Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities

☐ Interim  ☒ Final

Date of Report  November 5, 2017

Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Kayleen Murray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:kmurray.prea@yahoo.com">kmurray.prea@yahoo.com</a></td>
</tr>
<tr>
<td>Company Name:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>P.O. Box 2400</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Wintersville, Ohio 43952</td>
</tr>
<tr>
<td>Telephone:</td>
<td>740-317-6630</td>
</tr>
<tr>
<td>Date of Facility Visit:</td>
<td>October 23-24, 2017</td>
</tr>
</tbody>
</table>

Agency Information

| Name of Agency: | Oriana House, Inc. |
| Governing Authority or Parent Agency (If Applicable): | Oriana House, Inc., Board of Directors |
| Physical Address: | 885 E. Buchtel Avenue |
| City, State, Zip: | Akron, Ohio 44305 |
| Mailing Address: | P.O. Box 1501 Buchtel Avenue |
| City, State, Zip: | Akron, Ohio 44305 |
| Telephone: | 330-535-8116 |
| Is Agency accredited by any organization? | ☒ Yes  ☐ No |
| The Agency Is: | ☒ Private not for Profit  ☐ Military  ☐ Private for Profit |
| County |  ☐ |
| State |  ☐ |
| Federal |  ☐ |

Agency mission: Oriana House provides quality and humane chemical dependency treatment and community corrections services to resident while contributing to safer communities. It is the policy of Oriana House, Inc., to treat all resident regardless of race, ethnicity, color, national origin, disability, veteran, or military status, age, sex, or religion.

Agency Website with PREA Information: www.orianahouse.org

Agency Chief Executive Officer

| Name:       | James Lawrence |
| Title:      | President & CEO |
| Email:      | JamesLawrence@orianahouse.org |
| Telephone:  | 330-535-8116 |

Agency-Wide PREA Coordinator

| Name:       | Mary Jones |
| Title:      | Vice President of Administration & Legal Counsel |
Email: MaryJones@orianahouse.org  Telephone: 33-535-8116

PREA Coordinator Reports to:  Number of Compliance Managers who report to the PREA Coordinator
Bernie Rochford – Executive Vice President of Administrative Services and Business Relations  12

Facility Information

Name of Facility: Summit County Community Based Correctional Facility (CBCF)
Physical Address: 264 Crosier Street, Akron, OH 44311
Mailing Address (if different than above): N/A
Telephone Number: 330-996-7296
The Facility Is:
- ☑ Private not for Profit
- ☐ Military
- ☐ Private for Profit
- ☐ Municipal
- ☐ County
- ☐ State
- ☐ Federal

Facility Type:
- ☑ Other community correctional facility
- ☐ Community treatment center
- ☐ Halfway house
- ☐ Restitution center
- ☐ Mental health facility
- ☐ Alcohol or drug rehabilitation center

Facility Mission: Oriana House provides quality and humane chemical dependency treatment and community corrections services to resident while contributing to safer communities. It is the policy of Oriana House, Inc., to treat all resident regardless of race, ethnicity, color, national origin, disability, veteran, or military status, age, sex, or religion.

Facility Website with PREA Information: www.orianahouse.org

Have there been any internal or external audits of and/or accreditations by any other organization? ☑ Yes  ☐ No

Director

Name: Victoria McGee  Title: Program Manager
Email: VictoriaMcGee@orianahouse.org  Telephone: 330-535-8116 ext. 2312

Facility PREA Compliance Manager

Name: Stephen Rader  Title: Facility Manager
Email: StephenRader@orianahouse.org  Telephone: 330-535-8116 ext. 2323

Facility Health Service Administrator

Name: Dr. Garry Thrasher  Title: Physician
Email: GarryThrasher@orianahouse.org  Telephone: 330-996-7296 ext. 2556
## Facility Characteristics

<table>
<thead>
<tr>
<th>Designated Facility Capacity:</th>
<th>110 beds</th>
<th>Current Population of Facility:</th>
<th>104</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents admitted to facility during the past 12 months</td>
<td></td>
<td>322</td>
<td></td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td></td>
<td>297</td>
<td></td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td></td>
<td>316</td>
<td></td>
</tr>
<tr>
<td>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Age Range of Population:</td>
<td>☒ Adults</td>
<td>☐ Juveniles</td>
<td>☐ Youthful residents</td>
</tr>
<tr>
<td>20-57</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td></td>
<td>174 days</td>
<td></td>
</tr>
<tr>
<td>Facility Security Level:</td>
<td></td>
<td>minimum</td>
<td></td>
</tr>
<tr>
<td>Resident Custody Levels:</td>
<td></td>
<td>minimum</td>
<td></td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with residents:</td>
<td></td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with residents:</td>
<td></td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</td>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

### Physical Plant

<table>
<thead>
<tr>
<th>Number of Buildings:</th>
<th>1</th>
<th>Number of Single Cell Housing Units:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units:</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Number of Open Bay/Dorm Housing Units:</td>
<td></td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

DVRs in server rooms were updated to a 30 day retention period.

### Medical

| Type of Medical Facility: | N/A |
| Forensic sexual assault medical exams are conducted at: | Akron General and Summa |

### Other

| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: | 84 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 1.5 |
Audit Findings

Audit Narrative

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

The PREA audit for the Summit County Community Based Correctional Facility (CBCF) was conducted on October 25-26, 2017 in Akron, Ohio.

CBCF is a facility that is under the Oriana House, Inc. umbrella. Oriana House was founded in 1981 and has been nationally recognized for community corrections and chemical dependency treatment. The facility uses Power DMS web based compliance system to supply the auditor with documentation relevant to showing compliance with each of the standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, and MOU’s were included in the documentation. The auditor is notified by email that the documentation is available online and is then supplied a unique access key supplied by Power DMS. The auditor received this information six weeks prior to the audit.

During the audit, the auditor toured the facility and conducted formal and informal staff and client interviews. During the tour, it was noted that multiple PREA audit notices were posted in both resident and staff areas including the main entrance where visitors to the facility could also see the notices. The notices included the name and address (mailing and email) of the auditor and the date in which the notice was posted. The auditor received no contact from residents or staff prior to the audit. No resident or staff member made a requested to speak with the auditor during the audit. Also posted were notices as to how anyone could report a PREA allegation. The notices included the names, numbers, and addresses of internal and external agencies they can make an anonymous report, and that anyone can report a PREA allegation to any staff member at any time verbally or in writing.

Twenty offenders were randomly chosen for interviews based on the required criteria from the PREA Resource Center. If a specialized required resident was not identified, the auditor interviewed a random resident. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The facility had one resident who was identified as having a cognitive disability. This resident was asked about the services provided to ensure he understood his rights under the PREA guidelines. The facility had one resident that was identified as having a physical disability; however this disability did not prevent the resident from understanding their rights under the PREA guidelines. The facility had one resident who was identified as being highly abusive. The audit did interview this resident but no questions were altered because of this status. The resident has increased “where about” checks due to the status. The facility did not have a resident that identified as transgender or intersex.

The facility currently has a staff member who identifies as transgender who was interviewed by the auditor. The staff member spoke to the sensitivity and professionalism of the agency and fellow co-workers whenever necessary to discuss this topic. The staff member has never had an issue about services the staff member can or cannot provide because of gender status. No resident spoke to the auditor about knowing or guessing the gender status of this staff member nor reported any issues or concerns.

The auditor also interviewed specialized staff. This staff includes: Executive Vice President of Administrative Services and Business Relations, PREA Coordinator, PREA Compliance Specialist, PREA Manager, Investigators (2), Human Resource
Director, facility nurse, and Emotional Support personnel. The auditor was able to speak with the liaison for both Akron General Hospital’s SANE program and Medina/Summit Counties Rape Crisis Center. The auditor was able to verify services through each of the organizations’ representative. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility’s coordinated response plan.

After a brief opening with agency staff, the auditor toured the facility. The tour consisted of examining all housing units, dorms, bathrooms, group areas, operations posts, rec yard, air break patio, utility areas, kitchen, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs were also completed. The auditor gave a closeout and shared some the immediate findings.

The staff of CBCF indicated that they received formal PREA training during orientation training or as part of their annual training along with refresher training during a monthly staff meeting. Staff was able to specifically talk about their responsibilities as first responders, how they were to respond to any allegation reported to them or if they suspected incidents of sexual abuse/sexual harassment, how to communicate effectively with offenders who may be LGBTI, and impressed upon the auditor that their main duty was to keep everyone safe.

The offenders at CBCF expressed that they have no doubt that the staff would keep them safe and would respond appropriately should an incident of sexual harassment/sexual abuse take place. The offenders were able to clearly recite the education they received concerning their rights under the PREA standards, and knew the location of PREA related postings. All offenders affirmed being screened at intake for risk of vulnerability or abusiveness and again by their case manager at a later date.

All MOU’s documented the partnership between the facility and the contracting agency concerning services to be provided should there be a need. The auditor was able to interview representatives from Akron General Hospital and Medina/Summit Counties Rape Crisis Center and confirm the services each would provide to offenders should there be an allegation of sexual assault or abuse.

Overall, the auditor was left with the impression that the leadership and staff of CBCF have made implementing the PREA standards a priority and that they have received the necessary training and authority to detect, protect, and respond to any incident of sexual abuse/sexual harassment. Oriana House as an agency has reviewed the corrective action plans from other facility’s and have implemented positive changes at all facilities. Opportunities to increase the ability to protect and detect sexual abuse and sexual harassment are proactive in nature. Agency leadership has developed policies and practices that shows a commitment to the safety of residents, and provides the necessary support to implement all aspects of the PREA standards.

This is the facility’s second PREA audit and it confirms the agency’s progression toward providing maximum safety and an environment to enable positive change.

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**Facility Characteristics**

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.
The Summit County Community Based Correctional Facility located in Akron, Ohio that serves adult male felony offenders. The facility is a single story brick building that can house 110 offenders. In order to access the secure perimeter of the facility one must report to the main entrance and enter into the main lobby. Once inside the main lobby, all visitors must be signed in. Visitors will read and sign an acknowledgment of Oriana House's zero tolerance policy. Residents will enter into the intake entrance and receive a pat down that is visible by video surveillance or residents may receive an enhanced pat down (residents receiving an enhanced pat down will be moved to a room where they will strip down to their underclothes) which is supervised by two staff of the same sex.

The facility has three housing units. The phase one and two house a majority of the residents. This area has a housing desk that overlooks the dayroom area. There is a laundry room near the housing desk which has a window so Resident Supervisor staff can see into the room and a second laundry room across from the housing desk that has a camera in the room. The dorm rooms are around the perimeter of the dayroom. Each room has single beds and security mirrors. The dorm rooms have windows that allow staff to view all areas of the room with the assistance of the security mirrors. The facility has identified dorms and beds (easily visible to the housing desk) for residents who have been identified as highly abusive or highly vulnerable. Residents are required to change clothes in the bathrooms. This housing unit has two restrooms that are designed for maximum privacy while still providing a safe and secure environment (see standard 115.215 for a detailed description of both bathrooms). The quad housing unit is for residents that are almost at completion of program. This area has a main level where the housing desk, laundry room, and bathroom are located. The upper and lower floors have dorm rooms that surround the perimeter. The dayroom is on the lower level. The facility has also identified dorms and beds for residents that are classified as highly vulnerable or highly abusive. The bathroom in this area does not have doors on the stalls but is designed so that no one can see into the toilet or shower area from the entrance. The facility does have plans to install custom made doors to the toilet stalls. The facility has rec yard that residents from phase one and two and the quad housing unit can only use while supervised and are required to be in visible areas. Phase one and two and quad share a dining hall, exercise room, education/employment room, and parenting area. The third housing unit is completely separate from the other two units. The residents in this housing unit participate in a medication assisted treatment program. Resident Supervisor staff are specially trained to provide more services to these residents. They have their own dayroom, lounge, dining area, bathroom, laundry room, exercise area, outside break area, and group rooms. The dorm is open bay and the beds surround the dayroom area. The housing desk is also in the resident dorm area. Residents have been instructed to change in the bathroom. The layout of the bathroom is described in standard 115.215.

The facility has a program area that residents must get permission from the housing desk and main post to access. The windows in all the doors (group rooms, family room, classrooms, medical clinic, and staff offices) provide for clear line of site views into all rooms. These areas also have security mirrors in strategic places to minimize blind spot areas. The kitchen area has several cameras to monitor areas that residents may be located. This includes the serving line and the hallway and dock area where the food is delivered. The medication assisted treatment housing unit has its own group room and case manager office.

CBCF's electronic surveillance program includes 32 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 30 days. The cameras located at the main post also record audio. Resident Supervisor staff assigned to the main control post view camera footage. Supervisors review live and recorded footage at least one time per week. The Program Administrator, Program Operations Supervisor, and Program Coordinator have access to the facility camera system on their office desktop computer. Resident supervisor staff also are required to conduct "where abouts" 3x per shift and 6x per shift for residents who have been classified as highly abusive or highly susceptible until a review can be done by a supervisor team to remove the resident from the increased "where abouts". During a "where abouts" staff must document physically seeing each resident. Along with "where abouts", Resident Supervisor staff circulate throughout the whole facility once every 30 minutes. Identified blind spot areas have increased circulation. The facility has placed surveillance mirrors in strategic areas in order to capture areas that are not immediately visible when looking through the window, and in the hallways to cover corners and other hidden areas.

The facility's goals are to alleviate jail and prison overcrowding; improving the community integration process for residents; addressing chemical dependency, employment, education, and other issues prior to release; and reducing recidivism by
addressing certain behaviors, attitudes, and thought processes. CBCF accomplishes these goals by using programming that has demonstrated the ability to reduce crime.

### Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>115.231, 115.232, 115.424</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Standards Met:</th>
<th>38</th>
</tr>
</thead>
</table>

| Number of Standards Not Met: | 0 |

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### Summary of Corrective Action (if any)

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### PREVENTION PLANNING

**Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**
All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 facilities? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has an agency wide written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy includes how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behavior; sanctions for those found to have participated in sexual abuse or sexual harassment; and appropriate strategies to reduce and prevent sexual abuse and sexual harassment of resident.

The agency-wide PREA Coordinator is the agency's Vice President of Administration and Legal Counsel, and reports directly to the agency's Executive Vice President of Administrative Services and Business Relations. During staff interviews, the PREA coordinator indicated that she has enough time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The Vice President of Administrative Services and Business Relations agreed that the PREA Coordinator has great latitude toward implementing policy and procedure where PREA is concerned.
The facility has a PREA Compliance Specialist that acts as a liaison between the PREA Coordinator and the facility’s PREA Manager. The PREA compliance Specialist helps with implementing procedures and practices at each facility.

The facility's PREA Manager is the agency's Program Manager. The PREA Manager reports directly to the PREA Coordinator on issues pertaining to complying with the PREA standards. She indicates that she has ample time to comply with the PREA standards.

Review:
Policy and Procedure
Interview with PREA Coordinator
Interview with Compliance Specialist
Interview with Vice President of Administrative Services and Business Relations
Interview with Program Manager

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO"). ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A: The PREA Coordinator advises that the facility is not a public agency and does not contract with other facilities.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.213 (c)

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 ☐ No

In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

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 ☐ No

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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The facility has a staffing plan that provides for adequate levels of staffing, and where appropriate video monitoring to protect residents against sexual misconduct. The staffing plan takes into consideration the physical layout of the facility, types of residents housed at the facility, and the number of substantiated and unsubstantiated incidents. The facility management has considered all blind spot areas and developed an appropriate response to maintain the safety and security of the facility.

The staffing plan was developed with the agency PREA coordinator and the facility PREA manager along with other facility leadership. The team conducts an annual walk through of the facility and documents ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored and the facility has the ability to pull from other facilities if necessary to ensure appropriate coverage.

There have been no deviations to the staffing plan during this audit cycle. The facility has created a form to document the dates of any deviations, listed what the deviation was, and a justification for the deviation.

The auditor has reviewed the agency's written policy concerning what information is to be contained in the staffing plan and the number of staff members required to operate each shift. A review of floor plans, camera placement, and identified blind spot areas was conducted by the auditor prior to the audit and during the walk through. During interviews with facility staff, the auditor was informed how staff placement, security mirrors, required "where about" checks and circulations, and video monitoring are used to ensure maximum safety and security. There is a policy requirement to have the staffing plan reviewed annually and updated if necessary.

This is the second PREA audit for this facility, and the auditor noted areas in which increased monitoring either by camera, security, mirror, or staffing was adjusted based on feedback from the last audit. The facility is continually updating security and staffing plans to eliminate any potential blind spot areas.

Review:

Policy and Procedure
Facility tour
Staffing plan
Deviation Report
Floor plans with camera placement/security mirrors
Interview with PREA Coordinator
Interview with PREA Compliance Specialist
Interview with Program Administrator
Interview with Program Manager
Interview with Program Operations Supervisor

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)
Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?

☒ Yes ☐ No

115.215 (b)

Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)

☐ Yes ☒ No ☐ NA

Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)

☒ Yes ☐ No ☐ NA

115.215 (c)

Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?

☒ Yes ☐ No

Does the facility document all cross-gender pat-down searches of female residents?

☒ Yes ☐ No

115.215 (d)

Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?

☒ Yes ☐ No

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 ☐ No

115.215 (e)

Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?

☒ Yes ☐ No

If a resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?

☒ Yes ☐ No

115.215 (f)
Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☒ No

Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not conduct cross-gender strip or cross-gender body cavity searches of residents. Residents receiving an "enhanced pat-down" (stripped down to underclothing) will have two members of the same sex perform this type only. All pat downs are recorded on the facility's video monitoring system. The facility does not allow for a total strip search or a body cavity search. Cross-gender pat-down searches are also not allowed. This is a male only facility.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has three housing unit areas. Phase 1 and 2 houses a majority of the offenders. There are two bathrooms in this phase and both have a solid door at the entrance. One bathroom is equipped with four toilet stalls with custom made half doors, two urinals, and five individual shower stalls with curtains. The curtains covering the showers have clear tops and bottoms, and there is a shower curtain that covers the entrance to the shower area. The other bathroom in the main housing unit has three toilets with half doors, two urinals, and seven showers with curtains. The shower area has a curtain at the entrance area so that it is hidden when the entrance door is open. The dorm rooms in phase one and two have windows and a security mirror in the back for clear line of site views into the room. Residents are required to change in the bathroom. The second housing unit is for residents in the final phase of treatment. This unit has one bathroom that is equipped with three toilet stalls with no doors (the facility is planning on putting custom made half doors on the stalls), two urinals, and four shower stalls with curtains. The bathroom and shower area cannot be seen from the entrance. The facility has a separate Medication Assisted Treatment housing unit. This unit’s bathroom has three toilet stalls with half doors and three individual shower stalls with curtains. There is a curtain that covers the entrance to the shower area. The dorm in this unit is open to the housing desk and day room area. Residents are required to change in the bathroom. The restrooms allow for privacy while in use however has increased circulations due to it not being easily viewable to staff. During resident interviews, all indicated that staff announce their presence before entering the restroom or dorm areas, and the auditor witnessed this while walking through the facility.

The facility does not currently have a transgender or intersex resident. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. Agency administration would assign the
resident to the most appropriate facility and along with facility administration, develop a plan for specific bed placement and showering accommodations. Resident who are identified as highly vulnerable or highly abusive would be housed and in beds that are easily viewable to staff. A transgender or intersex resident would be offered showering options such as showering at different times or in the single use bathroom in the intake area in order to protect privacy and offer safety. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status.

Facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation. A Shift Supervisor is required to periodically review pat downs, live or reviewing surveillance video, and provide training/guidance to staff if necessary. Reviews of this training is conducted annually.

Review:
Policy and procedure
Staffing plan
Facility tour
Training records
Interview with PREA Coordinator
Interview with Program Administrator
Interview with Program Manager
Interview with Program Operations Supervisor
Interview with Crisis Intervention Counselor
Interview with random Resident Supervisor staff
Interview with residents

**Standard 115.216: Residents with disabilities and residents who are limited English proficient**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 ☐ No

- 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 ☐ No
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 ☐ No

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

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 ☐ No

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 ☐ No

Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
115.216 (c)

- 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  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has been able to partner with other agencies to provide disabled resident equal opportunity to participate in all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility identifies residents who may be limited English proficient and works with interpreters so that residents can benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Per policy, the facility will only rely on resident interpreters if a delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-responder duties, or the investigation of the resident’s allegations.

As a part of the agency’s PREA training program, all staff are trained on how to ensure that PREA is communicated with resident having a cognitive or physical disability and who to call to help resident who may have a language barrier. The facility will use a qualified employee to aid any resident in understanding agency rules, PREA, and other regulations. If a qualified staff member is unavailable, outside assistance by a qualified person will be used at no cost to the resident. At this time, the facility does not have a resident who is in need of these services.

The facility has an agreement with The International Institute for interpreter services and the Greenleaf Family Center for hearing impaired services.

Interviews with staff and a review of agency policy confirmed the process of how the facility would assist any resident with a disability or is limited English proficient.

The auditor was able to interview a resident who has a cognitive disability. The resident was able to describe how staff assist him with understanding rules and regulations including the PREA Zero Tolerance Policy. There was also a resident with a physical disability; however this disability did not impact his ability to understand his rights under the PREA guidelines.
Review:
Policy and Procedure
Oriana House, Inc. plan for assisting residents with disabilities
Training Curriculum
Interpreter service providers
Interview with Program Administrator
Interview with Program Manager
Interview with Resident Supervisor staff (conduct intake)

**Standard 115.217: Hiring and promotion decisions**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.217 (a)**

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of 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 ☐ No

- Does the agency prohibit the enlistment of 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 ☐ No

- Does the agency prohibit the enlistment of 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 question immediately above? ☒ Yes ☐ No

**115.217 (b)**
• Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

• Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

• 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 ☐ No

115.217 (d)

• Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

• 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 ☐ No

115.217 (f)

• 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 ☐ No

• Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

• Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

• Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

• Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from
an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a policy that prohibits hiring or promoting anyone who may have contact with the residents and prohibits 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; 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.

The agency conducts a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks are completed every five years. Every five years the Human Resource Department will run background checks on the entire facility regardless when a person was hired in order to guarantee all staff received the required updated check. All employees, independent contractors, volunteers, and interns are required by policy to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations.

All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.

The Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion. The agency has developed a form that indicates in red that the Human Resource Department must check discipline records for anything related to PREA. This form is then placed in the employee's file. This information is reported to the hiring/promotion committee before a decision is made.

The Human Resource Department conducts referral checks for all new hires and specifically documents whether or not a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.

The auditor conducted a review of randomly chosen employee’s files and confirmed the background checks (initial and five-year update), documentation of the continual affirmation to disclose any sexual misconduct, referral checks, and the promotion
The auditor conducted a lengthy interview with the Director of Human Resources who took the auditor step by step through the hiring and promotion process.

**Review:**

- Policy and procedure
- Employee files
- On boarding documentation
- Interview with Director of Human Resources

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**Standard 115.218: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.218 (a)**

- 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.)

  - ☐ Yes
  - ☐ No
  - ☒ NA

**115.218 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

  - ☐ Yes
  - ☐ No
  - ☒ NA

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has not acquired a new building or made any substantial expansion or modification to the existing facility. The facility administration reports that the bathroom floors in the quad housing unit will be replaced along with putting doors on the toilet stalls. The facility will also be placing a fence overtop the medication assisted treatment housing unit’s recreation yard. None of these upgrades will impact the facility’s ability to prevent, detect, and report sexual abuse or sexual harassment.

An interview with the Agency's Executive Vice President of Administrative Services and Business and the PREA Coordinator indicate that the facility has not made any changes to the electronic surveillance system or other monitoring technology has been changed. The facility will address any needs to these areas as the budget allows.

Review:
Policy and procedure
Interview with Executive Vice President of Administrative Services and Business Relations
Interview with PREA Coordinator
Interview with PREA Investigator

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (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 ☐ No ☐ NA

115.221 (b)
- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)
- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☐ Yes ☐ No

115.221 (d)
- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)
- 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 ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)
- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through
(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has two trained investigators to conduct administrative sexual abuse investigations. The Akron City Police Department is responsible for conducting criminal investigations, however the facility is located across the street from the Summit County Sherriff’s Department who can and will assist the facility when necessary. The agency has an agreement with Akron City Police that acknowledges that the department is responsible for conducting criminal investigations for the facility.

The facility will use Akron General Hospital to provide a Sexual Assault Nurse Examiner for any resident who is a victim of sexual abuse. The auditor reviewed the hospital’s website and confirmed with the hospital’s Director of Sane Services, Carol Powell, that any resident taken to this hospital would be treated by a certified SANE nurse. The services provided by the hospital would be at no cost to the resident. The hospital also partners with the Summa Health Hospital to provide on call SANE services should a client be taken to Summa Health.

The facility has a MOU with the Medina/Summit Counties Rape Crisis Center to provide a victim advocate to any victim of sexual abuse, and a trained staff member who can provide victim support services. The auditor spoke to Renee Jackson of the center who confirmed the services the agency would provide to resident of CBCF and that all services were free of charge.
The facility also has a crisis counselor that can provide emotional supportive services or make a recommendation for outside services if necessary. These services will be provided to the resident at no cost. The auditor spoke with the Crisis Counselor who stated she would provide emotional support, crisis intervention, and community referrals.

Review:

Policy and Procedure

Emails to local legal authority

MOU with Medina/Summit Counties Rape Crisis Center

Interview with Administrative Investigators

Interview with PREA Coordinator

Phone interview with SANE services director

Phone interview with Medina/Summit Counties Rape Crisis Center Advocate

Interview with Crisis Counselor

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**Standard 115.222: Policies to ensure referrals of allegations for investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.222 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

**115.222 (b)**

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No
115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
  ☑ Yes  ☐ No  ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Akron City Police Department. The facility has had two allegations during this audit cycle.

Investigation #1: A resident made a third party allegation on behalf of another resident. This allegation was resident-to-resident sexual harassment. The facility conducted an administrative investigation and determined the allegation to be substantiated. The victim was placed in a bed designated for highly vulnerable residents and placed on retaliation watch. The abuser was moved to a different dorm and received in-house discipline according to agency policy. The victim refused counseling but did meet with the facility’s crisis counselor. The allegation was not referred for criminal investigation because no criminal activity took place.

Investigation #2: The facility received a third party written allegation from an outside person. The facility conducted an administrative investigation and determined the allegation to be unfounded. The alleged victim denied any sexual harassment or sexual abuse.

The auditor interviewed both administrative investigators and reviewed their process for investigating allegations and what would prompt a referral to the legal criminal investigative authority.
The PREA Coordinator will review the allegation with the investigators and make a determination of the allegation.
The Oriana House website post the investigative policy of the agency and the responsibilities of both the agency and the investigating entity. The auditor reviewed the agency's website and confirmed that the appropriate policy was posted.

Review:
Policy and procedure
Oriana House website
Interview with PREA Coordinator
Interview with Administrative Investigators
Investigation reports

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☐ Yes ☒ No
- 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 ☐ No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee’s facility? ☒ Yes ☐ No

- 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 ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☒ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

- ☐ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has trained all (1-10 of section 115.231) staff on the PREA required topics. The agency holds monthly trainings which included role plays, games, and quizzes to ensure all staff knew the proper way to prevent, detect, report, and respond to any allegations of sexual abuse or sexual harassment that is specific to each facility. Staff practice being a first responder and deploying the facility coordinated response.

During staff interviews, all staff were able to discuss the various PREA related training they received either at orientation or during one of the monthly training sessions. Staff was well versed on the PREA policies and protocols.

The agency cross-trains its staff because staff can be transferred to work in any facility. All staff received gender specific training, and the agency continues to hold staff gender specific training on PREA related topics. The agency used video conferencing as a training tool so that all employees in any facility would receive the same zero tolerance message, but also allows for facility specific training that is tailored to the specific needs of that facility. The facility uses a video produced by the Ohio Department of Rehabilitation and Correction to train on transgender and intersex pat downs and searches.

PREA training is provided to all staff at the beginning of employment and all staff will receive PREA training throughout the year. Additional training topics include: transgender resident, client reporting, PREA assessment interview, coordinated response plan, effective use of communication with LGBTI residents, response to allegations, avoiding inappropriate relationships, and PREA definitions.

Facility managers are provided with a list of required PREA training topics and will include one topic a month throughout the year to review with staff. The topic of the month is provided by the Compliance Specialist so that all facilities under the Oriana House umbrella are training on the same topic at the same time.

All staff sign an acknowledgment of the training they received.

The training department runs a quarterly report to ensure that the required training is complete each year.

Review:
Policy and procedure
Training curriculum
ODRC transgender/intersex pad-down search video
Training records
Interview with PREA Coordinator
Interview with Human Resource Director
Interview with Program Manager
Interview with Program Administrator
Interview with Compliance Specialist
Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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The agency has developed a level system for the type of training any contractor, volunteer, or vendor would receive. A person identified at level 1 would receive a 3-hour training on the agency’s policy on how to prevent, detect, respond, and report sexual abuse and sexual harassment. A level 2 contractor, volunteer, or vendor will receive a 30-minute PREA training. Each provider will watch a 15-minute video and receive instruction from a trained facilitator. A level three vendor will be asked to read and sign the PREA acknowledgement form. The form explains the agency’s zero tolerance policy and the signer’s
acknowledgement to abide by these rules. Anyone assigned a level 4 status must be 100% escorted by staff while in the facility.

Documentation of received training is forwarded to the Compliance Accreditation Manager. Any contractor or volunteer who has completed the necessary training will receive a special name badge which identifies to the Resident Supervisory staff that this person has received PREA training and does not need to sign the PREA acknowledgement form. If the person forgets the badge, they will have to read and sign the acknowledgement form.

Oriana House contracts with food service provider Aramark. These contract employees receive the same type of training that Oriana House employees receive before they are allowed to work in a facility.

Every visitor who enters an Oriana House facility must read and sign an acknowledgment of understanding on the agency's zero tolerance policy each time they enter the facility. The auditor signed this notification upon entrance to the facility each day of the onsite visit.

The auditor reviewed the training material and documentation of completed training from various contractors/volunteers.

Review:
Policy and procedure
Contract/vendor training
Visitor zero tolerance notification
Interview with PREA Coordinator

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**Standard 115.233: Resident education**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☐ Yes ☒ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No
115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All residents receive information at the time of intake about the facility's zero tolerance policy, 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. This information is read and reviewed with all residents to ensure each resident understands their rights under the PREA guidelines. If a resident does not understand English or has other disabilities that prevent normal communication, the facility contracts services with other agencies so that each resident can benefit from the facility's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment (See standard 115.216). Residents sign acknowledgment of receiving this information.

All residents watch a PREA education video during orientation and receive handouts that include ways to report and reporting phone numbers. This information is also on posters located throughout the facility. During this orientation group, the facility manager or facility administrator ensures that residents understand the services available to them at no cost and the limits to confidentiality.

During resident interviews, all offenders reported receiving the PREA education and information at intake and during orientation group. Residents also indicated that their case managers reviewed ways to keep themselves safe, how to report including anonymously, and the toll free numbers posted near the phones. Postings with PREA related information were located in conspicuous areas throughout the facility.

Review:
Policy and procedure
Resident training curriculum
PREA postings
Facility tour
Interview with residents
Interview with Program Manager
Interview with Program Administrator

**Standard 115.234: Specialized training: Investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.)] ☒ Yes ☐ No ☐ NA

- 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 administrative or criminal sexual abuse investigations. See 115.221(a.)] ☒ Yes ☐ No ☐ NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a.)] ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The facility has a standardized process for administratively investigating any allegations. The agency has two former police officers with experience in dealing with sexual abuse/assault investigations as their administratively trained investigators. The agency’s PREA Compliance Specialist has also been trained. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The training was provided by the Moss Group.

Review:
Policy and procedure
Administrative Investigator training curriculum
Administrative Investigator training certificate
Interview with Administrative Investigators

**Standard 115.235: Specialized training: Medical and mental health care**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

**115.235 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA
115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
  - Yes ☒ No ☐

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
  - Yes ☒ No ☐ NA

Auditor Overall Compliance Determination

- ☑️ Exceeds Standard (Substantially exceeds requirement of standards)
- ☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The facility has a qualified clinician who knows how to respond effectively and professionally to victims of sexual abuse and sexual harassment. The clinician also received training on how to prevent, detect, report, and respond to sexual abuse and sexual harassment.

The facility has an on call doctor who supervises the in-house nursing staff. All medical staff, including the on-call doctor have received specialized medical training. The nursing staff also receive the employee mandated training on required PREA subjects. The medical staff would not perform forensic examinations. All sexual assault examinations are provided by outside entities.

Interviews of the clinician indicate she understands her obligations on how and whom to report allegations of sexual abuse and sexual harassment. The nursing supervisor also indicated her understanding of the obligations under PREA and how to report allegations of sexual abuse or sexual harassment.

Review:
Policy and procedure
Interview with Crisis Counselor
Interview with facility Nurse
Interview with PREA Coordinator

SCRENNING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.241 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.241 (e)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident’s risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  
  ☒ Yes  ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  ☒ Yes  ☐ No

- 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  ☐ No

115.241 (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  ☐ No

115.241 (i)

- 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  ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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All residents are screened for risk of vulnerability or abusiveness at intake. The screening tool used includes all required criteria to accurately assess the resident's risk. The PREA screening form is stored electronically and only approved staff have access to the information. Resident Supervisory staff will complete the initial assessment with the resident during intake. A resident's case manager will complete a re-screen anytime any additional, relevant information is received, a referral, request, or incident of sexual abuse occurs or if the client was assessed as highly abusive or highly vulnerable at intake. The policy does not allow a resident to be disciplined for refusing to answer or for not disclosing complete information in response to questions on the resident’s mental health, sexuality, or previous victimization.
All staff are training on how to complete the screening tool appropriately. An interview with Resident Supervisors confirmed this training on completing the form appropriately and the steps to take should a resident be classified as highly abusive, abusive, highly susceptible, or susceptible.

The Program Coordinator reviews initial assessments and completes a quality assurance check to ensure residents are classified appropriately. Any necessary re-assessments are also reviewed for quality assurance purposes.

Review:
Policy and procedure
Initial PREA assessment screen
PREA assessment rescreen
Interview with Program Administrator
Interview with Program Manager
Interview with residents
Interview with Program Coordinator
Interview with case managers
Interview with Resident Supervisor

**Standard 115.242: Use of screening information**

_all Yes/No Questions Must Be Answered by the Auditor to Complete the Report_

**115.242 (a)**

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☒ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
- ☐ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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All residents receive a classification based upon their PREA screening information. Classifications include: none, vulnerable, highly vulnerable, abusive, or highly abusive. A resident's classification will be documented in the facilities data base but no staff member will be able to see the screening form or answers. Any resident who is classified as highly vulnerable or highly abusive will be housed in a designated dorm with a bed that is easily viewable by staff. These residents will also be placed on the "where about" check list 6 times per shift verses 3 times for those who do not have the highly vulnerable or highly abusive classification. The increased checks will continue until management team meets and deems it appropriate to have the increased checks reduced to 3 times per shift. The facility has a resident count sheet which identifies any resident that has a classification and the number of required checks.

All residents with a classification have it addressed on their individual program plan. These residents work with their case worker to work on the issues underlining their classification and residents can also be referred to outside counseling if necessary.

The facility does not have a transgender or intersex resident but has a plan to house such residents safely which include opportunities to shower separately and make housing and program assignments with a transgender or intersex resident's own views taken into consideration. The agency has developed a team that includes the PREA coordinator, PREA manager, Admission's personnel, Mental Health personnel, and the offender that will address placement issues for any transgender resident housed with agency.

The auditor and facility management discussed the facility's plan to house residents that are highly vulnerable, highly abusive, or transgender/intersex. The facility was able to describe specific bed placement, group separation, ability to shower separately, and the protocol on safely housing transgender/intersex residents as ways to ensure the safety of each resident.

**Review:**

Policy and procedure

Facility tour
Initial PREA assessment screening
PREA re-screen assessment
Individual case plan
Staffing plan
Interview with Case Managers
Interview with Crisis Counselor
Interview with Resident Supervisors
Interview with PREA Coordinator

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Residents at CBCF have multiple ways of reporting sexual abuse. Posters throughout the facility indicate how residents can report as well as how to report to an outside agency. Interviews with the residents indicate that they are aware of all means of reporting and that they could report anonymously. They received the information at intake, during orientation training, and in case manager meetings.

The facility has public pay phones with the reporting numbers unblocked to allow free calls to the reporting entities.

All residents received information at intake and in their handbooks regarding PREA reporting. Staff received information on how to privately report during staff training.

Review:
Policy and procedure
PREA postings
PREA brochure
Facility tour
Interview with Program Administrator
Interview with Program Manager
Interview with residents
Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 ☐ No ☒ NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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 of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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.) ☐ Yes  ☐ No  ☒ NA

115.252 (e)

Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ 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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

115.252 (f)

Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes ☐ No ☒ NA

115.252 (g)

If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A: The PREA Coordinator states that the agency does not use its grievance system to investigate PREA allegations. Any resident who uses a grievance form to report an allegation will have the form removed from the grievance process and it will be handled like any other reporting method. The organization’s grievance policy does not include administrative remedies for sexual abuse or sexual harassment allegations. The organization has a separate policy and practice (Policy # 1080: Client Sexual Abuse and Sexual Harassment Prevention) for addressing sexual abuse and sexual harassment allegations.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

☐ 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 ☐ No

☒ Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No
115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- 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 ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility has a MOU with Medina/Summit Counties Rape Crisis Center to provide emotional support and advocate services to any resident who is a victim of sexual abuse. The facility provides the phone number and address of this agency to residents as well as train them during orientation of the limitations to confidentiality and mandatory reporting.

Interviewed residents verified that they received this information and that the information is available on posters located throughout the facility.

The auditor took note of the information on posters located throughout the facility and ensured that the posting contained all the accurate information. A review of the MOU was also completed.

The auditor reviewed Akron General Hospital’s website and spoke with the director of SANE Services about the services available to any resident who may need emotional support after an incident of sexual assault/abuse. The services provided by the hospital and the crisis center included support while in the hospital, during any investigation/questioning, court appearances, and any on-going counseling needs. The interview confirmed that the services are free of charge.

The facility has offered these services to victims of allegations. No resident used these services when offered. The facility’s Crisis Counselor completed a status check on these resident to ensure proper referrals if necessary.
Review:
Policy and procedure
MOU with Medina/Summit Counties Rape Crisis Center
Akron General Hospitals’ website
Phone interview with SANE Services Director
Interview with Victim Advocate
Interview with PREA Coordinator
Interview with Crisis Counselor

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The agency has posted on its website ways that anyone can report sexual abuse or sexual harassment on behalf of a resident. Residents are also educated that they can report to family members who can then make a third party report. This information is also on posters located in the facility where visitors may frequent.
The facility has had two third party reports during this audit cycle.

Review:
Policy and procedure
Oriana House website
PREA postings
Facility tour
Interviews with random residents

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**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.261: Staff and agency reporting duties**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.261 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

**115.261 (b)**

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

**115.261 (c)**
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 ☐ No

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 ☐ No

115.261 (d)

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 ☐ No

115.261 (e)

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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Oriana House, Inc. policy requires all employees to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment including third party and anonymous reports. Apart from the employee's supervisor, no one shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All allegations of sexual abuse or sexual harassment are reported to the facility's investigators.

The auditor interviewed all required specialized staff and several random staff members. All staff members indicated that they were given and understand the agency's policy on reporting PREA incidents and were trained on the appropriate way to document a report and to whom they should report an allegation. Staff indicated they understood that they are required to report their own suspicions, or information regarding sexual abuse, sexual harassment, or retaliation.
All staff members with a duty to report based on local law and medical and mental health practitioners are required to inform residents of their status and the limitation of confidentiality at the initiation of services. Interviews with staff members who have a duty to report indicated that they understood their duty to inform residents before providing services.

The facility does not admit residents under the age of 18. The State of Ohio does not require institutions or facilities licensed by the state or facilities in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services (Chapter 5101:2-20 and 5101:2-20-01).

Review:
Policy and procedure
Ohio revised code
Interview with random staff
Interview with Program Administrator
Interview with Program Manager
Interview with Crisis Counselor

**Standard 115.262: Agency protection duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.262 (a)**

- 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 ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
CBCF has several dormitories within the facility and housing units. This allows the facility to move either the alleged victim or the alleged abuser to another dorm or housing unit during or after an investigation. The facility could also petition the court to move the alleged abuser or victim to another Oriana House facility in the Akron area. During the interview process, it was very clear that the safety and security of all residents is their primary concern.

An interview with the PREA Coordinator and Agency Investigators describe the process on how they determine if an alleged victim or abuse should be moved to another dorm to another facility in order to protect the victim from imminent abuse. The practice is to place a staff member on administrative leave or place in another facility (if possible) if they are accused of sexual harassment or sexual abuse during the investigation. The staff member is to have no contact with the facility or other staff member until a determination has been made. If another resident is the alleged abuser, the abuser and victim will be separated either by dorm or facility until a determination has been made.

The facility has moved resident dorm room during an investigation. The facility has not had to move a resident or staff member to another facility; place a staff member on leave; or move a resident to a different location due to an allegation of sexual abuse or sexual harassment during this audit cycle.

Review:
Policy and procedure
Interview with Administrative Investigators
Interview with PREA Coordinator
Interview with Program Administrator
Interview with Program Manager
Investigation Reports

**Standard 115.263: Reporting to other confinement facilities**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.263 (a)**

- 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 ☐ No

**115.263 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

**115.263 (c)**

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

**115.263 (d)**
Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Upon receiving an allegation that a client was sexually abused while confined at another corrections facility, the Program Manager/Administrator shall notify in writing the head of the facility or appropriate central office of the agency where the alleged abuse occurred and notify the facility's Vice President of Administration and Legal Counsel. The policy requires notification within 72 hours.

Interviews with the Agency's PREA Coordinator and the facility's PREA Manager confirmed this practice.

The facility has not received any allegation that they had to make a report to another agency, nor have they received an allegation from another agency concerning a prior client.

Review:

Policy and procedure

Interview with Program Administrator

Interview with Program Manager

Interview with PREA Coordinator

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.264 (a)

- 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  ☐ No

- 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  ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  ☒ Yes  ☐ No

- 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  ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Oriana House has a policy outlining first responder duties for any allegation of sexual abuse. The policy contains instructions for how to separate the abuser and victim, protect and preserve evidence until it can be collected by appropriate authorities, does not allow the abuse to destroy evidence, request that the victim does not destroy any evidence, and enacting the PREA
coordinated response plan. All staff are trained on first responder duties (security and non-security staff) including role-playing potential situations.

Interviews of security and program staff indicate that staff know the appropriate steps to take to preserve and protect evidence and support the victim. All staff seemed comfortable with the first responder duties and confident that they would respond appropriately based upon their training.

Each security post has a posting of the first responder duties and coordinated response plan.

The facility has not had to use first responder training for any allegation of sexual abuse.

Review:

Policy and procedure

Coordinated response plan/first responder duties posting

Training records

Investigation Reports

Interviews with random staff

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**Standard 115.265: Coordinated response**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Oriana House has an appropriate written coordinated response plan to respond to any incident of sexual abuse. The plan includes the steps to take for first responders, medical and mental health practitioners, investigators, and facility leadership. All staff is trained on the plan and this was confirmed through interviews with security and program staff.

While on the tour, the auditor noted that the written coordinated plan is posted at the security post in the facility. The posting is within a flip chart which is highly visible and clearly marked.

During staff interviews, staff knew and could articulate the coordinated response plan. All staff knew the entire plan and did not differentiate between security and non-security tasks. Staff was able to disclose the location of the plan and discussed how they practice using the plan in various scenarios during training.

Review:

Policy and procedure

Coordinated response plan/first responder duties posting

Interview with random staff

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 ☒ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A: The PREA Coordinator indicates that the facility is not under any collective bargaining agreements – a non-union agency.

**Standard 115.267: Agency protection against retaliation**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.267 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

### 115.267 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
 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 ☐ No

 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 housing changes? ☒ Yes ☐ No

 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 ☐ No

 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 ☐ No

 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 reassignments of staff? ☒ Yes ☐ No

 Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

 In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.267 (e)

 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 ☐ No

115.267 (f)

 Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has 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. The facility has assigned the Program Manager and Program Administrator or supervisory designee as the staff responsible for monitoring against retaliation for at least 90 days. The client would be placed on special surveillance and would have increased “where about” checks by security staff. In the case of resident victims, a status check is completed by the facility’s crisis counselor.

The facility has the ability to move victim, offender, or employees in order to protect against retaliation. The facility has moved resident dorm rooms to protect against abuser or retaliation but not had to move an employee during this audit cycle in order to protect from retaliation.

Interviews with the agency’s PREA Coordinator, the Program Manager, and the Program Administrator confirmed the monitoring process. The auditor reviewed the form that is to be completed for status checks and the team would review the status reviews to determine if an extension in monitoring is necessary.

Staff verified during interviews that their PREA training includes how to detect and protect others from retaliation, and that they have a right to be free from retaliation when reporting or cooperating in an investigation. Residents also verified that they have received information on their right to be free from retaliation.

Review:
- Policy and procedure
- Training records
- Interview with Program Manager
- Interview with Program Administrator
- Interview with PREA Coordinator
- Interview with Human Resource Director
- Interview with random staff
- Interview with random residents

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.271 (b)
- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)
- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)
- 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 ☐ No

115.271 (e)
- 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 ☐ No
- 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 ☐ No

115.271 (f)
- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- 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 ☐ No

### 115.271 (g)

- 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 ☐ No

### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

### 115.271 (i)

- 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 ☐ No

### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

### 115.271 (k)

- Auditor is not required to audit this provision.

### 115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
**Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

**Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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All allegations of sexual abuse or sexual harassment including third party and anonymous reports are administratively investigated by 2 trained investigators and any report that appears criminal in nature are referred to the Akron City Police Department who has the legal authority to conduct a criminal investigation.

Investigation #1: A resident made a third party allegation on behalf of another resident. This allegation was resident-to-resident sexual harassment. The facility conducted an administrative investigation and determined the allegation to be substantiated. The victim was placed in a bed designated for highly vulnerable residents and placed on retaliation watch. The abuser was moved to a different dorm and received in-house discipline according to agency policy. The victim refused counseling but did meet with the facility’s crisis counselor. The allegation was not referred for criminal investigation because no criminal activity took place.

Investigation #2: The facility received a third party written allegation from an outside person. The facility conducted an administrative investigation and determined the allegation to be unfounded. The alleged victim denied any sexual harassment or sexual abuse.

Both the agency investigators were interviewed and walked through their process of investigating any PREA related complaint and how this information is used determine whether an allegation is substantiated, unsubstantiated, or unfounded. The investigators collect all relevant information (interviews with staff, victim, witness, and the abuser; review any surveillance information, and make note of any facility issue that could have aided in the allegation) and pass this information along with a recommendation to the PREA Coordinator. The PREA Coordinator determines the outcome of the investigation. Both investigators are former police officers and one has extensive knowledge in monitoring technology.

The investigators written report includes whether staff actions or failures to act contribute to the abuse and a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Both investigators have a relationship with and work well with the local police department and remain informed about the progress of any referred allegation.

The investigators maintain all records from all allegations for as long as the abuser is incarcerated or employed by the agency, plus five years.

**Review:**

Policy and Procedure

Interview with Administrative Investigators

Investigation Reports
Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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By agency policy and confirmed by investigators and PREA Coordinator interviews, the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.

Review:

Policy and Procedure

Interview with Administrative Investigators

Interview with PREA Coordinator

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)
- 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.273 (d)

- 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 ☐ No

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)
Does the agency document all such notifications or attempted notifications? ☒ Yes  ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard (*Substantially exceeds requirement of standards*)
- ☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ Does Not Meet Standard (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The Program Manager or Program Administrator is responsible for informing a resident who alleges sexual abuse the outcome of the investigation. The facility request information from the legal authority if the investigation is criminal in nature to inform the alleged victim of the outcome of an investigation.

The notice includes whether the abuser, if a staff member, is no longer posted in the client’s unit; no longer employed at the facility; has been indicted on a charge related to the sexual abuse within the facility; or has been convicted on a charge related to sexual abuse within the facility. The notice includes whether the abuser, if another resident, has been indicted on a charge related to sexual abuse within the facility or has been convicted on a charge related to sexual abuse within the facility.

**Review:**
- Policy and procedure
- Resident Notification
- Investigation Reports
- Interview with PREA Coordinator

**DISCIPLINE**

**Standard 115.276: Disciplinary sanctions for staff**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)
- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)
- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)
- 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 ☐ No

115.276 (d)
- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Oriana House outlines its progressive disciplinary plan in its employee handbook. A review of the handbook states that any staff member found to have engaged in sexual abuse will be terminated. Termination or resignations by staff will not void an investigation and any criminal activity will be reported to the legal authority and to any relevant licensing agency. Policy also indicates that the agency will notify law enforcement or any relevant licensing boards of any terminations or resignations based upon violations of the agency's client sexual abuse and sexual harassment prevention policy when such behavior is criminal in nature.

All staff interviewed understood that anyone engaging in sexual harassment will be disciplined according to agency policy and that they would be terminated for participating in sexual abuse. Staff indicated that they are required to report any suspicion to their immediate supervisor and that they would not have any issue reporting a coworker for violation of the zero tolerance policy.

The auditor reviewed agency policy, the employee handbook, and interviewed the Agency Administrator, PREA Coordinator, and Human Resource Director to confirm the disciplinary process for employees found to have substantially engaged in sexual harassment or sexual abuse against residents. All agency leadership stated that any employee found to have engaged in sexual abuse will be immediately terminated from the facility and law enforcement would be notified.

The facility has not had an allegation against a staff member during this audit cycle.

Review:
Policy and procedure
Employee handbook
Code of ethics
Interview with Human Resource Director
Interview with Administrative Investigators
Investigation Reports
Interview with random staff members
Interview with PREA Coordinator

**Standard 115.277: Corrective action for contractors and volunteers**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
• Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

• In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All contractors and volunteers are made aware of the agency’s zero tolerance policy toward sexual abuse and sexual harassment. Each must participate in PREA training where they will be taught how to prevent, detect, respond, and report sexual harassment and sexual abuse. They will also learn the consequences of participating in any type of sexual misconduct. Contractors and volunteers sign an agreement that they could be removed from the facility for any acts of sexual abuse or sexual harassment.

The auditor has reviewed the contractor/volunteer training and documentation of compliance with training.

Any person (contractor, vendor, volunteer, or visitor) must read and sign an acknowledgment form stating that they have read

The facility has not removed any contractor or volunteer for a PREA issue.

Review:

Policy and procedure
Contractor/vendor acknowledgement form
Interview with PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents
### 115.278 (a)
- 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 ☐ No

### 115.278 (b)
- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

### 115.278 (c)
- 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 ☐ No

### 115.278 (d)
- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

### 115.278 (e)
- 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 ☐ No

### 115.278 (f)
- 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 ☐ No

### 115.278 (g)
- 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 ☐ No ☐ NA

**Auditor Overall Compliance Determination**

☒ Exceeds Standard (*Substantially exceeds requirement of standards*)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the client handbook shows how it outlines resident conduct and prohibits all sexual activity between residents and disciplines residents for such activity. Resident rules regarding engaging in sexual abuse or sexual harassment are also outlined in the client handbook. Residents are given a handbook at intake and the contents are reviewed with the resident.

During resident interviews, all residents affirmed that they received a handbook at intake and the rules and discipline policies regarding sexual abuse and sexual harassment were reviewed with them. All residents interviewed understood fully the seriousness of the agency's Zero Tolerance Policy and the consequences of participating in sexual misconduct.

Residents who have been found to have participated in sexual abuse or sexual harassment have been disciplined according to agency policy.

Review:

Policy and procedure
Resident handbook
Interviews with residents
Interview with Program Manager
Interview with Program Administrator
Investigation Reports

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)
- 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  ☐ No

### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  
  ☒ Yes  ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  
  ☒ Yes  ☐ No

### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  
  ☒ Yes  ☐ No

### 115.282 (d)

- 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  ☐ No

### Auditor Overall Compliance Determination

- ☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

- ☐ Does Not Meet Standard *(Requires Corrective Action)*

### Instructions for Overall Compliance Determination Narrative

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Policy indicates the types of service offered free of charge to an alleged victim of sexual assault. It is documented which types of services where rendered and or declined by the alleged victim on the investigation form. Residents are offered timely information about and timely access to sexually transmitted infection prophylaxis. There are no females at this facility.

If services are necessary, the Crisis Counselor will provide appropriate referrals to community resources and notify the case manager assigned to the resident. The scope of services provided will be determined by the licensed practitioner.
Staff have been notified of the Agency's PREA Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

The Medical Response Plan is reviewed annually to ensure that all service provider information is current and that the range of services is still available.

Residents are informed of their right to free services during PREA education at orientation.

The facility has not had a sexual abuse/sexual assault during this audit cycle.

Review:
Policy and procedure
Medical Response Plan
Interview with PREA Coordinator
Interview with Crisis Counselor
Investigation reports

**Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)
- 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 ☐ No

115.283 (b)
- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)
- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)
- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA
115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- 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 ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility offers community medical and counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility. This treatment includes testing for sexually transmitted disease. Treatment is offered to all known residents on resident abusers within in 60 days of learning such history. All treatment offered is free of charge.

Staff have been notified of the Agency’s PREA Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.
The Medical Response Plan is reviewed annually to ensure that all service provider information is current and that the range of services is still available.

The facility has not had a report of any known resident on resident abuser.

A review of the investigation form shows how staff indicates whether services were offered and accepted or declined. The PREA initial screening form indicates whether a resident has abused others while in a correctional setting. If a resident indicates that he has in fact abused another resident while in a corrections setting, the agency's Crisis Counselor will meet with the resident to make a determination if additional treatment or referrals for community treatment is necessary.

The facility had not a report of a resident being sexually abused while in a jail, lockup, or juvenile facility.

The PREA Coordinator has confirmed the process and practice of how staff will provide unimpeded access to necessary emergency and/or ongoing medical and mental health services. The Agency's PREA Compliance Specialist reviews the information annually.

Review:

Policy and procedure
Medical Response Plan
PREA initial assessments
Interview with Crisis Counselor
Interview with PREA Coordinator
Investigation reports
Interview with Supervising Nurse

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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  ☐ No

115.286 (b)
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☐ Yes ☐ No

115.286 (d)

- 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 ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Oriana House has an agency policy on a review of all substantiated or unsubstantiated allegations of sexual abuse within 30 days of the conclusion of the investigation. The review team includes the assigned regional Vice President, an upper management designee, Admissions Manager, input from a designated Resident Supervisor and/or Caseworker, Internal Investigator, and any other employee deemed appropriate.

The team, per policy, considers whether a change in policy or practice will better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, gang affiliation, or any other group dynamic; if any physical barriers in the area enabled the abuse; adequacy of staffing levels; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

At the conclusion of an investigation, the Client Sexual Abuse/Harassment Review Team would provide executive management with any relevant recommendations that would increase the ability to protect, detect, or report allegations of sexual harassment or sexual abuse. The executive team would deem which recommendations are appropriate to implement and provide documentation to the recommendations that were not implemented.

There were no allegations of sexual abuse during this audit cycle.

Review:

Policy and procedure

Review of Client Sexual Abuse/Harassment Review Team form

Interview with PREA Coordinator

Investigation Reports

### Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.287 (a)**

- 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  ☐ No

**115.287 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  ☒ Yes  ☐ No

**115.287 (c)**
Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

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 ☐ No

115.287 (e)

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.) ☐ Yes ☐ No ☒ NA

115.287 (f)

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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Oriana House has an agency policy for data collection and statistical reporting of all necessary information in the most recent version of the Survey of Sexual Violence. The auditor reviewed the most recent information collected by the agency and has confirmed that the agency collects the appropriate data on all allegations of sexual abuse and aggregates this information annually.

The facility’s PREA Manager collects the data and sends the data to the agency's PREA Coordinator. The information for each facility is used by the PREA Coordinator to complete the Survey of Sexual Victimization for all Oriana House facilities.

The agency has not received a request to supply the Department of Justice with this information.
### Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.288 (a)
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.288 (b)
- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? ☒ Yes ☐ No

#### 115.288 (c)
- 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 ☐ No

#### 115.288 (d)
- 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 ☐ No

**Auditor Overall Compliance Determination**
☐  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency uses information collected in 115.287 to make improvements in how the agency prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The report compares the current year’s data with those of previous years, and includes the updates made from previous year’s reports. The information contained in the report is based on a calendar year and the report with this information can be found on the agency’s website.

The information in the report has been reviewed and approved by the President and CEO of Oriana House, Inc.

The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of an individual or the facility.

Auditor verified that the reported was posted on the agency's website (www.orianahouse.org) and that the report contained all required information.

Review:

Policy and procedure
PREA annual report
Oriana House website

Interview with Executive Vice President of Administrative Services and Business Relations
Interview with PREA Coordinator

**Standard 115.289: Data storage, publication, and destruction**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
  ☒ Yes  ☐ No
115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All data collected in sexual abuse cases are securely maintained by the PREA Coordinator for a minimum of 10 years. The PREA Coordinator confirmed the retention schedule.

The aggregated information from each of Oriana House facilities was posted on its website.

There is no information in the report that would identify any individual or jeopardize the safety or security of the facility.

Review:

Policy and procedure

PREA annual report
AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
  ☒ Yes  ☐ No  ☐ NA

**115.401 (b)**

- During each one-year period starting on August 20, 2013, 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?
  ☒ Yes  ☐ No

**115.401 (h)**

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
  ☒ Yes  ☐ No

**115.401 (i)**

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?
  ☒ Yes  ☐ No

**115.401 (m)**

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
  ☒ Yes  ☐ No

**115.401 (n)**

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?
  ☒ Yes  ☐ No
Auditor Overall Compliance Determination

☐  Exceeds Standard *(Substantially exceeds requirement of standards)*

☒  Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐  Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the facility’s second PREA audit. The auditor was able to review all areas of the facility, requested documentation to ensure compliance, and a private area to interview residents and staff. The facility posted the auditor’s email and mailing address to staff and resident with instructions on how to contact the auditor privately before the onsite visit. The date of the visit was also on the posting. The auditor did not have a resident or staff member who requested to speak with the auditor during the onsite visit.

The auditor was able to review documentation from the last year and when requested, information from the prior three years in order to ensure the facility has maintained compliance for the entire three years.

The agency has an appropriate audit schedule to ensure all facilities are audited and that 1/3 of the facilities have an audit each year. All final reports from each facility is posted on the agency website.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes  ☐ No  ☐ NA
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency website has the final audit report for all facilities posted on its website. The auditor reviewed the website to confirm the reports were posted.
AUDITOR CERTIFICATION

I certify that:

☒ 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, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.1 Auditors are not permitted to submit audit reports that have been scanned.2 See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kayleen Murray ___________________________ November 8, 2017

Auditor Signature Date

1 See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.