

# PREA Facility Audit Report: Final

**Name of Facility:** Price Hall

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 09/13/2018

**Date Final Report Submitted:** 09/27/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 09/27/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Address:</b>	
<b>Email:</b>	mkayleen@cbcf41.org
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	07/30/2018
<b>End Date of On-Site Audit:</b>	08/01/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Price Hall
<b>Facility physical address:</b>	844 Bryden Road, Columbus, Ohio - 43205
<b>Facility Phone</b>	614-252-8405
<b>Facility mailing address:</b>	2100 Stella Ct, Columbus, Ohio - 43215
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
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Facility Director			
<b>Name:</b>	Katelyn McKinley	<b>Title:</b>	Program Director
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Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	

Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics			
<b>Designed facility capacity:</b>		27	
<b>Current population of facility:</b>		27	
<b>Age Range</b>	<i>Adults: 18+</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>			
<b>Number of staff currently employed at the facility who may have contact with residents:</b>		6	

AGENCY INFORMATION	
<b>Name of agency:</b>	Alvis, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	100 Stella Ct, Columbus, Ohio - 43215
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

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



## AUDIT FINDINGS

### **Narrative:**

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

The PREA onsite audit for Price Hall Halfway House, 844 Bryden Road, Columbus, Ohio, was conducted on July 24-Aug. 1, 2018. The facility is a part of Alvis, Inc. operated community confinement programs. The goal of the audit is to ensure compliance with the Prison Rape Elimination Act standards for community confinement. Price Hall is receiving this audit in conjunction with another Alvis, Inc. operated halfway house (Dunning Hall) which is run by the same facility director and is located at the opposite end of the same block (868 Bryden Road).

The facility elected to use the PREA Resource Center's Online Audit System to upload documentation relevant to showing compliance with each standard as well as sending documentation to the auditor through email. Four weeks prior to the audit, the auditor received the pre-audit questionnaire, policy and procedures, facility floor plan with camera views, MOU's, facility staffing plan, table of organization, job descriptions, and photographic proof of the audit notice postings. The auditor also met with the PREA Coordinator prior to the onsite visit in order to discuss the audit schedule and additional documentation needed by the auditor. The auditor has conducted audits for this agency in the past, including this facility's initial PREA audit in August of 2015.

The audit notice posting announced the dates of the upcoming onsite visit and the name, mailing address, and email address of the auditor. Staff and clients were encouraged to contact the auditor with any information or concerns or request to speak with the auditor during the onsite visit, and that all correspondence was confidential. The auditor did not receive any correspondence prior, during, or after the onsite visit.

In addition to the pre-audit documentation submitted, the auditor reviewed ten (10) client files, eleven (11) staff files, staff and client training curriculum, staff and client training rosters, incident reports, grievances, risk for victimization and/or abusiveness screenings, acknowledgement forms, posters, brochures, camera views, volunteer/contractor information, and other relevant materials during the onsite visit. After the onsite visit, the PREA Coordinator continue to submit requested documentation or corrective action plans.

The onsite visit was conducted over the three days where the auditor received a complete tour of the facility and perimeter areas. The facility is a converted Victorian style home that can house thirty female felony offenders. The tour observations included the housing units, main post, client lounge area, kitchen, dining/mp room, staff offices, laundry room, group rooms, bathrooms, closets/storage rooms, and outdoor recreation yard. During the walk through, the auditor noted staff-client interaction, camera locations, SecurScan tag locations, camera monitors, and blind spot areas. The auditor asked informal questions of both staff and clients. The auditor was free to move about the facility without an escort to revisit areas or talk with staff and clients. The auditor was provide a private office to conduct formal interviews with staff and clients.

The auditor selected ten (10) of the twenty-eight (28) clients currently housed from the seven multiple occupancy dorm style rooms to formally interview during the onsite visit. The selection was based on a current client roster that included the clients picture, intake date, and commitment status. The auditor was also given information based on the clients risk assessments before selecting targeted and random client interviews. During an evening site visit by the auditor on the second day, the auditor discovered a client that currently identifies as transgender, but did not open identify as this during intake or during the risk screening/re-screening. In total, the auditor formally interviewed eleven (11) clients. The clients were selected based on the PREA Auditor Handbook required number and type of resident interviews. The auditor conducted the following client interviews during the onsite visit:

Random = 8

Targeted = 3

Total = 11

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

Clients that identify as lesbian, gay, or bisexual = 4

Clients that identify as transgender or intersex = 1

Clients who reported sexual victimization during risk screening = 1 (in the community)

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

The facility did not currently house clients with a physical disability; who are blind, deaf, or hard of hearing; who are limited English proficient; or with a cognitive disability. The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Interview Guide and the Auditor Handbook guide for effective strategies for interviewing staff and clients. Clients were asked to discuss their experience with PREA education, allegation reporting, communication with staff, knock and announcements, grievance procedures, searches including pat, strip, cross-gender, and body cavity, risk screening, housing unit concerns, limits to confidentiality, outside supportive services, safety, retaliation, and disciplinary sanctions. All clients reported feeling safe in the facility.

The facility has a total of eleven staff members including one out on medical leave. The auditor was able to talk with agency leadership (not included with facility staff members) which includes:

Mr. Phil Nunes, Chief Operating Officer

Ms. Ramona Swayne, PREA Coordinator

Mr. Gerard Lowe Sr., Managing Director of Agency Programs

The auditor conducted the following specialized interviews:

Facility Director (PREA Compliance Manager)

PREA Compliance Manager

Human Resource Compliance Specialist

Administrative Investigators

SART team members

Risk of victimization or abusiveness screener

Retaliation monitor

First responders (security and non-security)

PREA education facilitators

Training Coordinator

Program Manager

The four random staff interviews included Community Reentry Specialist (CRS) who serve as security monitors and the Cognitive Skills Specialist. The auditor interviewed one first shift CRS staff (one other first shift CRS worker was used as a specialized first responder security staff interview), one second shift

CRS staff, and two third shift CRS staff. There were no other staff to interview that could be considered a random interview. Beyond agency leadership, the facility does not have any male staff workers. The facility does not hire or contract with any medical or mental health staff. Community resources would be used should a client needs these services. Because there is only a total of eleven staff members including the Facility Director that is over a total of three programs, the facility staff is responsible for more than one specialized interview. All staff interviews, specialized and random, were conducted using the PREA Compliance Audit Instrument Interview Guides and the PREA Auditor Handbook's effective strategies for interviewing staff and clients. The auditor was able to question specialized and random staff on the agency's zero tolerance policies, training, reporting protocols, first responder duties, the facility coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies, procedures, and practices, data collection, annual report, staffing plan, electronic surveillance, reporting to other facilities, disciplinary procedures, and cross-gender supervision.

During the onsite visit, the facility did not have a volunteer or contract worker.

The auditor reached out to community resources via phone or email to confirm MOU's and scope of services. These community partners include the SANE Charge Nurse at Ohio University Hospital East, the Sexual Assault Response Network of Central Ohio director, the Affiliate Coordinator at RAINN, and the City of Columbus Police Department sexual assault lieutenant.

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

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Price Hall is a halfway house located in Columbus, Ohio. The facility serves a maximum of thirty adult (age 18 and up) female felony offenders committed to the facility by county, state or federal authority. The facility is a remodeled three story plus basement Victorian style house. To access the facility, everyone, including clients, will ring a buzzer at the front door and be let into the lobby/main hallway area. To the left of the entrance is the staff main post. Staff working the main post will have visitors sign-in or enter the client into the SecurManage database system. All clients will receive a pat search near the main post which is visible to video surveillance. The main post is staffed 24/7.

The main floor of the facility also contains facility management office, case manager office, client lounge/tv area, kitchen, dining/mp room, and staff restroom which also serves as the client urinalysis collection room. In a prominent area in the main hallway is a bulletin board with postings on how to report, local, state, and national phone numbers and addresses for rape crisis agencies, rules and regulations, grievance procedures, and client rights. Located in the main hallway area is also a computer and telephone that the clients have unimpeded access in order to make an anonymous sexual abuse or sexual harassment allegation.

Through the kitchen is the access to the recreation yard. The yard is surrounded by a 6-foot wooden fence and clients have access to the yard unsupervised during approved hours (8:30 am to 9:00 pm). Basement access is also through the kitchen. The laundry room, kitchen pantry storage area, and group room are located in the basement. The basement has a two doors that are accessible to the outdoors; however, both doors are locked and alarmed.

The second and third floors of the facility are accessible by the front or back stairwell and contain housing units and client bathrooms. The facility has seven dormitory style rooms and a bathroom on each floor. The second floor also houses a staff office. The staff office has a window in the door and is located next to a dorm. There are five dorm rooms on this floor. The bathroom on the second floor contains two (2) toilets and two (2) single use showers. The third floor contains one single use bathroom that sits between the two dorm rooms located on this floor. For a detailed description of the bathrooms, please see standard 115.215.

The facility has ten (10) surveillance cameras which can record and play back up to thirty (30) days. There are three (3) perimeter cameras and six (7) interior cameras. The CRS at the main post are tasked with monitoring these camera views. The camera views cover a significant amount of the facility; however, there are identified blind spots throughout the facility. The CRS staff are required to monitor these areas more frequently and conduct four (4) head counts and four (4) circulation rounds per shift.

Clients are required to be out of the housing units from 8:30 am - 2:00 pm each day unless they have staff approval. Clients spend a majority of their day in programming or at employment opportunities. Clients scheduled to leave the facility must first have prior approval from their case managers. CRS staff

document client comings and goings into the SecurManage database system.

The case manager office door and the group room door were both solid doors with no other way to have client site lines into the room. The auditor discussed this issue with the PREA Coordinator and the Managing Director of Agency Programs. The facility made arrangements to have maintenance staff place windows into these doors. On August 21, 2018, the auditor received an email with photographs of the doors with a window installed. The auditor also discussed moving the SecurScan tags into locations that force Community Reentry Specialist (CRS) staff to visually inspect blind spot areas. The PREA Coordinator made a corrective action plan with the facility director to have the tags moved.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

This is a final report for Price Hall Halfway House operated by Alvis, Inc. The facility has completed corrective action for standards 115.211, 115.217, 115.241, 115.242, 115.252, and 115.261. Please refer to specific standard for details. The auditor has reviewed all corrective action and has determined that the facility is now in compliance with all PREA standards.

Standards exceeded: 115.286

Standards met: 115.111, 115.212, 115.213, 115.215, 115.216, 115.217, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.287, 115.288, 115.289, 115.401, 115.403

Standards not met:

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Price Hall operates under the Alvis, Inc. policies and procedures. The agency has developed a policy (1300.05) mandates zero tolerance toward all forms of sexual abuse and sexual harassment in all facilities that it operates. The policy was developed in March of 2014, reviewed and revised in August of 2014. The policy specifically addresses how it implements the procedures on how employees will prevent, detect, respond, and report to allegations of sexual abuse and sexual harassment, and the possible sanctions for anyone found to have violated the zero tolerance policy. The agency has a separate policy (2100.04) that defines sexual abuse and sexual harassment.</p> <p>The agency's Managing Director of Social Enterprise serves as the agency's PREA Coordinator and reports directly to the Chief Operating Officer. The agency submitted a job description for the Managing Director which includes the responsibilities as the agency PREA Coordinator. A policy and review and interview with the PREA Coordinator verified that the responsibilities include overseeing development and implementation of policy and procedures, which contribute to the elimination of client sexual harassment, sexual abuse, assault, and/or retaliation related to allegations of such. The PREA Coordinator works directly with the human resource department, staff development, and facility management to ensure implementation of the agency's efforts to comply with the PREA expected practices. The Coordinator states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its community confinement facilities. The agency's Chief Operating Officer confirmed the PREA Coordinator's latitude toward implementing appropriate PREA policy, procedures, and strategies.</p> <p>Price Hall's Program Director serves as the facility head and the PREA Compliance Manager. The Compliance Manager works hand-in-hand with the PREA Coordinator to ensure that the facility is following all agency policy, procedures, and guidelines in an effort to comply with the PREA standards. The Compliance Manager reports directly to the agency's Managing Director of Agency Programs (reports directly to the Chief Operating Officer). A review of the Program Director's job description requires her to oversee activities such as quality assurance and accreditation, along with implementing and evaluating compliance with program policies and procedures. The Program Director is responsible for three facilities located within a few blocks of each other. The Director is also serving as the Program Manager for one of the facilities and training a new Program Manager at another. Price Hall has experienced a high rate of turnover in key positions (Case Manager, Cognitive Specialist, and Program Manager), along with Community Reentry Specialist (CRS) who serve as client monitors. This trend is also reflective in the other facilities that the Director Manages. This has lead to the Director serving multiple roles in each facility. The increased workload does not allow sufficient time for the Program Director to ensure compliance with the PREA standards. This was reflective in several non-compliant standards. An interview with the Compliance Manager confirmed her increased job responsibilities have left her little time to ensure facility compliance.</p> <p>Based on the PREA Compliance Manager's inability to have ample time to ensure compliance with the standards, the auditor has found the facility in non-compliance.</p>

**CORRECTIVE ACTION:**

The PREA Compliance Manager must have some amount of time allotted specifically for the completion of PREA responsibilities.

**FACILITY RESPONSE:**

The agency has hired a program manager for the Price Hall facility. The PREA Coordinator and Facility Director will train the Facility Manager to take on the role as PREA Compliance Manager. The hiring of a facility manager for this facility will allow all three buildings that the Facility Director oversees to have a PREA Compliance Manager onsite that is able to ensure compliance with the PREA Standards. This will also free up time for the Facility Director who was performing several open position duties. The PREA Coordinator states that she and the Facility Director will be able to complete more quality assurance on the facility to ensure that the facility compliance managers are following all agency policies, procedures, and practices. This will allow for the Facility Director to have more time to complete other tasks related to PREA compliance including employee onsite training, grievance review, and risk screening review.

The auditor is satisfied that the hiring of a new facility compliance manager with appropriate PREA compliance training will allow for all facility administration to allot an appropriate amount of time to complete all duties related to compliance.

**Review:**

Policy and procedures

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

Program Director/PREA Compliance Manager's job description

PREA Coordinator interview

PREA Compliance Manager interview

Managing Director of Agency Programs interview

Chief Operating Officer interview

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The operating entity of Price Hall is a private non-profit organization and does not contract with other agencies for the confinement of clients.

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility submitted a PREA Compliance Staffing Plan that included a floor plan, camera placement and site lines, population, and other monitoring equipment. The staffing plan indicates that the facility has increased its number of cameras to 10 (3 perimeter and 7 interior) from last years reporting of 6. The increased number of cameras has allowed for CRS staff to effectively monitor previously blind spot areas of the facility. Camera coverage includes the lobby area at the front entrance of the facility, the main post, the dining/visitation room (which gives site lines to the hallway into the kitchen area), second floor hallway landing, the hallway leading to staff bathroom and entrance to the kitchen, basement landing, and the perimeter main entrance, recreation yard, and side yard area. The auditor was able to view all camera angles in the main post. In addition to cameras, the facility uses SecurScan, a bar code reader program that will track areas of the facility and the residents located in these areas that CRS staff have circulated through. Facility staff can get a report that will generate a current headcount, location of client, clients that are currently scheduled to be out of the facility, and the time/location of circulations. The plan addresses blind spot areas that are documented on the facility's floor plan and how these areas are covered.</p> <p>The facility is designed to house a maximum of twenty-eight (28) female clients. All clients receive an initial PREA assessment that staff utilizes to ensure proper housing/bed assignment. The facility program manager or director is responsible for reviewing client room/bed assignments and ensuring clients that identify as LGBTI or gender non-conforming are housed safely. The facility had designed client rooms to minimize the opportunity for sexual victimization. During the onsite, the auditor was able to inspect all rooms for safety.</p> <p>As documented in the agency's PREA Allegation Summary Report and Assessment, the facility has not had an allegation of sexual abuse or sexual harassment since the last PREA audit in 2015. The PREA Coordinator verified during the interview that she has not received an allegation for this facility.</p> <p>The facility has reported that it has not deviated from the staffing plan and therefore has not produced any documentation. Documentation of any deviation would be recorded in the shift log in the facility's online database system. The current plan mandates two CRS staff for the first (6:30 a.m. to 2:30 p.m.) and second (2:30 p.m. to 10:30 p.m.) and one during third shift (9:00 p.m. to 7:00 p.m.) shift. The facility works with its sister facilities or offers overtime to current employees to ensure proper coverage for each shift. The auditor interviewed CRS staff from each shift to verify that there have been no deviations to the staffing plan. All CRS staff interviewed stated that the minimum staff requirement for each shift is met and that staff from Dunning or Breslin Hall will provide assistance with coverage or transportation when necessary.</p> <p>The staffing plan is reviewed annually by the Program Director and updated as necessary. The review documents the number of incidents, number of cameras, and adequate staffing levels. It also list any request for increases to the staffing or electronic monitoring budget. The most current review states that the maximum staffing level and current camera coverage are</p>

adequate.

Community Reentry Specialist are required to complete a headcount every other hour on an irregular schedule and security circulations on the in between hour. Staff make more circulations in the identified blind spot areas according the the staffing plan documentation and staff interviews. The auditor requested a SecurScan report to verify the rounds. During the tour the auditor noted several doors that were solid and provided to direct or indirect views into the rooms (case manager office and group room). The auditor also noted that several of the SecurScan tags were in locations that did not ensure staff were monitoring blind spot areas. The auditor addressed concerns with the Managing Director of Agency Programs and the PREA Coordinator.

**RECOMMENDATIONS:**

1. Facility should devise a plan that would not allow staff members to be behind closed doors with clients that do not have line of site views into the room.
2. Facility should place SecurScan tags in locations that force CRS staff to effectively monitor blind spot areas, including offender dorm rooms.

**FACILITY RESPONSE:**

1. The Managing Director of Agency Programs placed a work order with agency maintenance staff to cut appropriate size windows into the doors of the case manager office and the group room. Maintenance staff visited the facility while the auditor was onsite and measure the doors for window placement.
2. PREA Coordinator developed a corrective action plan to have all identified tags to be moved into areas that best allow staff to view blind spot areas. The Program Manager will need to submit photos of each tag and the corresponding room number showing the tag at its new location. This task is to be completed by August 10, 2018.

\*\*Auditor received an email with photos of the doors in question with windows on August 21, 2018.

**Review:**

Facility staffing plan (two years)  
PREA allegation Summary Report and Assessment (2016-2017)  
SecurScan report  
Facility floor plan  
Facility tour  
PREA Coordinator interview  
PREA Compliance Manager interview  
Managing Director of Agency Programs interview  
CRS staff (all three shifts)

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alvis, Inc. as an agency has a policy the does not allow for strip searches (policy 600.06) nor does it allow for body cavity searches with or without an instrument (policy 600.05). Price Hall is an all female halfway house. All staff at the facility are female. Policy 600.02 states that female clients may only undergo a pat search or enhanced pat search by a female staff member. A pat search includes having the client empty all pockets, remove socks, shoes, coats, hats, and any other like items. The staff member, while wearing gloves, will check under the client's arm, sleeve cuffs, pant legs, and clothing pockets. An enhanced pat search includes the basics of a pat search plus a visual inspection of the client's mouth, hair, and instructed the client to lift shirt just above the level of their waistband while staff run their hands around the waistband, and female clients will be instructed to shake out the bottom of their bra and staff will run their hands around the bra straps. All searches are conducted within camera view for visual documentation and security purposes. The auditor viewed both a pat and enhanced pat search. Both searches were conducted within agency policy. Interviews with eleven (11) clients affirmed that they have only received pat or enhanced pat searches.</p> <p>Policy 1300.03 stipulates that clients must have the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policy also requires staff of the opposite gender to knock and announce their presence when entering an area where clients are likely to be sleeping, performing bodily functions, or changing clothing. While the facility does not have male staff, occasionally male maintenance workers or vendors may be present in the facility. An interview with the facility's Program Director revealed that whenever males are in the facility, especially maintenance workers, a female staff member will escort them to their destination while making the appropriate cross-gender announcement. If possible, the female staff member will remain with the male. Should the female staff member not be able to stay with the male, all clients will be removed from the area. While at the facility, the auditor was able to witness this procedure in practice. During a visit from maintenance workers, their presences was announced by staff and they were escorted to their designated work area.</p> <p>During the tour of the facility, the auditor noted single use restroom on the first floor. Clients have the ability to shut the door to this restroom for privacy. The shower in this restroom also has a privacy curtain. The bathroom on the second floor has a solid door at the entrance. Their are two single use showers both with shower curtains that have clear tops and bottoms. The toilets are directly across from the shower area. There are half wall dividers on the sides of each toilet but no door. There is no clear visual of clients using the toilet or shower from outside of the restroom. The entrance door on this bathroom is required to be open at all times.</p> <p>Alvis, Inc. has a policy (1300.14) that is designed to enhance the safety of transgender/intersex clients. Clients that are identified prior to placement through entrance interviews, PSI reports, or other medical documentation available to the agency, will be placed in a facility that is best equipped to meet any specific needs. Should a client identify after</p>

placement, the PREA Coordinator will be notified and gather information for review. At not time does the policy allow for staff to search or physically examine a transgender client for the sole purpose of determining genital status. This policy also mandates appropriate training for the pat search of transgender/intersex clients. The policy requires the facility to instruct staff on how to conduct searches professionally and respectfully and in the least intrusive manner possible, consistent with security needs.

The interviews of CRS staff verified that staff received on-boarding training that included policies and procedures specific to transgender and intersex populations. Staff indicated they have never and are specifically prohibited by agency policy to perform strip and body cavity searches. Consistent with agency practice, staff indicated that they will escort males throughout the facility and ensure that proper cross-gender announcements are made. Pat search and enhanced pat search training included how to conduct an appropriate search on all clients including transgender/intersex clients. The auditor was able to review the training curriculum for this training and verify its appropriateness.

Eleven (11) clients, including two targeted clients, were interviewed. Clients reported that staff have never conducted a strip search or body cavity search on them, and that pat or enhanced pat searches were conducted professionally. Clients also reported that staff make cross gender announcements in addition to escorting males throughout the facility. At no time did anyone report staff viewing them while showering, changing, or using the toilet.

Review;  
Policy and procedure  
Training Curriculum  
Training Records  
CRS staff interviews  
Client interviews  
Facility tour

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Clients receive written orientation materials, including information on the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy 800.05b ensures that this material is provided to clients in their primary language, and if a literacy problem exist, staff will assist the client in understanding the material. During the intake process, any identified communication/language barrier shall be address with the use of staff that is proficient in that language, family member communication assistance, or local community resources. The policy prohibits the use of resident interpreters, readers, and any other resident assistance except in circumstances in which a delay in effective communication could compromise the resident's safety, the performance of first response duties, or the investigation of an allegation. During the onsite visit, the auditor observed PREA related postings in both English and Spanish. Should a literacy problem exist, the policy instructs staff to read aloud the rules and regulations to the client, and ensure the client understands the information.</p> <p>Clients that have been identified as having some sensory impairment, including the blind and hearing impaired will be assisted through the use of auxiliary aids. Policy 800.08 ensures clients will be afforded the opportunity to use aids and services that could maximize their involvement in the program.</p> <p>An interview with the Program Manager detailed how the facility would use community resources to ensure all clients had meaningful access to the agency's effort to protect, detect, and respond to sexual abuse and sexual harassment. The facility has not needed the use of language interpreters or interpreters for the hard of hearing. Nor have they had to use auxiliary aids for blind or low vision clients. The case manager, who reviews the agency's zero tolerance policy at intake stated that there have been zero (0) instances of the use of interpreters or readers during this audit cycle.</p> <p>During the onsite visit, the facility did not house a client that was limited English proficient; had a cognitive disability, mental disability, or a medical disability; or a sensory impairment.</p> <p>Clients that were interviewed reported they received and understood the agency's zero tolerance policy and protections against sexual abuse, sexual harassment, and retaliation. The auditor reviewed intake PREA education material and verified that the facility had the ability to print material in various languages through the use of Google Translate.</p> <p>Reviewed:  Policy and procedure  Client orientation packet  PREA posters in English and Spanish  Case Manager interview  Program Manager interview  Client interviews</p>



115.217	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1452 616">Alvis, Inc. has an agency policy (1800.04) that prohibits the hiring, promotion, or selection of service from applicants, current employees, or contractors/volunteers that have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility, nor will they hire, promote, or select anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse in the community. The policy also makes clear that any material omissions or false information provided related to past PREA violations, investigations, or allegations is grounds for immediate termination.</p> <p data-bbox="252 660 1484 1388">Currently, the facility staffing level is eleven total employees including the Program Director. The auditor reviewed the personnel file of all eleven (11) employees. The job application of all employees who applied since August of 2014 required potential applicants to affirm or deny any substantiated allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; any conviction for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and any civil or administrative adjudicated to have engage in the activity described in the previous statement. Employees also had reference check documents in their files. Employees who applied after August of 2014 included checks where the Human Resource department made its best efforts to contact prior correctional institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. An interview the the Human Resource Audit Specialist revealed that a HR Generalist will document not just the answers to the questions of sexual abuse, but also if the attempts to contact the previous employer were unsuccessful. Annually during an employee's evaluation, each employee is required to affirm their obligation to disclose any such conduct. All employee files had this affirmation for the prior three years.</p> <p data-bbox="252 1433 1484 1937">Policy 1800.04 requires all staff, including contractors and volunteers, working directly with clients to have a criminal background check before hire along with reference checks to ascertain whether the applicant was named in any PREA allegations, whether substantiated or unsubstantiated during employment. The agency conducts Ohio Bureau of Criminal Investigation and NCIC/NLEADS background checks on all potential employees and contractors/volunteers. Employees that work in facilities that house Bureau of Prison offenders will have background checks conducted by the FBI. The HR Audit Specialist states that at the beginning of each calendar year, a report is run for each employee that will list the date of their last background check. Any employee that is due for an update that year, will be put into a database that will give a monthly report of who is due for a background check that month. The auditor was able to review both reports and ensure that all background checks were up to date.</p> <p data-bbox="252 1982 1484 2150">Promotions within the agency are based on merit. Policy 1800.04 disqualifies any employee in active disciplinary status, or who have received a written reprimand (or higher-level discipline) within 180 days of submitting a letter of interest. The HR Audit Specialist states that a HR Generalist will review any person's letter of interest for an open position and will alert the hiring</p>

manager if this person has been disqualified based on a disciplinary action. The auditors file review included a review of the disciplinary files and promotion documentation. Any employee that was promoted did not have any disciplinary action against them that included allegations of sexual abuse or sexual harassment.

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

During the employee file review, it was noted by the auditor that the form the HR Department completes for reference checks, references only correctional institutions and not just institutions as defined by 42 U.S.C. section 1997. This lead to some reference checks that did not address the required PREA related questions on sexual abuse allegations. Due to this, the auditor finds this standard in non-compliance.

**CORRECTIVE ACTION:**

1. The agency must document conducting reference checks with the required PREA related questions on sexual abuse allegations to any potential employee that has worked at a prior institution as defined by 42 U.S.C. section 1997.
2. The agency must train the HR department on what types of institutions are included in the list of required reference checks.

**FACILITY RESPONSE:**

The Human Resource Compliance Coordinator sent the auditor an updated reference check form on September 25, 2018 that includes the term "institutions" as required by the standard. The list of included institutions will now be used when conducting reference checks.

**Review:**

Policy and procedure  
Employee zero tolerance acknowledgement  
Employee continued affirmation acknowledgement  
Employee background checks  
Employee evaluations  
Employee disciplinary files  
Employee applications  
Employee reference checks  
Contractor/volunteer background checks  
Applicant interview questionnaire  
Background report database  
Human Resource Audit Specialist Interview

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Managing Director of Agency Programs states that the facility has not acquired any new facility nor is it planning any substantial expansion or modification to the current facility. Facility management, during its annual staffing review, assesses the needs to its video monitoring system. This includes taking into consideration how such technology may enhance its ability to protect from sexual abuse. The auditor reviewing the most recent staffing plan and was able to see how the facility addresses their monitoring system needs.</p> <p>The annual staffing plan includes the effectiveness of the facility's security program and if improvements in the electronic monitoring could help in the prevention, detection, and response to sexual abuse and sexual harassment. Since the last audit in August of 2015, the facility has added 4 additional cameras throughout the living and outdoor areas. There is no other need for additional electronic monitoring or increased staffing levels. The PREA Compliance Manager will continue to monitor and request additional resources as needs arise.</p> <p>Review:  Facility tour  Visual inspection of camera monitors  Annual staffing plan  Interview with Managing Director of Agency Programs  Interview with Program Director</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alvis, Inc. policy 1300.05a states that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary criminally investigated by the agency with legal authority to conduct such investigation. The agency has a Memorandum of Understanding (MOU) with the City of Columbus Police Department to investigate any allegation of criminal sexual abuse and/or sexual harassment at all facilities located within its jurisdiction. Price Hall is included in that jurisdiction. The auditor has reviewed the MOU and ensured that it outlines the responsibilities of each of the agencies, and that it request the administratively and criminally investigative agency to use an uniform evidence protocol that, if necessary, has been adapted from or based on the most resent edition of the U.S. Department of Justice's Office on Violence Against Women protocols. The auditor had a phone interview with Lt. Long from the City of Columbus Police Department who confirmed the MOU and scope of services. The lieutenant is a member of the Crisis Intervention Team and has been trained in Trauma Informed Policing training.</p> <p>The auditor reviewed the training curriculum provided by the Moss Group and the documentation of training received that verifies the PREA Coordinator and Facility Director have been appropriately trained on how to conduct administrative investigations. The PREA Coordinator reviewed the process for administrative investigation and the process for referral if at anytime the allegation looks criminal in nature. Once an allegation has been received whether through client reporting, third-party reporting, or staff report, an administrative investigation begins and the PREA Coordinator is notified. The PREA Coordinator becomes the primary investigator if the allegation involves a staff member or if the allegation is sexual assault. If the allegation is assault, the police will be immediately called and at no time will any staff member collect any physical evidence without the expressed authorization of the legal authority. For all other allegations, if at anytime during the administrative investigation that it appears that criminal activity took place, the administrative investigation will immediately cease and the City of Columbus Police Department will be called for a criminal investigation. The administrative investigation will not resume until the criminal investigation is complete or the legal authority gives prior approval.</p> <p>Clients in need of a forensic medical exam will be taken to Ohio University Hospital East. The auditor spoke with the Charge SANE Nurse who stated that the hospital does not enter into MOU's with any entity, but will provide SANE examinations at no cost to any person brought into the hospital. She reports Sexual Assault Nurse Examiners are on duty for most shifts; however, should there not be one, the hospital has a scheduled on call examiner available. She also states these nurses have received sufficient training to be considered for expert witnesses during court proceedings. They provide a patient quality care and evidence collection, and work in conjunction with advocacy groups to help clients in the restoration process.</p> <p>A MOU is in place with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide victim advocacy services. The MOU outlines the services provided and also the availability of a sexual assault helpline that is manned 24-hours/day. Services in the MOU</p>

include the use of emergency room advocates, emotional support, crisis intervention, community resource referrals, aftercare, assistance during law enforcement interviews, safety planning, and recovery reading materials. An interview with SARNCO's director confirms these services and that they are available free of charge to the clients of Price Hall.

The PREA Coordinator states that every attempt is made to provide a victim advocate from SARNCO. If for any reason an advocate is not available, the agency has trained emotional support staff that can be available at the clients request. The agency has several trained emotional support staff members, but none employed at Price Hall. A support person, if necessary, would be brought in from one of the other facilities under the Alvis, Inc. umbrella. During the Training Coordinator interview and employee file review, the auditor verified the emotional support training provided by the Ohio Bureau of Community Corrections and the completion certificates.

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

The PREA Coordinator reports that there have been zero (0) allegations of sexual abuse/sexual assault at Price Hall. At no time has the facility had to referral an allegation to the legal authority for a criminal investigation.

Review:

Policy and procedure

SARNCO MOU

City of Columbus Police Department MOU

Emotional Support training certificate

Emotional Support Training curriculum

Interview with PREA Coordinator

Interview with Facility Director

Interview with Training Coordinator

Interview with random and targeted staff

Interview with SARNCO Director

Interview with Sexual Assault Lt from City of Columbus Police Department

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05 outlines the agency's responsibility to conduct administrative investigations into all allegations of sexual abuse or sexual harassment. The policy also stipulates that at any time during the investigation criminal activity is suspected, the local legal authority will be notified by agency staff. A review of the agency website (<a href="https://alvis180.org/prea/">https://alvis180.org/prea/</a>) shows the agency policy concerning administrative and criminal investigations, the responsibilities of the administrative investigative agency (Alvis, Inc.) and the criminal investigative agency (City of Columbus Police Department), and the outcome reporting of all investigations.</p> <p>The PREA Coordinator reports that there have been zero (0) allegations of sexual abuse or sexual harassment at Price Hall. She states that should there be an allegation, the facility will document all referrals to the criminal investigator and ensure all agreed to policies, procedures, and protocols are followed. The sexual assault division lieutenant from the City of Columbus Police Department states that there have been no referral for a criminal investigation at Price Hall.</p> <p>Review:  Policy and procedure  Alvis, Inc website  Interview with PREA Coordinator  Interview with City of Columbus Police lieutenant</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1800.17 stipulates all new employees must receive training on sexual abuse and sexual harassment during orientation and annually thereafter. The PREA specific training during orientation will include the agency's zero tolerance policy on sexual abuse and sexual harassment; prevention detection, reporting, and responses to sexual abuse or assault allegations or observations; the rights of residents in reporting allegations and to remain free from retaliation; the dynamics of sexual abuse and harassment in confinement; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with residents; appropriate communications with residents (including those who identify as gay, lesbian, bisexual, transgender, or intersex); and how to comply with relevant regulations, policies, and procedures regarding reporting sexual abuse. PREA related gender specific training, including cross-gender pat searches and searches of transgender/intersex clients are completed based on the gender facility assigned and offered again to staff who may transfer to a different gender specific facility.</p> <p>Employees at each of the Alvis, Inc. facilities receive monthly training on a designated PREA compliance topic after their initial orientation PREA training. The monthly topics include: sexual harassment; access to care; code of ethics; client rights; zero tolerance; dynamics of abuse and common reactions; effects of abuse; reporting requirements; effective communication with LGBTI clients; boundaries and professional communication; cross-gender announcements; privacy during showering and changing; pat searches; third-party reporting; mandated reporting; rape crisis agencies; transgender/intersex policy and procedures; Sexual Assault Response Network of Central Ohio (SARNCO) and access to free medical and mental health services; staff reporting requirements; first responder duties; investigations and client notification; misuse of PREA and discipline procedures; and limited English proficient clients.</p> <p>The auditor was able to interview the agency Training Coordinator and review training curriculum and training rosters. The training coordinator talked about the mandated orientation process and how employees must have PREA training and sign the zero tolerance acknowledgement before working with clients. PREA related training that is offered at the facility is verified through a training roster which is forwarded to the training department and entered into a compliance database. Documentation of training and zero tolerance acknowledgement is placed in the employee's personnel file. The training coordinator reviewed the training curriculum with the auditor and how the onsite training is tailored to the gender of the clients at the facility. She showed the process for retraining staff members who may moved to a different gender specific facility. Recently the agency assigned specific senior staff members at each facility to orientate new/transferred employees to the facility's coordinated response plan. Facility trainers are required to use the curriculum developed by the training department and each facility will train on the same topic each month.</p> <p>The auditor reviewed all eleven (11) employee's training files. All training records were up to date. The auditor was able to verify that all employees received their initial PREA training either during their orientation period, or if they were hired before August of 2014, they received PREA training that year. Rather than provide a refresher training on the agency's</p>

Zero Tolerance Policy during the off year of the required bi-annual training, the agency provides monthly training on the topics listed in the above paragraph. These topics comprise the list of topics as required by the standard as well as other needed training that aids in the prevention, detection, response, and reporting of sexual abuse and sexual harassment. Orientation training last approximately three hours and the monthly training last thirty (30) minutes.

Staff targeted and random interviews confirmed the agency's PREA training program and monthly training schedule. Staff were able to discuss the training topics and how it directly applied to their jobs. All staff were comfortable with the level of training and did not think it needed to be improved upon.

Review:

Policy and procedure

Training Curriculum

Staff Training Records

Interview with Training Coordinator

Interview with targeted staff

Interview with random staff

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1800.18 addresses the required PREA training for all contractors and volunteers. All contractors and volunteers will receive at a minimum the following orientation training: agency's zero tolerance policy on sexual abuse and sexual harassment and their responsibility to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment and/or retaliation, code of ethics, client population, services and programs, and operational procedures. Once assigned to a specific building, the Facility Manager will provide additional orientation/on-the-job training that will include the facility's PREA coordinated response plan.</p> <p>The auditor was able to interview the agency Training Coordinator and review the curriculum for contractors and volunteers. The Training Coordinator verified that all contractors and volunteers receive PREA training through a power-point presentation before being allowed to interact with clients at any facility. The training is not as extensive as employee training; however, ensures that they understand the basics of how to prevent, detect, respond, and report suspicions or reports of sexual harassment, sexual abuse, and retaliation. The curriculum is commiserate with the level of interaction between the contractor/volunteer and the clients. A review of previous contractors and volunteers training sign-in sheet verifies their training. They also sign an acknowledgement of their understanding of the agency's zero tolerance policy.</p> <p>At the time of the audit, the facility did not have any contractors or volunteers.</p> <p>Review:  Policy and procedure  Contractor/volunteer training curriculum  Contractor/volunteer training roster  Contractor/volunteer zero tolerance acknowledgement  Interview with Training Coordinator</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 800.05b states that all clients are to receive written orientation materials containing the agency's zero tolerance policy in their primary language at intake and if a literacy; sensory; or physical, mental, or cognitive impairment exists assistance will be made available to ensure all clients fully understand the facility's efforts to prevent, detect, respond, and report to allegations of sexual abuse, sexual harassment, and retaliation. Clients sign acknowledgement forms that they have received and understand this information and the form is kept in each resident's file.</p> <p>Clients also receive a more formal PREA training conducted by the agency's PREA Coordinator. During an interview, the PREA Coordinator reviewed the training curriculum and discussed her method for ensuring all clients understand their rights and protections under the agency's zero tolerance policy. The coordinator will ask questions, discuss definitions, and give scenarios of what constitutes sexual abuse, sexual harassment, and retaliation. The coordinator also discusses the limits of confidentiality with staff and outside reporting entities. Disciplinary action against clients who participate in sexual abuse, sexual harassment, and retaliation is also discussed. Clients sign a training roster to verify their attendance to this training. All training records are kept by the Facility Manager.</p> <p>During the onsite visit, the auditor inspected posted notices of how clients can report allegations of sexual abuse and sexual harassment; phone numbers and address to local and national victim advocates; and their right to be free from retaliation for reporting such incidents. The posters were in highly visible locations throughout the facility in both English and Spanish. The auditor also received a copy of the written intake information that is given to each resident upon their arrival at the facility. The paperwork includes practical and statutory definitions of sexual abuse, sexual harassment, and inappropriate staff misconduct; clients right to be free from sexual assault; confidentiality; what to do if the client is sexually assaulted; seeking medical and mental health help free of charge; understanding the investigative process; ways to protect from sexual assault; and ways to report sexual abuse or sexual harassment (verbally to any staff member, contractor or volunteer; written and given to any staff member or through use of the grievance system; and/or using the various hotline numbers) and how they can report anonymously.</p> <p>The resident handbook that is given at intake, also states the same information. Clients are required to sign that they have read and understand the handbook. This verification form is kept in the resident file.</p> <p>The auditor interviewed eleven (11) clients and reviewed ten (10) client files during the onsite visit. All eleven clients not only verified their PREA training at intake, but also a facilitated training by the PREA Coordinator. The clients spoke freely about the ability to go to any staff member and report an allegation or to use the hotline number. Clients were also able to state the consequences to them should they participate in sexual abuse, sexual harassment, or retaliation. The files review showed all ten clients documented their understanding of their PREA intake training, received their handbook, and knew the locations of PREA related</p>

postings.

At the time of the audit, the facility did not have a client that needed assistance with understanding the PREA training provided by the agency. The Coordinator reviewed the process for how the facility would provide assistance to any client needing a translator, auxiliary aids, or reading/comprehension help. The assistance include using community resources for interpreter services (or the use of family communication assistance), having staff members read the material and ask questions to ensure the client understood the material, and providing auxiliary aid such as appropriate communication devises for clients that are deaf/hard of hearing or blind/low vision. The Coordinator states that as of this date, at no time has a client needed a translator or auxiliary aid, but has used staff to assist clients in reading and understanding the material.

During interviews with the Community Resource Specialist and the Case Manager, staff responded that in most cases whether a client and read or not, they tend to verbally review the PREA material given at intake to ensure all clients are aware of the protections of the zero tolerance policy. If a client arrives at the facility with a communication barrier, they would immediately contact the Facility Manager/Facility Director to start the process of employing community resources.

Review:

Policy and Procedure

PREA postings

Resident PREA material

Resident handbook

Resident PREA acknowledgment

Resident PREA training roster

Interview with PREA Coordiantor

Interview with Community Resource Specilist

Interview with Case Manager

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a total of ten (10) trained PREA administrative investigators including the agency PREA Coordinator. The training was facilitated by the Moss Group and includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative or criminal investigation referral. The PREA Coordinator received train-the-trainer training also from the Moss Group and provides new and refresher training to administrative investigators using the Moss Group curriculum. Training certificates for completion were verified during the employee file review.</p> <p>The auditor reviewed the training curriculum for both the initial administrative investigator training and the curriculum for the train-the-trainer administrative investigator training. Both training curricula provide appropriate material for proper training. The auditor also interviewed the Facility Director who serves as the administrative investigator for Price Hall and the PREA Coordinator who serves as the agency administrative investigator. Both were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. The investigators also discussed the process for referring a case for criminal investigation. The Coordinator states the Facility Director is not allowed to conduct a PREA administrative investigation if the allegation is against a staff member currently working in the facility. A trained investigator from another facility with the assistance of the agency PREA Investigator would conduct the investigation. The investigators understood Garrity; however, this is a private non-profit organization and Garrity warnings do not apply.</p> <p>The PREA Coordinator states that any allegation that appears to be criminal in nature will be referred to the Columbus City Police for a criminal investigation. The agency has a signed Memorandum of Understanding (MOU) with this agency to conduct criminal investigations into allegations of sexual abuse.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Administrative investigative curriculum</li> <li>Administrative train-the-trainer curriculum</li> <li>Administrative investigator training certificates</li> <li>Columbus City Police MOU</li> <li>Interview with PREA Coordinator</li> <li>Interview with Facility Director</li> </ul>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility does not use the services of medical or mental health practitioners at the facility. All client requesting these services would be referred to community resources. Medical services would be provided to clients by Ohio State University Hospital East while advocate services would be provided by Sexual Assault Response Network of Central Ohio (SARNCO).</p> <p>The auditor spoke with Kim Plants, Charge SANE Nurse at Ohio University Hospital East, who states that Sexual Assault Nurse Examiners at this hospital have completed forty (40) hours of coursework, twelve (12) exams witnessed by a physician, and three (3) sexual assault exams with over site by an experienced sexual assault nurse. SANEs must be able to testify as expert witnesses in rape case.</p> <p>The Director at SARNCO states that the agency has trained volunteers and staff advocates that provide emotional support, crisis intervention, and community resource information to victims of sexual assault at the Ohio University Hospital East. They also work with Deaf World Against Violence Everywhere should a client victim from Price Hall need these services.</p> <p>Review:  SARNCO MOU  Interview with Charge SANE Nurse  Interview with SARNCO Director</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1300.14 requires all clients to be screened to determine risk of sexual victimization or to be sexually abusive. Case Managers are given access to the screening tool in the SecurManage Database System. Through this system, the Program Director is able to limit the ability of unauthorized staff from viewing completed risk screens. The SecurManage system puts out task alerts to the case manager notifying them of the requirement to complete the 72-hour risk screening and the 30-day re-screen. The facility does not designate a set time to complete the re-screen. The Program Director states that she gets a report once a week on the tasks that were not completed which would include the risk screens.</p> <p>Case Managers are trained on how properly use the screening tool. The screening tool includes definitions and takes into consideration age, physical build, gender identity, sexual orientation, mental, physical, or developmental disability, prior sexual victimization or abusiveness, the clients of perception of vulnerability, criminal history, and any other information that may indicate a risk of being sexual abused or sexually abusing, including the screener's own perception of the clients sexual orientation and gender identity. The tools also informs the screener that offenders cannot be disciplined for not answering or providing incomplete answers to the questions. The auditor reviewed ten (10) completed assessments and found the tool to be objective and include the minimum required criteria for both risk of abusiveness and vulnerability. The auditor was allowed to witness a re-screening assessment to ensure the tool was administered correctly and effectively. The auditor also interviewed the case manager to assess the level of training and comfort with completing the assessment. The case manager stated that she received training on how to complete the assessment prior to using the tool and that the Program Director performed quality assurance on the screens to ensure consistency in the assessment. When asked how one would know that a client was at risk to be victimized or abusive based on the assessment tool, the case manager replied that any yes responses required a review by the agency clinician in order to better assess proper housing, work, and educational assignments. During an interview with the Training Coordinator, the auditor was able to review the risk screening training curriculum and roster.</p> <p>The standard requires upon receipt of new relevant information, clients, regardless of time frame, will be reassessed. During the onsite visit, the auditor interviewed a client who did not disclose his gender status as "transgender male" at intake but did speak to his case manager about his desire to be male at a later date. The client stated the preferred pronouns were "he" and "him" but was "ok" with the use of female pronouns and did not specifically request the use of male pronouns. The auditor was told by the Program Director at the start of the onsite visit that there were no offenders that identified as transgender. This was due to the case manager not informing anyone to the change in status, nor did she rescreen the client based upon this new information. All clients that were interviewed remembered receiving at least one screening but could not remember if when they were screened.</p> <p>The auditor requested a SecurManage report for both initial and re-screens of the PREA risk assessment tool. The auditor reviewed sixty-seven (67) initial records on the report and found thirty-seven (37) were completed after the initial 72 hours. A review of forty-three (43) re-</p>

screen records on the report found thirty-five (35) were completed after 30-days.

Based upon the lack of a required re-screen due to relevant new information and risk screenings not being completed within the specified time frame, the auditor finds this standard in non-compliance.

**CORRECTIVE ACTION:**

1. The facility needs to designate a set date for the re-screen of the risk assessment. The date should be some time after the initial assessment but prior to the 30-day mark. The time frame should allow for the Program Director/Manager to take corrective action steps should the re-screen go over the set date and get the screening complete before the 30-day mark.
2. The Program Director/Manager needs to review the task due report on a more frequent basis in order to improve the compliance with completing the screening on time.
3. Case managers need updated training on what new information qualifies as meeting the requirement for an updated assessment.

**FACILITY RESPONSE:**

The PREA Coordinator reports the program Treatment Coordinator has been assigned the task of conducting all initial (72 hrs. from arrival) PREA screenings. Case management staff will conduct the 30-day follow-up risk assessment. The Task Due report, housed in the SecurManage system, will be reviewed by management on a daily basis, to ensure timely processing of this standard. The PREA Coordinator sent the auditor a training sign-in sheet where she facilitated a training on initial screenings, 30-day screenings, and circumstantial screenings. The staff was also trained on appropriately managing LGBTI clients and reporting duties.

The auditor agrees that with the Facility Director no longer performing several job duties, she has more time to perform quality assurance checks on all risk screenings. The new structure for who completes the initial screening also allows for enough time to complete PREA related job duties in a timely manner.

Staff acknowledged their training and it will be reinforced through the monthly back to basics training.

**Review:**

- Policy and procedure
- Initial risk screening tool
- Re-screen risk screening tool
- SecurManage screening report
- Program Director interview
- Case Manager interview
- Client interviews
- Risk screening curriculum
- Risk screening training roster

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.14 clarifies the risk screening process to help determine risk with the information being used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility has identified specific dorm rooms and beds that are for clients that have been identified through the risk screening to possibly be subject to sexual victimization or be sexually abusive to other clients. These rooms have fewer beds and are situated near staff offices. Identified clients will not be placed in a room where the potential for victimization is greater due to rooming with a client identified with the potential to victimize others. Policy (1300.04) states that clients with a history of being sexually abusive may be denied admittance as such placement would impact the safety and/or security of the client, other clients, or the facility. Admission based upon gender identity is prohibited. As stated in standard 115.241, case management staff are not completing risk assessments in a timely manner. This could possibly allow for clients who have a greater risk for potential victimization to be housed, or have work, education, and program assignments with clients with the potential to be sexually abusive. The facility does not document how it uses the information to keep separate potential victims from potential abusers.</p> <p>Agency policy 1300.14 requires the agency, upon notice, to assess, review, and manage clients who are transgender/intersex on a case-by-case basis considering the clients individual circumstance. The management team will house a transgender/intersex clients in facilities that maximize client safety and privacy. The client will be placed at the facility location that offer the most appropriate resources and environment to accommodate any special needs. The auditor interviewed clients that have identified or are perceived to be transgender about housing, safety, and programming at the facility. All clients report feeling safe, not being assigned housing based on sexual preference or gender identity, and have not been prohibited in any way from participating in the program. During risk assessment, clients report being asked about their perceived vulnerability and any other concerns that they may have concerning their safety and privacy. No clients indicated any problems or safety concerns.</p> <p>The facility is equipped with a single use bathroom. This bathroom is located on the first floor and allows for the door to be shut while in use. The shower/tub combo has a shower curtain to offer more privacy. Clients that identify as transgender/intersex have the option of using this bathroom while being housed at this facility.</p> <p>The agency has an appropriate policy in place that addresses the safety needs of clients identified as potential victims and transgender/intersex clients. The facility; however, is not properly following the policy and procedures to ensure maximum client safety. Because risk screenings and re-screenings are not being completed in a timely fashion, vulnerable clients can be placed in dorms or work, education, and program assignments with clients who have the potential to be sexually abusive. Therefore, the facility is found to be in non-compliance with this standard.</p> <p>CORRECTIVE ACTION:</p>

1. The facility needs to ensure that clients who have been screened as vulnerable are separated by dorm, work, education, and program assignments with clients who are at high risk of being sexually abusive.
2. The facility needs to document how it is addressing those needs.

**FACILITY RESPONSE:**

The PREA Coordinator facilitated training with all staff members on how to complete a risk screenings, report vulnerability issues, and how to keep safe clients who have been identified as vulnerable from clients that have been identified as abusive. The agency has restructured staff duties so that the facility can ensure that clients are receiving initial risk assessment screenings within 72-hours and a rescreening at or before the 30-day mark. This will allow staff to immediately separate clients by dorm, work assignments, education, and programming. The auditor was sent sign-in sheets as confirmation of the training.

**Review:**

Policy and procedure

Initial risk screens

Re-screens of risk assessments

Interview with PREA Coordinator

Interviews with targeted clients

Facility tour

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency policy on resident reporting (1300.05) states that clients who feel subjected to sexual harassment, sexual abuse, staff sexual misconduct, or retaliation for reporting sexual abuse or sexual harassment should immediately report the matter to the Facility Manager/Facility Director. If the client feels uncomfortable discussing the matter with the manager or director, and shares the information with another staff member, that staff member shall report the information to the PREA Coordinator or the Manager on Call. Clients also have the option of reporting sexual harassment and sexual abuse in a written statement, to the internal toll-free hotline number, through the use of a third-party hotline number, to an outside third-party advocacy group (locally and nationally), through friends and family, or grievance report, and that if they so choose, they can report anonymously.</p> <p>During intake and again at a more formal client orientation, clients are given written and verbal information on how to report an instance of sexual abuse or sexual harassment. The clients receive written information which includes the names, numbers, and address of agencies they can report allegations. This information is also posted throughout the facility in highly visible locations. The auditor was able to review the information handed out to clients and the postings, as well as the grievance forms during the onsite visit. The auditor noted that on the documentation available to the clients was the notice to the limits of confidentiality.</p> <p>Clients are able to make unassisted free phone calls to any of the hotline agencies through the use of a facility house phone. This phone is located near the client computer desk and is available twenty-four hours a day. The clients at Price Hall are also able to carry their own cell phone. This allows for clients to report to any entity, any where, at any time. The auditor used the house phone to call the hotline number to ensure that the information on how to report was correct.</p> <p>The auditor interviewed eleven (11) clients during the onsite visit. All eleven clients were able to discuss the availability of written, verbal, or third-party PREA reporting, the locations of the PREA postings, and the policy against retaliation. Three clients stated that they would be more comfortable reporting to the hotline number, but all stated that they felt it was important to report any sexual abuse or sexual harassment especially if staff were involved. All clients interviewed stated that they felt like if they reported the allegation would be taken seriously and handled by staff appropriately. There were four clients who discussed with the auditor a current situation where they identified a client who was making them uncomfortable with some of the language and behaviors this client was displaying. The auditor asked if any of them reported this information to staff and they reported that they did not because they considered the behavior uncomfortable but not harassment. One client stated that another client did ask to be moved to another room because of the behavior (the client requesting a new room was moved).</p> <p>The same policy requires staff members to immediately document and report any allegations of sexual harassment or sexual abuse reported to them either verbally, written, through a third-party report, or their own suspicion. Staff members must document the information</p>

received or witnessed on the agency's PREA Report Form. This form is reviewed with staff during training so that everyone is aware of how to complete it correctly and to whom the information will be sent. Staff will also send an email that is linked to the PREA Coordinator and Facility Director to inform them of the the allegation. This email can only be seen by the recipients in order to control who has access to the allegation information. All staff have direct access to the PREA Coordinator and can report an allegation privately to her directly through phone, email, or office visit.

During staff interviews, all where clear on their duty to report allegations of sexual abuse, sexual harassment, staff sexual misconduct, and retaliation. When discussing the available options on how they could report, all stated that they felt comfortable addressing the issue with the Facility Director and would follow agency protocol for documenting the allegation. When asked about private reporting, all staff interviewed stated that they could reach the PREA Coordinator at the administrative building.

Review:

Policy and procedure

Client handbook

Written PREA client materials

Facility PREA postings (English and Spanish)

Staff reporting form

Client interviews

Targeted and random staff interviews

Facility house phone

115.252	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1477 701">Alvis, Inc. has an agency policy (1300.03) has a grievance policy that does not assess a time limit for filing a grievance alleging sexual abuse or sexual harassment. According to policy, the agency will respond to any grievance within two (2) days and an outcome notification within five (5) days. The policy allows for several levels appeal with the final appeal being with the Managing Director of Agency Programs. Should the facility need more time to respond to the grievance, the policy states that the facility will notify the client of the extension and provide a date and time in which a decision will be made. At no time for a grievance alleging sexual abuse, sexual harassment, or retaliation, will the client be made to participate in an informal resolution or resolve the grievance with the alleged abuser.</p> <p data-bbox="252 757 1477 1088">Clients are informed of the grievance process during intake. Clients are also notified that third-party sources can assist in the grievance process and that these sources can also file a grievance on behalf of a client. Clients are able to decline the grievance made on their behalf and this will be documented on the PREA report form. Grievance forms are made available to clients without the client having to request a form from staff. Clients may return the form to any staff member including the facility manager or director. Clients are also aware that using the grievance system to report an allegation of sexual abuse or sexual harassment is not mandatory.</p> <p data-bbox="252 1144 1477 1346">Should a client file an emergency PREA grievance alleging the fear of imminent abuse, staff will employ immediate corrective action in order to maintain the safety of the client. The facility has the ability to move a victim or the alleged abuse to another facility within the Alvis, Inc. umbrella, and when staff is alleged, the agency practice is to place the staff member on administrative leave.</p> <p data-bbox="252 1402 1477 1733">During client interviews, each responded that they were informed of the grievance process at intake and received a handbook which outlines the grievance process. The auditor also noted during the onsite visit that the grievance policy is posted on a bulletin board in a prominent area of the facility. No client interviewed has used the grievance system in order to make an allegation of sexual abuse or sexual harassment. The auditor discussed with the clients the response times to any type of grievance. The clients that did file grievances reported not receiving response within the 48-hour time period. Clients were frustrated with the process and did not feel filing a grievance would address their concerns.</p> <p data-bbox="252 1789 1477 1991">During an interview with the Facility Director, the auditor addressed the process for responding to client grievances. The director admitted to not giving client responses within the 48-hour time limit. The director felt overwhelmed with the added responsibility of the Facility Manager role at another facility she oversees as well as training the new Facility Manager at Price Hall.</p> <p data-bbox="252 2047 1477 2157">There have been zero (0) allegations filed for sexual harassment or sexual abuse using the grievance process. The PREA Coordinator assures that all allegations, regardless of how they are reported, will be investigated administratively and if necessary, criminally.</p>

Because the clients are not receiving responses to concerns addressed in filed grievances, the facility is not in compliance with this standard.

**CORRECTIVE ACTION:**

The facility needs to develop a process for ensuring that clients filing a grievance will get a response within the 48-hour time limit. The response should be documented and immediate corrective action should be noted for clients who allege a substantial risk of imminent sexual abuse.

**FACILITY RESPONSE:**

The agency developed a new grievance form in order to properly identify grievances that alleged imminent abuse. The PREA Coordinator sent a copy of the new form to the auditor on September 21, 2018. The new form is in compliance with the standard. The PREA Coordinator also reports that the agency has developed a new process to ensure that all grievance are reviewed and have an initial response within 48-hours. Facility management has been tasked with checking grievances daily, to improve the timeliness of responses. The PREA Coordinator also sent meeting minutes with the development of the plan and training of management staff on the new process. The Facility director now has the time to ensure this process is completed as stated in agency policy and procedure.

**Review:**

Policy and procedure  
Grievance reporting form  
Resident handbook  
Client interviews  
PREA Coordinator interview  
Facility Director interview  
Facility tour

115.253	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility has an MOU with Sexual Assault Response Network of Central Ohio (SARNCO) to provide victim advocates for emotional supportive services related to sexual abuse. Included in the MOU is an agreement for SARNCO to provide access to Price Hall client their address and hotline number so clients can access these services privately. The director at SARNCO states that all services provided by the agency are confidential.</p> <p>Along with the MOU for emotional supportive services, Price Hall has posted the contact information (agency, address, and phone number including toll free numbers) for other Ohio rape crisis agencies as well as the phone number for the national Rape, Abuse and Incest National Network (RAINN). During an interview with the director at SARNCO, she states that the agency has not received a request for services for any client at Price Hall nor has any client from Price Hall call the agency to make an allegation of sexual abuse or sexual harassment. The auditor made contact with RAINN's Affiliate Coordinator who reports that the agency does not track PREA calls since they are an anonymous hotline number. When calling RAINN, an individual will be connected to the local RAINN affiliate which for the Columbus, Ohio area is SARNCO.</p> <p>During the eleven client interviews (11), all clients were able to identify the location of the postings should they need the address or phone number of an advocacy agency. The clients were able to list the available services (i.e. emotional support, crisis intervention, and counseling) provided specifically by SARNCO and knew that these services were free of charge. When discussing the limits of confidentiality, the clients informed the auditor that during intake they receive PREA documentation that states information concerning the identity of clients who report sexual abuse is limited to those who need to know in order to keep the client safe. Clients stated that all reports of sexual harassment or sexual abuse would be investigated even if the reporter remained anonymous.</p> <p>At the onsite visit, the auditor was able to see the location of the various postings, verify the information that was listed, and confirm that the services listed on the MOU with SARNCO are available free of charge to the clients.</p> <p>According to the PREA Coordinator and the agency's posted annual reports, Price Hall has never had an allegation of sexual harassment or sexual abuse since their last PREA audit in August of 2015.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>SARNCO MOU</li> <li>PREA intake documentation</li> <li>PREA postings</li> <li>Facility tour</li> <li>Client interviews</li> <li>SARNCO Director interview</li> </ul>

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has posted on its website (<a href="https://www.alvis180.org/prea/">https://www.alvis180.org/prea/</a>) ways that anyone can report allegations of sexual harassment or sexual abuse on behalf of a client. This information includes Alvis' toll-free hotline number and a link to make an online report. The auditor tested both the hotline number and the online link. The PREA Coordinator answered the phone for the hotline number and also responded to my online allegation (same day). The PREA Coordinator forwarded a copy of the information she receives when someone completes the online form.</p> <p>Price Hall also post information in locations that are accessible to visitors of the facility. These poster contain information on PREA, how anyone can report an allegation, and phone numbers for the facility and outside agency reporting. Clients are also educated during intake about how to inform their love ones of the third-party reporting process. Eleven clients verified they received this information during client interviews.</p> <p>The Director at SARCNO reports that the agency has not received a third-party report for anyone at Price Hall. There have been zero (0) other reported allegations of sexual abuse or sexual harassment at Price Hall, there are no third-party reports for the auditor to inspect. The PREA Coordinator states that all allegations of sexual abuse or sexual harassment will be investigated administratively and criminally if necessary, regardless of how the allegation is reported.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Agency website</li> <li>PREA postings</li> <li>Facility tour</li> <li>Reporting numbers</li> <li>Online reporting system</li> <li>PREA Coordinator interview</li> <li>Client interviews</li> <li>SARNCO director interview</li> </ul>

115.261	<b>Staff and agency reporting duties</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 873">Policy 400.09 requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third-party and anonymous reports. The policy states that staff will handle all crises first, and then use the coordinated response plan (Phone Tree Procedure) to contact appropriate administrators. Once that is complete, staff will document the incident on an Unusual Incident Report (UIR) using the facility internal computer system. The completion of this form will trigger an automatic email to the contact list based on the nature of the incident. This system allows the facility to limit the number of people who have access to the allegation information. Staff members are taught during orientation training that all communication about a reported allegation, suspicion, or witness of an allegation is limited to the Facility Manager, Facility Director, PREA Coordinator, or the Manager on Call. These administrators will be decided based on the incident who else needs to know about the allegation. The Facility Director and PREA Coordinator are both administrative investigators and will begin the investigatory process.</p> <p data-bbox="252 929 1484 1176">Staff who have knowledge about an incident or suspected incident of sexual abuse, sexual harassment, or retaliation are also required to complete section A of the agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Reporting Form. The form collects information on the basics of the incident (date, time, witness, location) without requiring the writer to perform investigatory duties. This report is then given to the Facility Manager, Facility Director, or the PREA Coordinator.</p> <p data-bbox="252 1232 1484 1388">During the intake process, clients are informed of the agency's staff limits to confidentiality. The clients are given written notification as to these limits and sign a verification that have received and understand the notice. The agency requires staff that have licensure to reaffirm these limits at the beginning of services.</p> <p data-bbox="252 1444 1484 1780">While the state of Ohio does not require institutions or facilities licensed by the state in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services, Policy 400.09 requires the reporting of allegations of sexual abuse and sexual harassment to Ohio Department of Rehabilitation and Correction's Bureau of Community Sanctions, Federal Bureau of Prisons, and the Ohio Department of Developmental Disabilities should a victim be under the supervision of one of these agencies. The facility does not accept any client that is under the age of eighteen (18) and does not have a duty to report to child protective services.</p> <p data-bbox="252 1836 1484 2038">During a review of ten (10) resident files, all files contained documentation that the clients received PREA information at intake and this included a form which expresses the staff limits to confidentiality. The auditor interviewed eleven (11) clients during the onsite visit. All clients stated that at the meeting of their case manager or during group facilitation, staff would inform all clients of their duty to report.</p> <p data-bbox="252 2094 1484 2161">During staff file reviews (all eleven staff members files were reviewed by the auditor), it was noted that the training received during orientation includes how to report allegations of sexual</p>

abuse, sexual harassment, and retaliation; how to properly document an allegation in the agency's internal database system and complete section A of the Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form; how to communicate the limits of confidentiality; and the use of the coordinated response plan. Staff are required to sign a roster to verify their attendance to the training.

During staff targeted and random interviews, all stated that they understood the reporting process, who they are required to report allegations of sexual abuse and sexual harassment, and that all allegations must be investigated by a trained investigator. Staff indicated that they would have no problem reporting any allegation or suspicion of sexual abuse, sexual harassment, or retaliation even if the alleged abuser was a coworker.

During client interviews, four clients stated that another client was using sexualized language and exhibiting behaviors that they found uncomfortable and wanted the behavior to stop but did not consider it sexual harassment. One client however did ask to be move to another room based on her comfortableness. The auditor spoke with Community Reentry Specialist (CRS) staff about the situation and they confirmed that several of the clients have complained about the behavior and that they recently address the behavior with that client. When asked about documentation or reporting of this incident., one CRS stated that she just found out and had made a plan to speak with the case manager later that day. The auditor was concerned that the incident was reported to staff several days before the situation was addressed with the alleged abuser or reported to management. The staff were under the impression that because the clients did not call the behavior PREA, they did not have to follow the expected protocol.

The auditor discussed the situation with the Program Director and PREA Coordinator. Neither had been alerted to the situation prior to the auditors discussion with them.

Because staff members did not immediately report information regarding sexual harassment (regardless if the clients did not specify the event as PREA), the facility is in non-compliance with this standard.

#### CORRECTIVE ACTION:

1. The facility needs to train staff members on reporting incidents based on the definition of sexual harassment and not based on whether the clients label the incident as PREA.
2. The facility needs to train staff on the importance of immediately reporting and documenting incidents of sexual harassment.

#### FACILITY RESPONSE:

The PREA Coordinator facilitated a training to all staff on the reporting requirements of all suspicions and allegations of sexual abuse and sexual harassment. Staff were informed to report any sexual misconduct to management or the PREA Coordinator and allow a trained PREA investigator to make determinations to allegation classification. The PREA Coordinator sent the auditor a sign-in sheet verification of staff acknowledging their training. Clients were also received an updated training on how to report allegations.

Review:

Policy and procedure

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

Client files  
Staff training files  
Staff interviews  
Client interviews

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy (1300.05) and a plan to protect clients from imminent sexual abuse. The facility has several dorm rooms on two separate floors. Clients can be moved within the facility in order to maintain separation between the victim and the alleged abuser. Should the change of dorm rooms not be sufficient enough to provide protection, the agency has several halfway houses under its umbrella in the Columbus, Ohio area. The victim or alleged abuser could be moved to another facility during the course of the investigation. In the case of a staff member being the alleged abuser, the agency could move the staff to another facility during the investigation; however, the PREA Coordinator states that the agency practice is to place staff alleged abuser on administrative leave during the investigation.</p> <p>The agency also have the option, with the approval from the referral source, to place a victim on electronic monitoring and allow them to return home. The alleged abuser could also be returned to the referral source. The PREA Coordinator states that how the facility chooses to protect victims depends on the severity of the risk. To date, the facility has not had a situation where a client was at imminent risk for sexual abuse.</p> <p>Review;  Policy and procedure  Facility tour  Alvis, Inc. facilities  PREA Coordinator interview</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05a requires all reports of allegations made to the facility while the client was confined at another institution, jail, or other correctional facility, the staff will document this information and make a report to the facility director. The facility director is responsible for notifying the head of the facility, appropriate office of the agency where the alleged abuse occurred. Such communication is required to be provided as soon as possible but no later than 72-hours after receiving the allegation. The facility director will also notify the appropriate contracting agency of the allegation. An Unusual Incident Report is used to document the notification and the documentation of the notification is sent to the PREA Coordinator.</p> <p>Policy 1300.05 requires the agency to conduct an administrative investigation on all allegations of sexual harassment or sexual abuse. This includes allegations reported to the agency by another facility. Should a facility receive a report that a former client has made an allegation of sexual harassment or sexual abuse while they were confined at Price Hall, the report will be immediately documented on the Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form and forwarded to the PREA Coordinator for initiation of an investigation.</p> <p>An interview with the Facility Director and the PREA Coordinator confirmed the process used to ensure all allegations of sexual abuse or sexual harassment reported to the facility will be reported to the proper facility or in the case of a report made to the facility from another institution that allegation will be fully investigated.</p> <p>The facility has never received an allegation from another institution, nor have they had to communicate an allegation to another institution.</p> <p>Review:  Policy and procedure  Facility Director interview  PREA Coordinator interview</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy (1300.05a) requiring all staff be trained on the first responder duties. The duties are applicable to all staff members and outline the expected practices during an incident of sexual abuse. The training curriculum reviewed, included instructions on how to separate the victim and abuser; preserve and protect the crime scene; request the victim take no action that would destroy evidence (i.e. shower, use the toilet, or brush teeth); ensure the abuser does not take any action that could destroy evidence (i.e. shower, use the toilet, or brush teeth); and immediately call 9-1-1.</p> <p>First responder training is mandatory during staff member's orientation training and again during the year at the Back to Basics monthly training. All staff interviewed (targeted and random) where able to recall their first responder training and identify the location of the coordinated response plan that includes the first responder duties.</p> <p>Price Hall has never had an allegation of sexual abuse or sexual assault, and has never needed the use of a first responder.</p> <p>Review:  Policy and procedure  Staff Training Curriculum  Staff Training Roster  Staff interviews</p>

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1442 573">Policy 1300.05a details the agency's coordinated response plan. The details of the plan are posted at the main post in Price Hall. The posted plan is in flowchart form and walks staff members through the appropriate action steps to follow in the event of a sexual abuse or sexual assault incident. The steps are detailed and include phone numbers and required reporting forms that are to be completed. The chart also list the specific steps to take in incidents of sexual harassment.</p> <p data-bbox="252 629 1481 954">The plan begins with the first responder duties; contacting the PREA Coordinator, Facility Manager/Director, legal authorities, and rape crisis for emotional supportive services; and documenting the incident according to agency policy. The PREA Coordinator will follow up with the City of Columbus Police Department until the completion of the criminal investigation, after which the facility will initiate an administrative investigation. The victims mental health will be evaluated by the agency clinician within 48-hours of the abuse. It will be the clinician's responsibility to conduct status checks and update the PREA Coordinator and make referrals for additional services.</p> <p data-bbox="252 1010 1481 1346">All staff are mandated to learn the agency's Sexual Abuse, Assault, Harassment Response Procedure during orientation training and a more specific plan once assigned to a facility. During the onsite visit, the auditor was able to view the posted plan and interview staff to ensure they knew the details of the procedure. The auditor also wanted to ensure that CRS staff that may be working alone were proficient in knowing the plan and were capable of acting upon it under the duress of a sexual assault. All staff except for one (has been working at Price Hall for approximately one month) knew the required steps of the coordinated plan without referencing the posted chart.</p> <p data-bbox="252 1402 1002 1682">Review:  Policy and procedure  Sexual Abuse, Assault, Harassment Response Procedure  Staff training curriculum  Staff training roster  Facility tour  Staff interviews</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p data-bbox="252 1890 896 1924"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1968 523 2002"><b>Auditor Discussion</b></p> <p data-bbox="252 2047 1442 2125">The Managing Director of Agency Programs reports that the agency does not have a union nor does it enter into any contracts with employees.</p>



115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1300.05a mandates the protection from retaliation to anyone who reports sexual abuse or sexual harassment or cooperates in the investigation of an allegation of sexual abuse or sexual harassment. The obligation to monitor for retaliation is listed at a minimum of 90 days. The facility can choose to extend the monitoring period if the situation dictates. The Facility Director at Price Hall is tasked with ensuring the protection from retaliation. During an interview with the Facility Director, she states that she would monitor the conduct and treatment of both clients and staff who report sexual abuse or harassment or who are cooperating in the investigation of an allegation. For monitoring of clients, it would include periodic status checks, and a review of the clients disciplinary records, housing, program changes, or negative performance reviews and reassignments of staff. Documentation of status checks will be kept in the client's file.</p> <p>The PREA Coordinator state that the agency has the ability to move client's room, to another facility, or even place on home confinement through electronic monitoring in order to facilitate retaliation protection. Staff members can also be moved to various facilities under the Alvis, Inc. umbrella or placed on administrative leave. Staff and clients will also be offered emotional support if requested. All efforts to assist in protection will be based on need. The only way retaliation monitoring would cease prior to the 90-day required monitoring period is if the allegation was administratively investigated and determined to be unfounded.</p> <p>Price Hall has not had an allegation of sexual abuse or sexual harassment since the last audit in August 2015. There has been no need to place a staff member or client under retaliation monitoring.</p> <p>Review:  Policy and procedure  Facility Director interview  PREA Coordinator interview</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05 requires an administrative investigation on any allegation of sexual harassment and sexual abuse. This includes allegations received through third-parties or anonymous reports. Any allegation received will be immediately forwarded the PREA Coordinator who will assign one of ten (10) trained agency administrative investigators (see standard 115.234) to review the allegation. If the reported allegation involves possible criminal behavior, immediate reporting will be made to local law enforcement for further investigation. Policy 1300.05a strictly prohibits Alvis, Inc. staff from conducting any type of criminal investigation.</p> <p>The agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form serves as a guide for the administrative investigator. The form documents:</p> <ol style="list-style-type: none"> <li>a. Name of all victims, witnesses, and abusers</li> <li>b. Name of all staff working during this incident</li> <li>c. Date, time, and location of incident</li> <li>d. How the incident was reported to the agency</li> <li>e. Review of the allegation and any available statements</li> <li>f. Review of any prior allegations, incidents, or reports involving the victim or abuser (review other allegations/reports available)</li> <li>g. If the victim has been offered or requested the use of emotional supportive services</li> <li>h. Availability/review of video evidence</li> <li>i. Isolated incident or repeated offence (not reported)</li> <li>j. Interview of all victims, abuser, and witnesses, along with staff working during the incident (if the allegation is of a criminal nature the administrative investigator will not interview any victim, witness, or abuser until the completion of the criminal investigator or without expressed consent from the legal authority)</li> <li>k. Identify any vulnerabilities within the facility that could have contributed to the alleged abuse (physical layout, composition of resident population, inadequate staffing, inadequate video monitoring, blind spots, or other).</li> <li>l. location of victim and abuser (i.e. hospital, removed from program, home).</li> <li>m. Findings summary including reasoning behind credibility statements.</li> </ol> <p>The auditor reviewed the training curriculum and certificates of completion for all ten (10) investigators. The training was provided by the Moss Group and included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Administrative investigators are not allowed to require a polygraph examination or other truth telling devise, nor are they allowed conduct criminal investigations. Should the allegation included criminal conduct, the administrative investigator will protect and preserve evidence until such collection can be done by the legal authority (City of Columbus Police Department). The administrative investigator will document in the Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form what evidence was collected and by whom. The investigator will ensure cooperation with the City of Columbus Police Department and remain</p>

informed about the progress of the investigation. The agency has a signed MOU with the City of Columbus Police Department (that was reviewed by the auditor) to conduct investigations into allegations of sexual abuse, sexual assault, and sexual harassment that appear criminal. The auditor spoke with a lieutenant from the sexual assault division of the City of Columbus Police Department. The lieutenant confirmed that they would respond to any sexual assault at Price Hall and would conduct a criminal investigation in accordance with agency policies. The department would remain in contact with the facility during the course of the investigation.

The auditor had an opportunity to talk with three trained investigators during the audit. Due to the fact that Price Hall has never had an allegation of sexual abuse or sexual harassment, two of the auditors have never conducted an investigation. Those two auditors confirmed their training with the Moss Group and discuss the process they would follow should they be required to conduct an investigation. Each discussed the process of conducting trauma informed victim interviews, interviewing any witnesses, interviewing the alleged abuser, interviewing staff on duty during the incident, reviewing video evidence if available, reviewing past reports/incidents if available, and consulting with the PREA Coordinator. The PREA Coordinator, who is also a trained administrative investigator has conducted investigations at other agency facilities. She discussed her method for collecting evidence; interviewing the victim, witnesses, and the alleged abuser; making credibility assessments based on past documented behavior and not on the status of the client victim; and referring allegations to the local legal authority. Price Hall is part of a private non-profit agency and is not bound by Miranda or Garrity warnings. The PREA Coordinator states that allegations that are criminal would be handled by the police department before a staff member who is the accused abuser would be interviewed. The PREA Coordinator states that should a staff member resign in the middle of an investigation, it would not terminate the investigation. During criminal investigations, the PREA Coordinator states that she would remain informed of the progress and outcome; however, it would be the responsibility of the City of Columbus Police Department to referral for criminal prosecution if necessary.

Because the facility has never had an allegation of sexual abuse or sexual harassment the auditor reviewed 38 incident reports for the past twelve (12) months. All incidents were reviewed and findings were based on factual evidence. The reports included one incident where clients were having an inappropriate sexualized text conversation with each other. The incident documented the full consent of both parties in an effort to ensure that no one was coerced into having this relationship. Both clients were disciplined based on agency rules prohibiting consensual relationships between clients. Consensual and non-consensual relationships between staff and clients is strictly prohibited.

Reviewed:

Policy and procedure

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

Incident reports

Administrative investigator training curriculum

Administrator investigator training certificates

MOU with City of Columbus Police Department

Interview with administrative investigators

Interview with PREA Coordinator

Interview with lieutenant from City of Columbus Police Department

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alvis, Inc. policy 1300.05a states that the agency shall impose no standard higher than the preponderance of the evidence or 51% in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This determination status was confirmed during interviews with the three (3) administrative investigators.</p> <p>The PREA Coordinator reviews all administrative investigations and makes final outcome determinations.</p> <p>Review:  Policy and procedures  Administrative investigator interviews</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05 requires client notification of the outcome determination in an investigation of sexual abuse or sexual harassment. The policy states that clients shall be informed of:</p> <ol style="list-style-type: none"> <li>a. substantiated, unsubstantiated, or unfounded determination</li> <li>b. whether the staff member is no longer working within the client's facility</li> <li>c. whether the staff member is no longer employed at the agency</li> <li>d. whether the staff member/client abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>e. whether the staff member/client abuser has been convicted on a charge related to sexual abuse within the facility</li> </ol> <p>The agency has an appropriate PREA Allegation Outcome Notice that contains all the required information per PREA standard 115.273 (c) (1) (2) (3) (4) and (d) (1) (2). The agency has not had an allegation of sexual abuse or sexual harassment so there were no notification for the auditor to review. An interview with the PREA Coordinator revealed that every attempt is made to give victims outcome notices even if the client is no longer at the facility. The PREA Coordinator remains in contact with the local police department in order to give notice to any criminal proceeding outcomes.</p> <p>If the client is still at the facility, the Facility Director will give the client the written notice and have the client sign and date that they have received the notice. If the client is no longer at the facility, the Facility Director will try to contact the client at the last known address in order to give notification.</p> <p>Review:  Policy and procedure  PREA Allegation Outcome Notice form  Interview with PREA Coordinator</p>

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05a states that if an allegation that is reported determined that staff sexual harassment, staff sexual abuse, or sexual misconduct occurred, Alvis, Inc. will take appropriate actions according to agency policy. Policy 1300.05 reinforces this statement by declaring it is never appropriate or acceptable for a staff member to have a personal or sexual relationship with a client and any sexual contact with a client is a terminable offense as well as criminally punishable. The agency will report any terminations due to violations of agency policy on sexual abuse or sexual harassment to any relevant licencing board and to law enforcement agencies if the behavior is criminal. A staff member's resignation during the investigation will not terminate these responsibilities.</p> <p>The agency's disciplinary policy is given to staff during orientation and each staff member is required to sign an acknowledgment that they have read, understood, and agree to abide by the policies and procedures set forth by Alvis, Inc. The auditor was able to verify the form and signatures during the file review. During staff interviews both targeted and random staff members stated that they understood the disciplinary procedures for a violation of the agency's PREA Zero Tolerance policy and that termination is the presumptive outcome for a substantiated allegation of sexual abuse. The staff were also aware that Alvis, Inc. would report terminations based on a violation of the agency's PREA policies to law enforcement agencies and relevant licensing boards.</p> <p>During the onsite visit, the auditor did review staff disciplinary records; however, there has never been an allegation of sexual abuse or sexual harassment at Price hall, nor has a staff member been disciplined for a violation of any part of the agency's sexual harassment or sexual abuse policies.</p> <p>Review:  Policy and procedure  Employee disciplinary records  Staff interviews  Staff zero tolerance acknowledgements</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alvis, Inc. has a policy (1800.18) that requires all contractors, volunteers, and interns to receive appropriate PREA training that provides an overview of their responsibilities to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, or retaliation. This training also makes contractors, volunteers, and interns aware that any violation of the agency's policies on sexual abuse and sexual harassment will have their contract or agreement with the agency cancelled. The agency is also under the obligation to report the contractor, volunteer, or intern to law enforcement (if a crime has taken place) and/or relevant licensing boards.</p> <p>The auditor reviewed the Staff, Vendor, Volunteer, and Contractor PREA Acknowledgement and Review form. The form reviews the agency's policy, staff, contractor, volunteer, and intern reporting responsibilities, and possible disciplinary action for a violation of the policies. The form also informs of the continuing affirmative duty to disclose any sexual misconduct and that material omission regarding such conduct is subject to dismissal. While Price Hall does not have any current contractors, volunteers, or interns, the auditor was able to review past agreements.</p> <p>Due to the facility never receiving an allegation of sexual abuse or sexual harassment, Price Hall has never disciplined or dismissed a contractor, volunteer, or intern for a violation of PREA policies.</p> <p>Review:  Policy and procedures  Employee and contractor PREA Acknowledgement and Review  Contractor, volunteer, and intern training  Contractor, volunteer, and intern training roster</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1500.04 requires all Alvis, Inc. facilities to adopt a system of progressive discipline in accordance with established program rule and regulations. While policy 1500.02 outlines the procedures for progressive discipline. The policy specifically defines the procedure each facility must take when dealing with client violations of rules and regulations. Sanctions will be chosen to coincide with the appropriate violation and category as listed in the client handbook. The facility allows for increased severity of sanctions or additional sanctions for repeated occurrences of rule violations. Sanctions in the "automatic" category will result in a disciplinary hearing or Behavior Review Committee meeting. Both sexual harassment and sexual abuse are automatic review offenses. During the review, the clients mental disabilities or mental illness will be considered before deciding upon an appropriate sanction. A disciplinary hearing or committee review meeting can result in a client being permanently removed from the program.</p> <p>The facility has defined rules and sanctions that can be given for violations. These rules and sanctions are described in the client handbook. Each client is to receive a handbook upon admission and the rules shall be explained by staff during orientation. Clients sign verification that they received the handbook and the the form is placed in the client file. During the onsite visit, the auditor reviewed ten (10) client files and all had the clients verification of receiving the handbook dated the day of intake. The auditor was also able to confirm this during eleven (11) client interviews. All clients agreed that they received a handbook at intake, a review of the rules by staff during orientation, and knew the location of the posted rules and sanctions on the client bulletin board.</p> <p>All clients interviewed felt the facility took the PREA zero tolerance policy seriously, and that any substantiated allegation of sexual abuse would lead to termination from the facility. Clients also stated they know a finding of guilt for a sex abuse allegation could result in criminal charges.</p> <p>The client handbook also specifies that clients are not allowed to have consensual sexual relationships with each other. It also specifies that clients who try to establish a relationship with a staff member can be disciplined according to agency policy when the staff member did not consent to such relationship. During the onsite visit, the auditor reviewed thirty-eight (38) incident reports over the past twelve (12) months. While the facility has not had any allegations of sexual abuse or sexual harassment, there was an incident of client to client consensual relationship establishment. There was a review to ensure that the conduct was consensual and both parties were disciplined according to established rules and sanctions.</p> <p>The PREA Coordinator states that all allegations reported are investigated and that no client would be disciplined for a good faith report of a possible PREA violation.</p> <p>Review: Policy and procedure</p>

Client handbook  
Incident reports  
Client interviews

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05a allows for all client victims of sexual abuse to receive free timely, unimpeded access to emergency medical treatment and crisis intervention services, and the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Ohio University East would provide timely information and timely access to emergency contraception and sexually transmitted infectious prophylaxis, pregnancy testing, and timely and comprehensive information about and timely access to all lawfully pregnancy related services. The SANE Charge Nurse confirmed these services during the phone interview. Sexual Assault Response Network of Central Ohio (SARNCO) has agreed (signed MOU) to provide emotional supportive services, crisis intervention, and ongoing recovery assistance to all client victims of sexual abuse at Price Hall. Policy requires the offering of these services regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p>During staff interviews it was relayed to the auditor that should an incident of sexual abuse/assault take place, the staff would immediately call 9-1-1 and separate and protect the victim until the arrival of medical personnel. SARNCO would also be contacted in order to obtain advocate services. Contact numbers are located on the facility's coordinated response plan.</p> <p>The facility has not had a report of sexual abuse.</p> <p>Review:  Policy and procedure  MOU with SARNCO  Sexual Abuse, Assault, Harassment Response Procedure  SARNCO Director interview  SANE Charge Nurse interview  Staff interviews</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Price Hall offers community medical and counseling services for clients who have been sexual abused in a prison, jail, lockup, or juvenile facility. These services are discussed with the client during the initial risk screening assessment and if necessary, again during the re-screening. The community services available would include evaluation and treatment; follow up care; treatment plans; and further referral to community resources following a clients transfer or placement into another facility or release from custody. The auditor was able to sit-in during a re-screening and witness the services offered to a client. While the client was not abused in a confinement facility, the client was still offered services and was reminded that should she change her mind about wanting services that she could do so at anytime.</p> <p>Price Hall houses female felony offenders from several referral sources. Should one of these clients experience sexual abuse that includes vaginal penetration, the victim shall be offered a pregnancy test, timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Services will also include testing for sexually transmitted infections.</p> <p>Staff interviewed stated that as a part of the coordinated response plan, they would immediately offer unimpeded access to both emergency and ongoing medical and mental health care.</p> <p>Price Hall does not currently have a client that was abused while incarcerated in a juvenile, facility, jail, prison, or lock-up.</p> <p>The PREA Coordinator confirmed the availability of all services and verified that the services would be free of charge. She states that policy prevents the agency from housing known resident-to-resident abusers.</p> <p>Review:  Policy and procedure  Sexual Abuse, Assault, Harassment Response Plan  Re-Screen interview  PREA Coordinator interview</p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>As required by policy 1300.05a, the Sexual Assault Response Team (SART) will convene within thirty days at the conclusion of a sexual abuse/assault investigation unless the investigation concludes the allegation is unfounded. The review team consist of the Managing Director of Agency Programs, Managing Director of clinical services, program director, Managing Director of Operations or human resource designee, Director of Accreditation, Associate Managing Director of Grants and Communications, and the client's case manager.</p> <p>The auditor reviewed section D of the Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form that is to be completed by the SART during the investigation review. The team will review: whether all parties involved received proper zero tolerance training; the number of staff on duty and if this number is adequate; if surveillance monitors were available in this area and if the equipment is in good working order; if the victim is limited English proficient; if there was a physical barrier or other facility design issue that enabled the abuse; if the PREA Coordinator was consulted prior to any substantial expansion or modification to the facility; did the facility's response to the allegation follow agency protocol; was the coordinated response plan followed; did the victim received medical treatment from a sexual assault nurse examiner; did the victim receive emotional supportive services; did the police conduct a criminal investigation; if policy and procedure needs to be changed in order to better detect, protect, or respond to sexual abuse; if the victim and alleged abuser received an agency handbook; if the victim and client abuser were screened for risk of sexual victimization and abusiveness (including if the allegation was motivated by race, ethnicity, gender identity and/or sexual orientation [or perceived gender identity and/or sexual orientation], gang affiliation, or other group dynamics); if the victim submitted a previous grievance, was it responded to within two (2) working days, the response from the program director, and if the grievance was processed at a higher level of supervision; was the victim notified of mandatory reporting laws; were in-house or community based services offered to the victim free of charge; what protection measures were employed during and after the incident; have there been any suspected or documented acts of retaliation; was the victim notified of the allegation determination; any disciplinary actions; if the victim received timely information and access to emergency contraception and sexually transmitted infectious prophylaxis, timely unimpeded access to emergency medical treatment and crisis intervention services, pregnancy testing and timely and comprehensive information about and timely access to all lawful pregnancy related medical services (females only), and test for sexually transmitted infections as medically appropriate; and ongoing medical and mental health care as determined by medical and health practitioners.</p> <p>The team will also review facility audits, if the facility was out of compliance with PREA standards, and the number of substantiated allegations at the facility within the past three years.</p> <p>At the conclusion of the review, the team will make recommendations as necessary and submit the required corrective actions to the facility director. The compliance with the team's recommendations will be overseen by the PREA Coordinator. All information contained in the</p>

SART report will be retained by the PREA Coordinator in a locked file cabinet for five years after the termination of the abuse from the facility and the statistical data will be retained for ten years.

While Price Hall has never convened a Sexual Assault Response Team due to never receiving an allegation of sexual abuse/sexual assault, the auditor spoke with the Managing Director of Agency Programs (who is a member of the team) about the process the team takes in reviewing an investigation. The Managing Director stated that ensuring that proper policy, procedures, and protocols were followed prior, during and after an allegation is the main focus of the team. Ensuring these is the best way the facility can prevent, detect, report, and respond to allegations of sexual abuse or sexual harassment. The team also reviews current policy, procedure, and protocols to address whether changes need to be made to more effectively prevent, detect, report, and respond to sexual abuse and sexual harassment. The Managing Director states that the Facility Director is responsible for implementing any recommendations and documenting the implementation or reasons why the recommendations were not implemented on the facility staffing plan.

The agency will also review any significant sexual harassment allegations to ensure proper policy, procedures, and protocols were followed. The agency is diligent in their effort to ensure client safety.

Review:

Policy and procedure

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

Managing Director of Managing Director interview

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05b requires the PREA Coordinator to supervise the agency's data collection process and ensure a report is prepared that details sexual abuse and sexual harassment findings and corrective actions for each Alvis, Inc. community correction facility. The facility's director is responsible for collecting data for every allegation of sexual abuse or sexual harassment for each calendar year. The facility is using Ohio Department of Rehabilitation and Corrections PREA reporting form as the collection instrument. The information on this form is aggregated and listed in the agency's annual PREA report. The report is posted on the facility's website <a href="https://www.alvis180.org/prea/">https://www.alvis180.org/prea/</a>.</p> <p>The auditor accessed the agency's website and reviewed Alvis PREA Allegation Summary Report 2016 and Avis PREA Allegation Summary Report 2017. Both reports contained annual aggregated sexual abuse and sexual harassment allegation data from all Alvis, Inc. operated facilities. The information documented is enough to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator reports that the Department of Justice has never requested such data.</p> <p>The agency is not a public agency and does not contract with other facilities for the confinement of its clients.</p> <p>Review:  Policy and procedure  Alvis, Inc website  PREA Allegation Summary Report 2016  PREA Allegation Summary Report 2017  PREA Coordinator interview</p>

115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1300.05b requires the PREA Coordinator to publish an annual PREA report. The auditor access the website (<a href="https://alvis180.org/prea">https://alvis180.org/prea</a>) and reviewed PREA Allegation Summary Report 2016 and PREA Allegation Summary Report 2017. Both reports contain details on how the agency as a whole and the facility specifically assesses and improves the effectiveness of its sexual abuse prevention, detection, and response policies. The report reviews each allegation reported at every facility governed by Alvis, Inc., as well as the outcome of the investigation and necessary corrective action. The report does not contain any personal identifying information or information that would present a clear and specific threat to the safety and security of the facility.</p> <p>The agency post the two most recent consecutive years reports so that aggregated data from those years can be compared. The report list an assessment of improvements for the agency and individual facilities, and the overall progress toward addressing sexual abuse. The report does not contain any identifying information that could jeopardize the safety and security of the facility.</p> <p>The report, prior to posting, is approved by the agency's President/CEO, and submitted to the Board of Trustees.</p> <p>Review:  Policy and procedure  Alvis, Inc. website  PREA Allegation Summary Report 2016  PREA Allegation Summary Report 2017</p>

115.289	<b>Data storage, publication, and destruction</b>
	<p data-bbox="252 170 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1473 573">The auditor accessed the agency's website (<a href="https://alvis180.org/prea">https://alvis180.org/prea</a>) and reviewed the PREA Allegation Summary Reports for 2016 and 2017. The information in the reports is collected by the PREA Coordinator, who will securely retain the data (under the direct locked supervision) for ten years. Policy 1300.05b requires the PREA Coordinator retain the information collected for ten (10) years. The data collected pursuant to standard 115.287 is made available to the public through its website.</p> <p data-bbox="252 629 1337 701">The reports do not contain any personal identifying information, nor do they contain information that would jeopardize the safety and security of the facility.</p> <p data-bbox="252 757 770 958">Review:  Policy and procedure  Alvis, Inc. website  PREA Allegation Summary Report 2016  PREA Allegation Summary Report 2017</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1471 618">The agency post all final reports of each of its facilities on the agency website. The auditor reviewed the agency website to ensure that during the first year of the audit cycle, the agency ensured that one-third (1/3) of its facilities had been audited. The agency has a total of nine (9) facilities. During the first year of the audit cycle, the agency had a total of four (4) facilities audited (conducted by this auditor), and during year two (the current year) the agency had a total of two (2) facilities audited. The last one-third (1/3) of the facilities will be required to be audited during the last year of the current audit cycle.</p> <p data-bbox="252 667 1433 913">The auditor was give full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with staff and clients. The auditor received documentation from the agency prior to the audit in the Online Auditing System and through email. During the onsite visit, the auditor was able to obtain requested documentation and after the onsite visit, the auditor was able to obtain information through email. All requested documentation was received.</p> <p data-bbox="252 965 1465 1088">The auditor was able to see electronic documentation (camera views, data collection reports, and SecurScan reports) during the onsite visit. The auditor also reviewed ten (10) client files and eleven (11) employee files during the onsite visit.</p> <p data-bbox="252 1140 1465 1301">Appropriate audit notices were posted in conspicuous areas throughout the facility. The notices contained the auditors mailing and email address. The auditor was sent photographic evidence four weeks prior to the audit that the notices were posted. The auditor did not receive any correspondence from clients or staff prior, during, or after the onsite visit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p data-bbox="252 1505 896 1538"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1583 523 1617"><b>Auditor Discussion</b></p> <p data-bbox="252 1662 1449 1863">A review of the agency's website, shows the final report for all Alvis, Inc. operated facilities. The final report from the previous audit (August, 2015) is currently posted. The facilities that were audited during year one of this audit cycle, had their final reports posted. The PREA Coordinator understand the requirement of having all final reports posted, and ensures that the agency complies with this standard.</p>

## Appendix: Provision Findings

115.211 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

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

115.212 (c)	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	<b>Supervision and monitoring</b>	
	Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (b)	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

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

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

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

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

115.217 (b)	<b>Hiring and promotion decisions</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

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	no

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

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

115.231 (b)	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility does not conduct forensic exams.)	na

<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.235 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

115.241 (a)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

<b>115.241 (e) Screening for risk of victimization and abusiveness</b>		
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

<b>115.241 (f) Screening for risk of victimization and abusiveness</b>		
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g) Screening for risk of victimization and abusiveness</b>		
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

<b>115.241 (h) Screening for risk of victimization and abusiveness</b>		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.267 (a)	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

115.267 (d)	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes

<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

115.286 (e)	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports 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