison:

- Overall allegations have increased to 15 from 14 in 2023, and 8 in 2022. In 2023, 2,473 residents received education on the agency's zero tolerance policy against sexual harassment, sexual abuse, and retaliation; resident education included consequences for reporting false, and/or frivolous allegations. In 2024, Alvis continued to fully train staff on PREA standards and consequences for substantiated and unsubstantiated violations. Three of eight allegations were substantiated and involved inappropriate relationships with residents, all resulting in staff terminations. Four of 8 allegations were unfounded. Ongoing resident education, and increased resident accountability is estimated as a key impact with allegations made in bad faith, and a positive impact on a virtually flat number of total allegations in 2024.

The 2024 report has the following improvements:

- 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 2025, 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 continues to emphasize a zero-tolerance policy with respect to resident sexual abuse, harassment, and retaliation. Internal site reviews will be conducted quarterly as a proactive approach to resident supervision, and monitoring of facilities to prevent, detect, and report client sexual harassment, sexual abuse, and retaliation.

Review:

Policy and procedure

Agency website

PREA allegation Summary Report 2024

Interview with PREA Coordinator

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's annual report, which includes data collected pursuant to PREA standard 115.287 is aggregated at least annually and made available to the public through the agency's website. The information in the report will not contain any information that present a clear and specific threat to the safety and security of the facility, and will indicate the nature of any redacted material. The collected data is to be securely retained for at least ten years after the date of the initial collection, unless Federal, State, or local law requires otherwise. This includes electronic copies of all investigation reports and related documentation, annual report data, and tracking documents and outcome measures. The PREA coordinator states that each facility Program Director will provide the required information to the auditor, and she collects and retains control of the information. She reports that she keeps the information under her direct care and supervision in a locked file cabinet. This information is kept for 10 years. The agency's annual report can be found at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://alvis180.org/site/assets/files/1305/alvis_prea_allegations_and_assessment_report_2024.pdf Review:

	Agency website PREA Summary Report 2024 Interview with PREA Coordinator

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency post all final reports of each of its facilities on the agency website. The auditor reviewed the agency website (https://www.alvis180.org/prea/) to ensure that all agency facilities have been audited during this audit cycle. The agency has ensured that at least 1/3 of the facilities were audited during each year of the cycle. This is the last year of the audit cycle. All other facility's operated by Alvis, Inc. have been audited, and their final PREA audit report has been posted to the agency's website. This audit is being conducted back to back with another community confinement facility under the Alvis, Inc umbrella. Policy, procedure, forms, and administrative interviews are representative of both facilities. The auditor was given full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with both staff and clients. The auditor received documentation for the audit post onsite visit through the Online Auditing System, and through email. During the onsite visit, the auditor was supplied with additional documentation that includes a staff file review, 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. Review: Facility tour Electronic documentation Employee files Client files Training files Interviews

	Agency website Annual report

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed the agency's website (https://www.alvis180.org/prea/) to ensure all final audit reports for all Avis, Inc. community confinement facilities were posted. The final report from the previous audited facilities (year one and two of the audit cycle) are currently posted. The auditor noted that the final report for OhioLink Toledo and Terry Collins Reentry Center (facilities that are being audited during this final year) have the final audit report posted from 2022. The PREA Coordinator reports her understanding of the requirement to post all final reports, and ensures that the agency complies with this standard.

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	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
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if 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
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or	yes

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

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

115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

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

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

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

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

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

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

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

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

	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.)	
	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
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident’s criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes

	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241	**Screening for risk of victimization and abusiveness**	

(h)		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.242 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	

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

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
115.261 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes

115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	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
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	**Criminal and administrative agency investigations**	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency	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.)	
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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.)	
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data	yes

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

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

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

(f)		
	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