

PREA Facility Audit Report: Final

Name of Facility: Terrence Mann Residential Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/20/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 04/20/2023

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	03/20/2023
End Date of On-Site Audit:	03/21/2023

FACILITY INFORMATION	
Facility name:	Terrence Mann Residential Center
Facility physical address:	55 East Glenwood Avenue, Akron, Ohio - 44304
Facility mailing address:	

Primary Contact	
Name:	Eliza Gasparri
Email Address:	Elizamgasparri@orianahouse.org
Telephone Number:	3309962222- 2711

Facility Director	
Name:	Hope Factor
Email Address:	HopeFactor@orianahouse.org
Telephone Number:	3305358116 ext 4673

Facility PREA Compliance Manager	
Name:	Eliza Gasparri
Email Address:	elizamgasparri@orianahouse.org
Telephone Number:	O: 3309962222- 2711

Facility Characteristics	
Designed facility capacity:	122
Current population of facility:	35
Average daily population for the past 12 months:	42
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	20-60
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	25
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

AGENCY INFORMATION	
Name of agency:	Oriana House, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	885 East Buchtel Avenue, P.O. Box 1501, Akron, Ohio - 44309
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Lori McGrady	Email Address:	LoriMcgrady@orianahouse.org

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-20
2. End date of the onsite portion of the audit:	2023-03-21

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Outside reporting agency Rape Crisis of Medina and Summit Counties Akron General Hospital

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	122
15. Average daily population for the past 12 months:	42
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	40
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The agency provided the auditor with a list of residents and identified targeted areas.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>16</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>7</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>25</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>There were no volunteers present during the onsite visit. The Contract staff consisted of Aramark staff.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided the auditor with a list of current residents.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>

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

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have segregated housing units or cells.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The resident who reported sexual abuse, did not report on his own behalf, but as a third-party reporter of staff sexual misconduct.</p>
<h2 style="text-align: center;">Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>5</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Resident supervisor staff from every shift were interviewed as well as multiple program staff.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>No contract staff or volunteers were available for interview. Aramark staff do not work in the building. The agency has a site on the same "campus" and will deliver food to the facility.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

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

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	3	0	3	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	2
Total	0	1	0	2

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	3
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility had three allegations during the past twelve months. All three allegations were staff-on-resident sexual abuse.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had three allegations during the past twelve months. All three allegations were staff-to-resident sexual abuse allegations. The auditor reviewed all three allegations.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Oriana House has an agency wide zero tolerance policy. Policy 1080 mandates zero tolerance on all forms of sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003 Community Confinement Standards. The policy requires each facility under the Oriana House umbrella to implement a systematic means of monitoring, identifying, reporting, and investigating employee and resident sexual misconduct in an effort to provide a safe environment. The policy includes definitions of prohibited behavior, sanctions for those found to have participated in sexual abuse or sexual harassment, and appropriate strategies to prevent, detect, and respond to allegations. These strategies include having adequate staffing levels, an electronic monitoring system, and educating both residents and staff on the agency’s zero tolerance policy and always to report an allegation.</p> <p>According to the agency’s table of organization, the agency wide PREA Coordinator is the agency’s PREA and Wellness Coordinator, and reports directly to the agency’s Vice President of Administration and Legal Counsel. During the onsite interview, she states she assists with implementing PREA strategies at each facility. She also develops the training curriculum for required monthly PREA training at each facility and provides facilities guidance and assistance in complying with the standards. She is a Department of Justice Certified PREA Auditor and had extensive experience in interpreting the scope and intent of each standard. She indicated that she has enough time and authority to develop, implement, and oversee the agency’s efforts to comply. The PREA Coordinator supervises each facility’s PREA Compliance Manager. She states that 90% of her job duties are PREA related.</p> <p>The job description for the PREA and Wellness Coordinator states her PREA responsibilities include:</p> <ul style="list-style-type: none"> • Develops and maintains Agency-wide PREA operating procedures; monitors responsibilities of each facility’s PREA Manager; provides technical guidance, assistance, and feedback agency-wide to ensure compliance is met • Serves as the primary contact and resource for management on PREA-related inquires and procedural questions • Monitors and provides PREA-related program services, educational material, and training to facility PREA Managers and staff. Oversees the development of educational materials, staff guides, and education to residents regarding PREA procedures and reporting. • Assist the VP of Administration and Legal Counsel with responding and submitting PREA reports to regulatory bodies regarding PREA-related issues • Reports to the State’s Intelligrants System regarding PREA incidents in an

accurate and timely manner

- Submits quarterly reports to the Ohio Department of Rehabilitation and Correction (ODRC) in an accurate and timely manner
- Assists facilities' PREA Managers with PREA audit preparation including, but not limited to: completing facility walkthroughs, conducting employee and resident interviews and training, completing PREA assessments and questionnaire, and submitting audit documentation and assessments to the PREA auditor assigned to the facility

The auditor interviewed the VP of Administration and Legal Counsel during a Zoom video interview. She states that she has full confidence in the PREA Coordinator and provides her the support and assistance when needed to ensure each facility is in compliance with the standards. She states that she is still involved in determining the outcome of administrative investigations and is a part of the SART review. She states that 20% of her responsibilities include PREA compliance.

The PREA Manager is the facility's Program Administrator. The Program Administrator reports directly to the PREA Coordinator for anything related to complying with the PREA standards. The auditor was able to review the Program Administrator's job description which includes:

- Conducting quality assurance monitoring for PREA standards
- Ensuring facility walkthroughs in order to address any safety issues
- Overseeing the day-to-day PREA facility issues
- Ensures staff meet PREA training requirements

The facility's Program Administrator is the PREA Compliance Manager. The Program Manager reports to the auditor that she is responsible for ensuring the is complying with the PREA standards on a day-to-day basis. She will touch on related PREA topics during monthly meetings to refresh staff on their responsibility to prevent, detect, respond, and report all incidents, allegations, or suspicions of sexual abuse and sexual harassment. She also is responsible for providing accommodations and/or assistance to resident to ensure residents can benefit from the agency's efforts to prevent, detect, respond, and report sexual abuse and sexual harassment. She, along with other facility and agency administrators, develop the facility's staffing plan, which is reviewed annually and updated if necessary.

Oriana House has an appropriate PREA Zero Tolerance policy and staff who have sufficient time and authority to ensure compliance to the standards.

Review:

Policy 1080

Program Administrator job description

PREA and Wellness Coordinator job description

Agency table of organization

Interview with PREA Coordinator

Interview with VP of Administration and Legal Counsel

Interview with PREA Compliance Manager

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A: The PREA Coordinator reports to the auditor that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf of the Oriana House.

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1465 667">Agency policy 1080 requires each Oriana House facility to develop a staffing plan that addresses the physical layout of the facility, adequate staffing levels, composition of resident population, prevalence of substantiated and unsubstantiated allegations of sexual abuse, other relevant factors, and deviations to the staffing plan. The policy requires the plan to be reviewed on an annual basis and assess the effectiveness of the plan, prevailing staffing patterns, the deployment monitoring systems and other monitoring technologies, and resources to ensure adequate staffing levels.</p> <p data-bbox="280 707 1465 779">The agency provided the auditor with its most recent staffing plan for TMRC, along with the annual review report. The staffing plan includes:</p> <p data-bbox="280 819 544 855">Physical Layout:</p> <p data-bbox="280 891 1465 1093">TMRC is a single story brick building that is connected to another Oriana House community confinement facility- SHARP. The facility has seven dormitory style rooms that can house a maximum of 122 male residents. The facility has identified two beds in each dorm that have been used as beds to house residents that are in need of increased monitoring.</p> <p data-bbox="280 1133 863 1169">Composition of Resident Population:</p> <p data-bbox="280 1205 1465 1406">The facility is currently operating with a max capacity of 50 male residents, and the average age range is 20-60 years old. The average length of stay at TMRC is 122 days. The facility houses residents that classify as Halfway House, Employment Placement, Work Release, Parolee, Transitional Shelter Program, Transitional Control, and Treatment Transfer.</p> <p data-bbox="280 1447 1390 1518">Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse:</p> <p data-bbox="280 1554 1465 1675">A review of substantiated and unsubstantiated allegations will be reviewed to identify any trends that would warrant any facility or programmatic changes to the staffing plan.</p> <p data-bbox="280 1715 715 1751">Any other relevant factors:</p> <p data-bbox="280 1787 1342 1859">Hiring difficulties and COVID are issues that the facility is still addressing in maintaining staffing levels.</p> <p data-bbox="280 1899 580 1935">Adequate Staffing:</p> <p data-bbox="280 1971 1465 2092">The facility has a staffing plan that provided for appropriate coverage and resident supervision. Each shift has a minimum staffing requirement that needs to be met in order for the prior shift to leave their designated post. The minimum staffing levels</p>

are:

- 1st shift (7am-3pm) Mandatory Minimum 3 security staff
- 2nd shift (3pm-11pm) Mandatory Minimum 3 security staff
- 3rd shift (11pm-6am) Mandatory Minimum 2 security staff

It is the policy of Oriana House (policy 3002), that facilities be staffed so as to maximize the use of personnel in conjunction with the needs of our residents including how best to protect residents against sexual abuse. The facility employs enough security staff members to cover each shift which does include supervisory staff to meet these staffing requirements.

The staffing plan reports two incidents where the staffing plan was not in compliance. The facility documented the justification for the deviation. The Program Administration reports that the facility does everything possible, including offering overtime to security staff (agency security staff can work overtime in any building), or having supervisors, administration, and program staff assist security staff when necessary in an effort to comply with the staffing plan.

Video Monitoring System and Other Monitoring Technologies:

TMRC and SHARP share a camera system. The system includes 28 total cameras (15 TMRC - 6 SHARP - 7 perimeter). The cameras are located in common areas which includes dayrooms, hallways, smoke pits, recreation yards, group room, and lounge. The facility has a camera in the resident bathroom that monitors all enhanced pat searches. This camera is only visible to agency internal affairs staff and facility leadership. The camera angle does not have views into any other area of the bathroom. Cameras are controlled and viewed at the main post desk. Resident Supervisor staff is required to review camera footage at least four times on each shift and document results. The Lead Resident Supervisor will review the documentation as part of the facility's quality assurance practices and address concerns or issues documented.

The facility has one microphone for auditor recording at the main post desk.

The facility has fifteen security mirrors that are strategically placed to minimize blind spot areas.

In addition to video surveillance, the monitoring plan includes alarmed exterior doors, and mandatory security checks. Security checks are conducted by resident supervisor staff and shift supervisors. The staffing plan requires three whereabouts checks per shift. Whereabout checks require the staff member to visually identify a resident and document on form that the resident was seen. Residents that have been identified as being vulnerable, abusive, or have mental health issues are required to have six whereabouts checks per shift. Along with whereabouts checks, security staff will also conduct circulations at minimum three times per hour.

Circulations are complete facility walk-throughs. Staff will conduct more frequent circulations in designated blind spot areas.

Annual Review:

The facility conducted its annual review of the staffing plan in January 2023. The review included:

- Prevailing staffing patterns
- Deployment of video monitoring system and other monitoring technologies
- Ensuring adequate staffing levels
- Composition of facility population
- Substantiated and unsubstantiated allegations of sexual abuse
- Other factors

The annual staffing plan is completed annually by the Program Administrator. The leadership team will review the staffing plan and address any recommendations.

Review:

Policy and procedure

Staffing plan 2023

Floor plan

Camera monitors

Building tour

Interview with agency investigators

Interview with PREA Coordinator

Interview with Program Administrator

Interview with VP of Administration and Legal Counsel

Interview with Lead Resident Supervisor

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1477 584">The agency has revised its search procedures as outlined in agency policy 8089. The policy states that strip searches and body cavity searches for residents will only be conducted with the prior approval of the President/Chief Executive Officer or designee. The searches are limited to the staff member conducting the search and the resident being searched. Should a search be authorized, the following conditions will apply:</p> <ul data-bbox="352 651 1477 1312" style="list-style-type: none"> • A body cavity search must only be conducted under sanitary conditions by medical personnel. A strip search must only be conducted by same gender staff and with two staff members present. A resident who is under the jurisdiction of the FBOP can only have a strip or body cavity search by medical personnel or law enforcement. • The strip search and/or body cavity search must be conducted in a manner and in a location that permits only the person or person who are physically conducting the search and the person who is being searched to observe the search. • A strip search and/or body cavity search must be conducted in a professional manner that preserves the dignity of the person searched to the highest degree possible. • At the completion of a strip search and/or body cavity search, the staff member who conducted the search must document in the client log the date and time of the approval, the authorized person who granted the approval, the time and time of the search and all the findings. <p data-bbox="280 1355 1477 1682">The policy states the facility has the right to conduct reasonable searches of persons, packages, and property. A pat search will be conducted on all residents entering the facility and whenever a resident is suspected of possessing contraband in the facility. A pat search will only be conducted by a members of the same gender in a professional and respectful manner. Searches will be conducted in the line of the security camera, if searches in front of a camera are not possible, a witness must be present and documentation is ORION is required. When conducted a pat search, staff must:</p> <ul data-bbox="352 1749 1477 2076" style="list-style-type: none"> • Allow only one resident in the designated pat search area at a time • Verbally describe the pat down search steps to the resident using a firm, fair, and empathetic tone of voice • Instruct the resident to remove all outer clothing to be searched so that the resident is wearing one layer of street clothes • Instruct the resident to empty all pockets in clothing and place the contents in a designated area • Instruct the resident to untuck his/her shirt

- Conduct an inspection of the resident's mouth, looking above and below the tongue and in the cheeks. Instruct the resident to open wide and move their tongue around to ensure that no contraband is located within their mouth
- Complete a metal detection search on the resident. Have the resident stand with legs open and arms up. With the metal detector, swipe the back of the neck area, across both arms, down the back, under both arms, down both sides, down the outside of each leg and inside of each leg. Step to either side of the resident and follow the same procedure for the front of the body. Continue the search and pat down until the resident is able to be screened with a metal detector without an alert
- Instruct the resident to place his/her hands on the wall, and to spread feet on the floor more than shoulder-width apart. Instruct the resident to take a step backwards while keeping their hand on the wall. The resident's feet should be far enough back from the wall to make them off balance if they did not use the wall for support
- Position yourself in a protective stance with your dominant foot positioned inside the resident's foot and reposition your body throughout the pat down process to ensure you are always in a protective stance
- Start at the wrist, using both hands with thumbs touching, run your hands down the arm, over the resident's shoulder, around the collar, underneath the arm and down the side of the torso. Repeat the process on the other side
- Run your hands thoroughly and carefully over the resident's back
- Run your hand over the chest, abdomen, and stomach area
- Move your hands using your thumbs in between underwear and other layer around the resident's waistband
- Using the back of your hands, swipe horizontally across the resident's lower waistline
- Using both hands in a blade-like manner, vertically run your inside hand up the inside of the resident's leg up to the groin area. Using both hands, run your hands down the pant legs searching the entire the leg down to the ankle
- Ask the resident to sit down in a chair and remove their shoes and socks. Ask the resident to turn socks inside out and hand both shoes and socks to staff. Search both shoes and socks

During an enhanced pat search, policy states that residents are to remove all clothing except one layer of undergarments and will only be conducted by members of the same gender in a professional and respectful manner and on a random, scheduled, and/or for cause basis. When performing an enhanced pat down search, the staff member must follow these steps:

- Conducted by two staff members of the same gender as the resident
- Searches are conducted in a designed area that maintains the appropriate level of privacy
- Verbally describe the enhanced search steps to the resident using a firm,

fair, and empathetic tone of voice

- Direct the resident to remove their clothing, one article at a time, via staff verbal cues in the following order- shoes, socks, shirts, pants, skirts, dresses (all clothing down to one layer of undergarments) and have the resident hand it to the staff member
- Direct the resident NOT to remove their undergarments
- Do not physically touch the resident when they are in their undergarments or their underwear
- Direct a resident to utilize their thumbs and go around the inside of the waistband and then show the inside of the waistband by flipping it outward without exposing their genitals
- Direct the resident to conduct a self-pat down of the genital and breast area. Observe and listen to this process for purposes of detecting hidden contraband
- Direct the resident to jump up and down several times and/or shake out each leg of the undergarment
- Direct the resident to show the bottoms of their feet and in between their toes

The auditor watched several pat searches while at the onsite visit. The searches were conducted in accordance with agency policy 8089. In the pat search area are posted notices of the expected steps for a pat search. Residents also sign a Search of Person Acknowledgement. The acknowledgment form list what is to be expected for pat and enhanced pat searches, when searches may be conducted, and refusal of searches can be cause for termination.

During the onsite visit, the auditor was able to view the bathroom area that is used for enhanced pat searches. The searches will be on video surveillance. The PREA Coordinator and PREA Compliance Specialist both explained the process for conducting an enhanced pat search. Two staff members of the same gender as the resident will perform the search. The monitor that can view into that specific room will be omitted from the monitoring station. The camera will record the session in case an allegation would arise from the search. All pat searches are conducted in front of a camera. The auditor was able to view the monitoring station and verify that this camera is not shown.

Oriana House policy 1080 specifies the pat search procedures for transgender and intersex residents. The policy does not allow for transgender/intersex residents to be searched for the sole purpose of determining a resident's genital status.

Searches are to be conducted in a professional and respectful manner and in the least intrusive manner possible. The agency will meet with a transgender/intersex resident before placement and determine the gender of the staff that will conduct searches. Each determination will be done on a case-by case basis. A dual search (one male staff and one female staff) of a transgender/intersex resident is strictly prohibited. All searches of a transgender resident are required to be documented in the agency's resident database system.

As part of supportive documentation sent prior to the onsite visit, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training included instructions on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents. These training also include instructions on how to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The training, power point and hands on, also demonstrates to staff how to conduct cross-gender searches (only allowed in exigent circumstances) and transgender/ intersex searches. The auditor also reviewed staff training completions sheets for searches.

The auditor interviewed RS staff from both units and all shifts. The staff report being trained on how to conduct searches. The staff report that they have never conducted a strip or body cavity search. Female staff report using a security wand to "search" male residents, while having the resident empty their pockets and use their hands to go around their waistline. One male RS staff member is new to the job. He reports that during New Hire Orientation, he watched a video that taught the mechanics of a pat search and an enhanced pat search. He has been able to witness both the pat and enhanced pat search while he is job shadowing, but has not been allowed to participate in a search on his own. He reports that after shadowing for awhile, he will complete a search on his own under the supervision of senior staff. No RS staff member interviewed reports having conducted a search on a transgender resident.

The lead resident supervisor reports that as part of the agency's Core Correctional Practices he will review pat searches either live or through video footage each week. Any RS who has not demonstrated proficiency during the search will be retrained on the proper steps.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has a restroom in each of the housing units for residents to be able to shower and use the toilets. Policy 1080 requires all staff to announce their presence when entering an area where residents shower, perform bodily functions, and change clothing. All non-medical staff are prohibited from viewing a resident's breast, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine security checks. The facility requires all residents to change in the bathroom in order to ensure the most private space for changing clothing.

TMRC unit has two restrooms in the housing unit for residents to be able to shower and use the toilets. The bathroom consists of three stalls with half doors and three urinals. The handicap stall in the bathroom has a small security mirror above the toilet for Urine Drug Sample retrieval purposes. There are eight single use showers with clear top and bottom shower curtains. The sink in mirrors are located on a back wall not visible outside the restroom. The main entrance to the bathroom is open. The second restroom has nine toilets with half doors and two urinals. There is one camera in the resident bathroom that monitors enhanced pat searches. The

camera is only visible to agency internal affairs staff and facility leadership. The camera does not have views into any other area of the bathroom and does not appear on the facility's monitor at the main post desk.

All the housing unit bathrooms have a laundry area. The laundry area has camera coverage. The auditor reviewed the camera monitor at the main post desk. The toilet and shower area are not visible on the monitor.

During the onsite visit, the auditor interviewed ten (10) residents. The residents were questioned on searches as well as cross-gender knock and announcements. The residents report only receiving pat and enhanced pat searches by male staff members. No resident report having a strip search or a body cavity search. The residents state that male staff normally conduct all searches and some have occasionally have been "searched" by female staff. When asked, the residents state, "female staff will use the wand, but not pat search you." The residents describe the enhanced pat search as being taken into the front restroom by two male staff members and striping down to their underclothes. Some residents that were interviewed, discussed being uncomfortable being searched by a "gay" Resident Supervisor; however, did report that he conducts the search properly and professionally. The residents report that all female staff members knock and announce themselves prior to entering into a dorm room or bathroom. No resident reporting having an incident of incidental viewing by any staff member. The auditor was able to confirm the practice during the onsite visit.

The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. A transgender or intersex resident would be offered showering options such as showering at different times or in the clinic area in order to protect privacy and offer safety. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status.

The PREA Coordinator reports that prior to placement, the facility would receive information on transgender or intersex residents. She states, at that time, the agency will convene the Transgender Review Committee to determine proper placement and accommodation strategies. The team will develop a place that will address private shower times, dorm/bed placement, and appropriate case manager.

The Program Administrator reports that the facility has had one resident who identified as transgender; however, did not want to have that "label" while at the facility and did not want any accommodations. The facility placed the resident in a high risk bed and increased whereabouts monitoring, but did not conduct searches different from male resident searches, nor was a private shower time created. Resident Supervisor staff knew this resident was on the increased whereabouts list, but no details were provided.

The Program Administrator states the facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation and a refresher training is given annually. The Lead Resident Supervisor is required to periodically review pat downs, live or reviewing

surveillance video, and provide training/guidance to staff if necessary. She states that during monthly all staff meetings, she reminds staff about cross-gender announcements.

Review:

Policy 1080

Policy 8089

Facility tour

Interview of random residents

Interview of staff

Interview of PREA Coordinator

Interview of Program Administrator

Interview of Lead Resident Supervisor

Training Curriculum

Training acknowledgements

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 8004 states that Oriana House facilities must ensure that all residents understand the program rules, regulations, and guidelines. This includes ensuring that residents who have disabilities and are limited English proficient have equal opportunity to participate and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The agency provided the auditor with the PREA Plan to Assist Residents with Disabilities. The plan states that at intake a resident will be asked to indicate how he/she communicates most effectively, if he/she has a language barrier, literacy issue, and/or sensory impairment. If such barrier exists, assistance shall be provided to the resident by a staff member or other qualified person. The assistance shall be provided at no cost to the resident. Assistance can take the form of closed caption videos, closed caption videos in Spanish, auxiliary items for residents who may be deaf/hard of hearing or blind/seeing impaired, and interpreter services. Staff are required to read the agency’s Guide for Client Sexual Abuse and Sexual Harassment Prevention to each resident at intake. Should community resources be necessary, the facility has partnered with The International Institute and Greenleaf Family Center (Hearing Impaired).</p> <p>The policy also states:</p> <ul style="list-style-type: none"> • Telecommunications device for the deaf (TDD), shall be provided as needed with no cost to residents, family members, and/or significant others. Mobile units are stationed at the Administrative Office and the Detox facility. The Admissions Manager, or designee, will coordinate with the Communications Specialist to install the unit at the requested facility • If an interpreter is needed for continuing case management services, the Program Manager or designee should utilize the contact list for these services • When a translator (i.e., Spanish, Vietnamese, etc.) is needed for prospective residents, the Admissions Manager or designee will make arrangements through The International Institute • Once a resident is placed in a program, a Program Manager or designee should arrange for ongoing services • The Program Manager/designee in the facility where the resident is placed can utilize the contact list during standard business hours and off-hours • There are no fees to residents, family members, and/or significant others with regard to language barrier/literacy services. The Agency has signed agreements and/or billing guidelines set up with the contacts listed • Should an employee offer/be directed to provide in-house services, his/her

supervisor must authorize him/her to leave his/her regular duties during the time in which he/she is interpreting

- Any request by a resident to have a family member or friend interpret, following the Agency's offer to provide an interpreter, must be documented in the resident's file. The resident's request will be honored unless the Admissions Manager and/or facility's Program Manager feels the person the resident is requesting is not sufficiently qualified and, in such cases, must provide the resident an interpreter from the contact list. Documentation must include a written statement signed by the resident

The policy does not allow for the use of resident interpreters unless circumstances are such as where an extended delay in interpretation could compromise a resident's safety, the performance of first-responder duties, or the investigation of the resident's allegation of sexual abuse or sexual harassment. If a resident interpreter or reader is used, this must be documented in a resident log.

The auditor was given the materials given to residents during intake. All material provided is at a 9th grade reading level, and all residents must read a passage to ensure that they are capable of reading all provided materials and instructions.

The facility has a Resident Supervisor who specializes in resident intake. As part of the intake of new residents, the staff member will provide residents with PREA resident information, review the resident handbook and grievance instructions. She reviewed her intake process with the auditor. She reports that she is required to read the entire intake packet to the residents and will give specific examples to help residents understand all information. She reports that the facility does not currently have a resident that needs a translator/interpreter or other auxiliary aids; however, she has worked with residents that speak Spanish and Napoli, and one resident that was blind. She reports that a translator came to the facility and assisted with the intake process and completion of assessments. She reports that the resident that was blind was medically released the next day in order to be placed in a facility that better suited his needs. She reports never working with a resident that was deaf or hard of hearing to the point that auxiliary aids or other accommodations were necessary. The staff member reports that for residents that have limited reading abilities or cognitive deficiencies, she will read the information to the resident and ask questions along the way to ensure the resident understands the information.

The auditor also interviewed the Program Assistant who provides new resident orientation. She reports that she shows the residents three PREA videos that were produced by Oriana House. The videos focus on describing a proper pat search, how to report PREA allegations, access to community providers, shower curtain/toilet stalls, definitions, good faith/bad faith reporting, ways to report (verbal, anonymous, third-party), and the inability to consent to a relationship with a staff member. She states that she will work one-on-one with any resident that has cognitive/reading, deaf/hard of hearing, or blind/low vision disability. She has worked with an interpreter for residents that are limited English proficient. She

reports that these residents would be provided written materials in their native language, using Google Translate to print these materials.

The Program Administrator states the facility's policy is to accommodate residents that may have reading, cognitive, sensory, or English proficiency limitation. The Administrator indicated that an appropriate staff member may be tasked with providing assistance to the resident during their stay, or the facility would provide auxiliary items or interpreter services should it be necessary. She reports that residents that have language barriers can use the staff phone to contact an interpreter 24/7 to facilitate appropriate, meaningful communication with staff. She reports that the resident who was blind recently became blind and needed a facility that could teach him life skills. She states that the facility worked with community partners to place him in an appropriate facility. She reports that the facility has not housed a deaf/hard of hearing residents, but would use GreenLeaf to provide interpretive services.

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

Review:

Policy 8004

Policy 1080

PREA Plan to Assist Residents with Disabilities

Resident intake materials

Interviewed target residents

Interviewed Program Administrator

Interviewed PREA Coordinator

Interviewed intake RS

Interview with Program Assistant

Staff training curriculum

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 707">Oriana House policy 1080 prohibits hiring or promoting anyone who may have contact with the residents and prohibits the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in the above section.</p> <p data-bbox="280 748 1465 1451">Policy 3006 requires the agency to conduct a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks are completed every five years. The auditor interviewed the Director of Human Resources during the onsite visit. The director states that every five years the Human Resource Department will run background checks on the entire facility regardless of when a person was hired in order to guarantee all staff received the required updated check. The updated background check will be stamped with a red PREA label to signify that the employee has received an updated background check as required by the standard. All employees, independent contractors, volunteers, and interns are required by policy 1080 to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations. All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.</p> <p data-bbox="280 1491 1477 2024">Policy 3003 states that any employee who is interested in a posted position, should submit a letter of interest to the contact person on or before the deadline date. The interviewer will review personnel files for all internal candidates. The interviewer must also contact the candidates' supervisor in order to obtain a supervisory recommendation for an interview. Candidates may not be selected for an interview due to unacceptable personnel file review, poor supervisory recommendation, etc.). An employee who is promoted will be promoted on the basis of merit, specified qualification, suitability for the position, and need of the agency. The interviewer must ask candidates question related to the agency's Client Sexual Abuse and Sexual Harassment Prevention policy. Candidates who have engaged in sexual abuse, have been convicted of sexual abuse, or have been civilly or administratively adjudicated to have engaged in the activity described in PREA standard 115.177 are not eligible for hire or promotion at the agency.</p>

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

The Director also reports the Human Resource Department conducts referral checks for all new hires and specifically documents whether a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.

The agency documents any request from outside confinement facilities requesting PREA reference checks on potential employees. The Director reports no request at this time.

The auditor conducted a lengthy interview with the Director of Human Resources, through Zoom video conference, who took the auditor systematically through the hiring and promotion process. The Director states that during the hiring process, applicants are questioned about criminal or administrative sexual misconduct allegations on the application, during the telephone interview, and during the in person interview. Once hired, all new employees are provided the agency's zero tolerance policy 1080 and continued affirmation policy 3009 to disclose misconduct. Employees document their acknowledgment of this annually. The Director reports that to be eligible for a promotion, all interested employees must submit a letter of interest to the Human Resource Department. The department will review the employee's file, including disciplinary actions. Employees with disciplinary action that includes sexual misconduct are not eligible for promotion.

The Director reports no new changes to the hiring process since the last PREA audit. The auditor has been able to interview the Director for all Oriana House, Inc. community confinement facility audits.

The agency makes every effort to ensure the facility does not hire nor promote anyone that has engaged in sexual misconduct.

The facility provided the auditor with documentation for each step of the hiring process to ensure that the facility is complying with each provision of the standard. This includes interview questions with the confirmation of no administrative, civil, or criminal allegations of sexual abuse or sexual harassment, continued affirmation, background checks, disciplinary action, promotions, and reference checks.

Review:

Policy 1080

Policy 3003

Policy 3006

Policy 3009

Employee files

Continued affirmation

Prior institutional referral

Applicant interview questions

Background checks

Promotion documentation

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Coordinator and Program Administrator report that the facility has not acquired any new facility nor is it planning any substantial expansion or modification to the current facility.</p> <p>The facility has added one additional cameras since the last audit. The camera will help better prevent and detect sexual misconduct. No other electronic surveillance system or other monitoring technology has been changed.</p> <p>Facility management will continue to monitor and address technology monitoring issues as needed.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Administrator</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1477 790">The agency has a policy that requires all allegations of sexual abuse and sexual harassment, regardless of how it was reported, to be administratively and/or criminally investigated. All administrative investigations will be investigated by a specialized trained investigator. All allegations that appear to be criminal will be referred to the Akron City Police, who have the legal authority to conduct such investigation. The agency has provided the auditor with training certificates for the administrative investigators. The agency has an agreement with Akron City Police Department to investigate any criminal incidents. The email from the Deputy Chief of Police states, "This email is to affirm that the Akron Police Department has jurisdictional responsibilities that cover the Oriana House facilities within the City of Akron."</p> <p data-bbox="280 831 1477 1070">The facility does not provide forensic medical examinations. Any resident in need of a forensic medical exam will be taken to Akron General Hospital. During previous telephone interviews, the Director of SANE Services reports that the hospital will provide a certified SANE nurse to any resident victim of sexual abuse at no cost to the victim. The hospital also partners with Summa Health Hospital to provide SANE services should a resident be taken to that hospital.</p> <p data-bbox="280 1111 1477 1189">The facility has a MOU with Rape Crisis Center of Median and Summit Counties. The MOU states that the center will agree to:</p> <ul data-bbox="352 1256 1477 1626" style="list-style-type: none"> • Accompanying and supporting the victim through the forensic examination process • Accompanying and supporting the victim through the investigatory interview • Provide emotional and crisis support • Provide information on community resources • Provide psycho-educational support groups as needed • Provide follow-up (legal advocacy and face-to-face crisis intervention services) • Provide flyers and brochures with organization contact information <p data-bbox="280 1666 1461 1823">The auditor called the Rape Crisis Hotline number from the resident phones in the dayroom. The auditor was connected with a live operator who was able to confirm the services provided to residents at TMRC, and those services are provided free of charge.</p> <p data-bbox="280 1863 1461 2063">The PREA Coordinator states that every effort is made to provide a victim advocate from a rape crisis agency; however, should one not be available, the facility has access to two Crisis Counselors that have been trained to serve as an emotional support person. The auditor was able to speak to a Behavior Health Clinician who can act as a victim support person. She reports that she, or the other crisis</p>

counselors who have completed the victim support person training, will:

- Act as a support person at the hospital, during interviews, and escort to court proceedings
- Act as part of the retaliation monitoring team by conducting status checks
- Conduct crisis counseling as needed
- Make referrals for one-on-one counseling or community counseling services

The auditor was provided training certificates for both Crisis Counselors.

The PREA Coordinator, Facility Administrator, and Crisis Counselor all report that no resident has requested rape crisis or victim support services.

Review:

Policy and Procedure

Emails to local legal authority

MOU with Medina/Summit Counties Rape Crisis Center

Interview with Administrative Investigators

Interview with PREA Coordinator

Phone interview with SANE services director

Phone interview with Medina/Summit Counties Rape Crisis Center Advocate

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1409 461">Oriana House policy 1080 requires the Sexual Abuse Response Team to refer all allegations of sexual abuse to law enforcement promptly. An administrative investigation will be conducted at the conclusion of a criminal investigation.</p> <p data-bbox="280 501 1453 864">The auditor reviewed the agency's website (www.orianahouse.org/accreditations/prea/prea.php) to ensure that the investigative policy for PREA allegations was posted. The website advises that all allegations of sexual abuse will be referred to the local legal authority for a criminal investigation. The website also gives notice that all allegations (criminal or not) will have an administrative investigation conducted by a trained investigator. Sexual abuse allegations will receive an administrative investigation at the conclusion of a criminal investigation. The criminal investigatory agency will make referral to the local prosecutor for any allegation deemed appropriate according to their agency policy.</p> <p data-bbox="280 904 1385 1025">The facility has had three allegations reported during the past twelve months. During the onsite visit, the auditor reviewed the investigation with the administrative investigators.</p> <p data-bbox="280 1066 1481 1464">Investigation #1: Facility received a report from a county jail that a resident reported that he had been in a "consensual" relationship with a staff member that then turned non-consensual when he no longer wanted to be in the relationship. The resident had terminated from the program due to two incidents of masturbation in front of staff members. One incident was on camera and another in a staff office where two staff members were present. Both incidents were reported. The resident reporting the allegation, referred to these two incidents. One incident was on camera and refuted his statements and the other incident there were multiple witnesses to refute his statements. The allegation was determined to be unfounded.</p> <p data-bbox="280 1505 1469 1912">Investigation #2: During an interview of a resident for an unrelated incident, the resident reported a staff member as having a relationship with a resident. The resident was on electronic monitoring and no longer in the facility. The facility then received a third party report, along with copies of text messages that verified an inappropriate relationship, but no evidence of a sexual relationship. The allegation was determined to be unsubstantiated for sexual abuse, but substantiated for violations of the agency's boundary policy. The staff member was terminated. The resident was removed from electronic monitoring due to a violation of facility rules unrelated to the allegation. There was no referral for a criminal investigation because no criminal behavior was detected.</p> <p data-bbox="280 1953 1469 2074">Investigation #3: The facility received a third-party report that a resident (the same resident victim in investigation #2) has a video on his phone of a staff member in the shower. During the investigation, the resident was removed from the program</p>

by Adult Parole Authority (APA) on unrelated allegations. Several phones were confiscated from the resident. The resident eventually cooperated and provided the passcode to the phone and admitted to the relationship. The staff member eventually admitted to the relationship but denied any sexual contact until the resident was no longer in the program. The allegation was determined to be substantiated. The staff member was terminated (This investigation was concluded during the onsite visit, and at this time no referral for a criminal investigation was made).

Review:

Policy 1080

Agency website

Investigation reports

Interview with administrative investigators

115.231	Employee training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1449 542">Agency policy 1080 requires all staff to be trained on the agency’s zero tolerance policies and procedures relative to resident sexual abuse and sexual harassment. This training is required to be given to all employees every two years and provide refresher information on the current sexual harassment and abuse policies and procedures during the year full training is not offered.</p> <p data-bbox="280 577 1449 990">The agency has trained staff on the agency zero tolerance policy, employee responsibilities, residents rights to be free from sexual abuse and sexual harassment and be free from retaliation from reporting sexual abuse and sexual harassment, common reactions for males and females, dynamics of sexual abuse and sexual harassment in a confinement setting, detecting and responding to incidents of sexual abuse and sexual harassment, avoiding inappropriate relationships, effective communication with LGBTI residents, and compliance with mandatory reporting laws. These training topics are taught to new employees during the onboarding process. All staff are required to attend this training before the employee can work directly with residents.</p> <p data-bbox="280 1025 1465 1187">The facility provided the auditor with the power point used for training new staff. The training sufficiently covers section a.1-10 of standard 115.231. After completing training, the staff member documents their training by signing a sign-in sheet.</p> <p data-bbox="280 1223 1362 1303">In addition to the required training dictated by the standard, the facility also provides training on the following related topics:</p> <ul data-bbox="354 1370 1474 1697" style="list-style-type: none"> • Policy and procedure • Code of Ethics • Client civil rights and grievance procedures • Employee discipline • Harassment • Relationships with residents, former residents, and notification requirements • Notifying supervision of arrest, citation or complaints to professional licensing board <p data-bbox="280 1733 1449 1814">The agency completes refresher training during monthly staff meetings. Every month, each facility conducts a training on a PREA subject directed by the agency.</p> <ul data-bbox="354 1881 1426 2083" style="list-style-type: none"> • Common reactions of sexual abuse and sexual harassment victims (male and female) • Client Privacy • Completing an Incident Report • Encouraging Residents to Report

- Client Support Services
- Effects of Abuse
- Professional Communication and Boundaries
- First Responder Duties
- Investigations
- Ways Residents can Report
- Monitoring for Safety and Security
- Helping Clients Who Primarily Speak Another Language
- Reporting Knowledges, Suspicion, and Information
- PREA Basics

The auditor interviewed programming and security staff. All staff report having onboarding training that included PREA. The topics include reporting obligations, first responder duties, LGBTI communication, searches, trauma informed care, detecting and responding to suspected abuse or harassment, retaliation, and red flags. A few staff members talked about the information provided to them from the administrative investigators during the training as being the most helpful, and would like to have more real life examples of what behaviors should be reported (not obvious sexual abuse or sexual harassment). The staff report that after onboarding, they have monthly PREA training online through the agency's Learning Management System (LMS) and during staff meetings.

The staff have available a PREA Staff Guide Book that is located at all post desk. The auditor reviewed the contents of the book. It includes:

- First responder duties
- Reporting duties
- Coordinated respond plan with contact names and phone numbers
- PREA policies and procedures
- Assisting residents with disabilities
- Transgender safety plans
- Medical response plan
- PREA definitions
- Staffing plan
- Logging cross-gender views

The Human Resource Director discussed the agency's training practices. She states that the agency cross trains all staff concerning PREA gender specific topics because staff can work with male and/or female residents (in various Oriana House operated facilities). The agency also offers staff gender specific training on PREA related topics. Each facility will provide training on building specific issues related to PREA. These topics can include: transgender residents, PREA assessment interview, coordinated response plan, and first responder duties.

The auditor was provided training sign-in sheets to verify training- onboarding and monthly refresher.

Review:

Policy 1080

PREA training power point

Training records

Interview with Human Resource Director

Interview with Program Administrator

Interview with staff

115.232	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1481 499">Oriana House policy 1080 requires all contractors and volunteers who have contact with residents receive training on the agency’s policies and procedures relating to sexual abuse and sexual harassment. The level and type of training provided will be based on the services provided and amount of contact with the residents.</p> <p data-bbox="280 508 1445 584">Minimally, all contractors and volunteers will be informed of the agency’s policies and how to report allegations.</p> <p data-bbox="280 622 1473 1115">The PREA Coordinator discussed the agency’s system for determining the type of training required of a contractor or volunteer. The agency has a level system where individuals identified as a level one would receive a three-hour training on the agency’s policy on how to prevent, detect, respond, and report sexual abuse and sexual harassment. A level two individual will receive a thirty-minute training that consist of a fifteen-minute video and fifteen minutes of instruction of a trained facilitator. A level three individual would be asked to read and sign a PREA acknowledgement form. The form explains the agency’s zero tolerance policy and the signer agrees to agreement to abide by these rules. Anyone assigned a level four status will have to be escorted throughout the facility by staff. The auditor was assigned a level three status, and read and signed the PREA acknowledgment form each day during the onsite visit.</p> <p data-bbox="280 1153 1469 1397">Documentation of received training is forwarded to the Compliance/Accreditation Manager. Once documented, the individual who has a level one or two status will receive a special name badge which identifies to security staff that this person has received PREA training and does not need to sign the PREA acknowledgement form. Should a level one or two contractor or volunteer forget their badge, they would be required to read and sign the PREA acknowledgement form.</p> <p data-bbox="280 1435 1481 1635">The auditor was provided with a copy of the Independent Contractor Handbook. The handbook states that the contractor must report, without reservation, to the appropriate supervisor any corrupt, or unethical behavior, including sexual misconduct or sexual abuse as defined by the Prison Rape Elimination Act. They handbook defines sexual abuse, sexual harassment, and voyeurism.</p> <p data-bbox="280 1673 1481 1917">The facility uses Aramark Food Service to provide meals to its facilities. The staff at Aramark that work in any type of confinement facility will receive PREA training from Aramark. The auditor spoke with both Aramark employees on duty during the onsite visit. Both contractors verified their training and their responsibilities under their work agreement to uphold the agency's zero tolerance policy. The training provided by the company includes the topics:</p> <ul data-bbox="352 1986 1469 2063" style="list-style-type: none"> • What is PREA • Definitions of sexual harassment, sexual abuse, sexual contact, and consent

- How does PREA apply to Aramark
- How does Aramark comply with PREA- Responsibilities of an Aramark employee under PREA
- Reporting a PREA incident
- Aramark's harassment policy and why it is important
- Manipulation and PREA
- Personal VS Personable

Review:

Policy 1080

Contractor/volunteer training material

Independent Contractor Handbook

Level three PREA acknowledgement form

Interview with PREA Coordinator

115.233	Resident education
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 622">Oriana House policy 1080 states that during the intake process, all residents shall receive information explaining the agency’s zero tolerance policy regarding all forms of sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The policy also states that residents that are transferred into the facility will receive refresher training which includes the location of PREA posters and information on how to report allegations or suspicions of sexual abuse or sexual harassment.</p> <p data-bbox="280 665 1481 1070">The auditor received a copy of the intake packet that all residents including transfer residents receive. The packet includes information on the program rules, which includes possible sanctions for violating the facility’s zero tolerance policy. The form is signed and dated by the resident. The intake packet also includes a Guide for Sexual Abuse and Sexual Harassment Prevention. This form includes information on how to report, phone numbers and address for facility, local, and stated reporting agencies, limitations of confidentiality, and how to keep oneself safe. This form is signed and dated by the resident. The resident is also provided a form explaining the facility’s search policy and the types of searched that the facility conducts. The resident also signs and dates this form. Resident education for PREA includes:</p> <ul data-bbox="352 1144 1214 1469" style="list-style-type: none"> • Review of zero tolerance policy • Review of sexual abuse and sexual harassment definitions • Review of ways to report • Review of access to confidential support services • Review of good faith vs bad faith allegations • Review disciplinary sanctions for false reporting • Review of PREA video (produced by Oriana House) • Review of search and security video <p data-bbox="280 1512 1437 1709">The auditor was given the materials given to residents during intake. All material provided is at a 9th grade reading level, and all residents must read a passage to ensure that they are capable of reading all provided materials and instructions. Residents who cannot read or comprehend the material, will have all the intake information read to them.</p> <p data-bbox="280 1751 1481 1948">The auditor spoke to the Intake RS who provides residents with PREA resident information at intake including a resident handbook and grievance instructions. The staff member states that she is required to read the entire intake packet to the residents and will give specific examples to help residents understand all information.</p> <p data-bbox="280 1991 1453 2063">The auditor also interviewed the Program Assistant who provides new resident orientation. She reports that she shows the residents three PREA videos that were</p>

produced by Oriana House. The videos focus on describing a proper pat search, how to report PREA allegations, access to community providers, shower curtain/toilet stalls, definitions, good faith/bad faith reporting, ways to report (verbal, anonymous, third-party), and the inability to consent to a relationship with a staff member. She states that she will work one-on-one with any resident that has cognitive/reading, deaf/hard of hearing, or blind/low vision disability. She has worked with an interpreter for residents that are limited English proficient. She reports that these residents would be provided written materials in their native language, using Google Translate to print these materials.

See standard 115.216 for how the facility ensures residents with physical, mental, or cognitive disabilities or residents who are limited English proficient receive PREA education.

During the onsite visit, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers and address to reporting agencies.

The auditor interviewed ten (10) residents during the onsite visit. The residents report receiving PREA information during intake and watching the "PREA video." The residents report having access to reporting numbers in-house and to outside agencies through the resident phones. All residents could identify various ways to report allegations and free medical and mental health services related to sexual abuse. The residents are also able to point out the location of various PREA posters that contain reporting information and phone numbers.

The auditor was able to review signed acknowledgements of residents receiving PREA education, including residents that transferred from another Oriana House facility.

Review:

Policy 1080

Resident intake packet

Resident handbook

PREA posters

PREA reporting phone numbers

Resident files

Interview with residents

Interview with Intake RS

Interview with Program Assistant

115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Agency policy 1080 requires all administrative investigators to receive specialized training. The agency has three investigators as well as the PREA Coordinator. The PREA Coordinator and one investigator received in-person training from the Moss Group, while the other investigator received training from Bureau of Community Sanctions. The training from both agencies provided includes:</p> <ul style="list-style-type: none"> • techniques for interviewing sexual abuse victims, • proper use of Miranda and Garity warnings, • evidence collection in a confinement setting, • required evidence to substantiate a case for administrative action or criminal referral. <p>The agency retains completion of training certificates as proof of training. The investigators receive refresher training on specialized investigator training.</p> <p>The auditor was able to review the curriculum and training material provided by the Moss Group and the Ohio Bureau of Community Sanctions. The training was appropriate to the requirements of this standard.</p> <p>The auditor interviewed both administrative investigators and the PREA Coordinator. All were able to discuss their training and the PREA Coordinator participated in delivering training (she has a train the trainer certificate for administrative investigations) to new administrative investigators during the Ohio Bureau of Community Sanctions training. One investigator is a former police officers and has extensive experience in investigating crimes. The facility has a new administrative investigator who has a long history of working for the agency at various facilities. The other investigator has received the proper training and understands his role and responsibilities as an investigator. The investigators understand Garity; however, this is a private non-profit organization and Garity warnings do not apply.</p> <p>The agency policy prohibits administrative investigators from conducting a criminal investigation. All criminal investigations will be conducted by the local legal authority.</p> <p>Review:</p> <p>Policy 1080</p> <p>Training curriculum and material</p> <p>Training certificates</p>

	Administrative investigator interviews
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1080 requires specialized training for medical and mental health practitioners. These employees or contractors are also required by this policy to receive the same training mandated for employees or the same training mandated for contractors/volunteers.</p> <p>The facility does not have onsite medical practitioners. All residents would be seen by a SANE at Akron General Hospital.</p> <p>The facility does not have onsite mental health services; however, residents are provided access to a crisis counselor who can provide services until community level services can be provided.</p> <p>The facility has a qualified clinician who knows how to respond effectively and professionally to victims of sexual abuse and sexual harassment. The clinician is required to complete agency training and understands her responsibility under the PREA standards and agency policy. The practitioner is not located inside the facility but will meet with residents for services.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with agency Behavior Health Clinician</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1422 499">Policy 1080 states that all residents will be assessed for risk of victimization or abusiveness within 72-hours of arrival at the facility. This includes new intake or transfer residents. The Resident Supervisor will administer the screening instrument and considers the following:</p> <ol data-bbox="280 539 1477 1196" style="list-style-type: none"> a. Whether the resident has a mental, physical, or developmental disability b. The age of the resident c. The physical build of the resident d. Whether the resident has a prior conviction for sex offenses against an adult or child e. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, gender non-conforming, or intersex f. Whether resident has previously experienced sexual victimization g. The residents own perception of vulnerability h. Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse <p data-bbox="280 1236 1477 1352">The policy does not allow for residents to be disciplined for refusing to answer or not disclosing complete information to questions a, d, f, or g. The staff member is required to mark those responses as “refused to answer.”</p> <p data-bbox="280 1393 1453 1592">The facility provided the auditor with a copy of the Intake Screen for Risk of Victimization & Abusiveness. The screening tool must be completed upon intake but no later than 72 hours from arrival, and upon transfer from another facility. Each question is assigned a score, and the final score will assess a classification to the resident. Classifications include:</p> <ul data-bbox="280 1632 1477 2029" style="list-style-type: none"> • Susceptibility: This classification assesses the client’s risk of sexual victimization. This includes: age, build, disability or limitation, identifies or is perceived as LGBTQI, history of sexual victimization, prior sex offense conviction, client’s perception of vulnerability to sexual victimization, and/or nonviolent criminal history. • Abusiveness: This classification assesses the client’s risk of being sexually abusive. This includes: committed prior acts of sexual abuse, prior conviction for a violent offense, and/or has a history of prior institutional violence and/or committing sexual abuse in a prison, jail or community confinement setting.

SCORE for Susceptibility or Abusiveness

Susceptibility score designation:

- Highly Susceptible if scoring 4 or more points;
- Susceptible if scoring 2-3 points;
- Not Susceptible if scoring 0-1 points or no to all factors.

Abusiveness score designation:

- Highly Abusive if scoring 3 or more points;
- Abusive if scoring 1-2 points;
- Not Abusive if scoring 0 points or no to all factors.

The facility provided the auditor with the Placement Review Screen for Risk of Victimization & Abusiveness. This screening tool is to be completed on all residents no less than day 15 and no longer than day 29 of the resident's placement. Prior to completing the reassessment (a retake of the initial assessment, the screener is required to document their review of the residents:

- mental health assessment
- disciplinary history
- pre-sentence investigation
- interview with resident

The same scoring and classification system is in place for the rescreen.

In addition to the initial and rescreen, the facility has an Incident Screen for Risk of Victimization & Abusiveness. This form is to be used when warranted as a result of an incident or receipt of new information. The screening tool is the same as the initial and rescreen with the same scoring and classification system.

The auditor interviewed the Intake RS during the onsite visit. The staff reports that she has received training on how to complete the assessment and the computer will automatically score the instrument. She reports that she watched a video training on the proper way to conduct a risk screening. She reports that she will explain the instrument and inform the resident that they will not be in any trouble for refusing to answer the questions. She states that after the classification is determined, she will assign a bed based on the results. She will not assign a resident with a classification of abusive with a resident with a classification of susceptible. She reports that anyone identified as susceptible will be placed in a designated "PREA bed" and have increased monitoring by the Resident Supervisor staff. She reports that she has had the assistance of an interpreter to conduct an assessment on a resident who spoke Spanish and one that spoke Napoli.

The case managers are responsible for conducting thirty-day reassessments. Currently, the facility has one case manager, and the Program Administrator and the

Program Coordinators are filling in as case managers until new employees are completely trained. The auditor was able to interview all three during the onsite visit. The case managers report that before conducting assessments, they have to complete the training on the Placement Review Screen. They report gathering as much information as possible before conducting a second screen between 15-30 days of the resident's stay. The case manager reports that she will build a report with the resident before conducting the interview. The Program Coordinator reports that she will run a report weekly to see which residents are due for a rescreen and email that case manager to ensure all screens are conducted within the specified time frame.

The Program Administrator reports that the screens are conducted within the resident database system, ORION, and the information on the screen is protected. Staff will be informed of the classification, but not the information that resulted in the score.

Review:

Policy 1080

Intake Risk Screen

Placement Review Screen

Incident Screen

Interview with case manager

Interview with Program Coordinator

Interview with Program Administrator

ORION

115.242	Use of screening information
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1458 748">Policy 1080 states that the screening information will be made available to appropriate staff to ensure that all housing, programming, and community assignments are given in a way to minimize the risk of the resident being sexually victimized. The facility has specifically assigned dorms and beds for residents that have been identified as being highly susceptible or highly abusive. These specific beds are located in areas that are easily visible from the doorway of each room. Programming staff will make every effort when scheduling groups not to place residents with opposing PREA statuses in the same group. The policy states when that is not possible, that the staff will monitor appearance and behavior and report any significant changes.</p> <p data-bbox="280 788 1458 1030">The policy states that residents with a highly susceptible or highly abusive PREA status will have increased whereabouts checks. Residents with no status or a status of susceptible or abusive receive three whereabouts checks per shift while residents with highly PREA statuses will receive six whereabouts checks per shift. Only the Program Administrator or the Lead Resident Supervisor can remove a resident from the increased whereabouts checks.</p> <p data-bbox="280 1070 1458 1397">During the onsite visit, the auditor was shown the whereabouts check sheet and verification of increased checks for those with PREA statuses. The auditor was also able to view the designated PREA rooms/beds. The Intake RS reports that after completing the initial risk assessment, she will assign the resident to a dorm and/or bed based on the results of that assessment. She also reports that she is responsible for assigning residents to various community service projects. She states that she would not assign residents of opposite classifications to the same project.</p> <p data-bbox="280 1438 1458 1720">Oriana House policy 1080 also requires the facility to address the underlying reasons and motivations for susceptibility or abusiveness. The information from the screening will be used to develop targeted Individual Program Plan (IPP) goals and objectives to address the identified risk and needs assessment indications. The case manager will then make the appropriate referral to an outside professional to address and correct the underlying reasons and motivations for susceptibility or abusiveness.</p> <p data-bbox="280 1760 1458 2002">The auditor was able to interview a Behavior Health Clinician. She reports that the agency has programming that includes trauma groups and anger management available to address underlying issues, as well as one-on-one counseling. She states that all mental health services are completely voluntary, and that she would meet with the resident to explain services if risk screening identified an area of concern.</p> <p data-bbox="280 2042 1458 2078">The auditor interviewed residents that were identified as being highly susceptible to</p>

abuse or highly abusive. The residents reported feeling safe within the facility and did not worry about being sexually abused. Some of the residents interviewed reported receiving outside mental health services, but no services were related to past or current sexual victimization or abusiveness. Residents confirmed that they were offered services during risk screening.

Agency policy 8091 states the facility will make reasonable efforts to provide for the safety of residents identified as transgender or intersex. The agency will decide placement and programming assignments on a case-by-case basis to ensure the resident's health and safety, taking into consideration the resident's own views with respect to his or her own safety that is consistent with the agency's mission and security guidelines. The resident's views will not be the sole determining factor, but will be given serious consideration. Once placed, the Transgender Review Committee will determine the appropriate procedures for pat down searches, urine drug screens, and shower accommodations.

The agency has developed a plan to ensure the safety of transgender/intersex residents while in Oriana House facilities. The plan includes a review of the perspective resident by the PREA Coordinator, PREA manager, admissions personnel, and crisis counselor that will address issues that come with the placement of a transgender resident. Once an appropriate facility has been identified, the intake department will notify supervisory staff at the proposed facility. In order to ensure placement decisions are on an individualized case-by-case basis, the facility will collect information into consideration the transgender resident's concerns in terms of safety- housing placement and programming, name, pronoun, shower, preference, and searches. The resident will be asked:

- What gender do you identify with
- What is your preferred name
- How do you prefer to be addressed
- Have you had any medical consultation regarding your gender identity
- Are you willing to provide a medical release of information for verification of medical consultation
- Are you in the process or have you undergone any gender affirmation surgery or hormonal therapy
- How long with you been living as your identified gender
- Who are you attracted to
- Do you prefer male or female housing
- Do you have any specific safety concerns in regards to you placement
- Are you comfortable with communal showering or would you prefer accommodations be made for you to shower separately
- What gender would you feel most comfortable conducting a pat-down search and UDS

The facility is not currently housing a resident that has identified as transgender or intersex. The Program Administrator reports that during the past twelve months, the facility did house a resident that, outside of confinement, identified as

transgender, but did not want to identify that way during his stay at the facility. The facility honored that requested; however, classified him as highly susceptible and placed the resident in a bed that has been identified for vulnerable residents and increased his whereabouts checks.

The facility does not have a dedicated unit for residents that identify as LGBTI. Residents that identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff have clear line of site views to the resident's bed. All residents that have been identified as being at higher risk, including LGBTI residents, will have increased whereabouts checks.

The auditor interviewed any resident that identified as gay or bisexual. All residents interviewed stated that they have not experienced any discrimination and did not feel as if they were placed in a housing unit or dorm based on their status. The residents reported feeling safe and being able to go directly to the Program Administrator if they felt threatened sexually or otherwise.

The auditor performed an internet search and did not find any reports of the agency or facility being a part of a lawsuit or consent decree.

Review:

Policy 1080

Policy 8091

Facility tour

Risk Screens

Web search

Interview with residents

Interview with Behavior Health Clinician

Interview with case manager

Interview with Program Coordinator

Interview with Program Administrator

Interview with PREA Coordinator

Interview with Intake RS

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1080 requires Oriana House to provide residents with the opportunity to report sexual abuse and sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. The policy allows for residents to report anonymously and lists the following as ways a resident can report:</p> <ul style="list-style-type: none"> • Verbally telling any Oriana House employee • Completing a Client Sexual Abuse/Harassment Reporting form (located in the resident handbook) • Oriana House website at www.orianahouse.org/contactus • Calling the Oriana House Client Sexual Abuse Hotline 330-258-1271 free of charge • Emailing SexualAbuseReporting@orianahouse.org • Calling an outside third party hotline at 614-728-3399 free of charge <p>The housing unit is equipped with several payphones that residents are able to use in order to report (including anonymously) sexual abuse and sexual harassment. These phones allow for free calls to internal and external reporting hotlines, and to rape crisis agencies, that are not recorded. Residents are allowed to have personal cell phones in the facility from which they could make reports of sexual abuse or sexual harassment. Residents are also able to report allegations directly to any staff member, contractor, volunteer, or to/on behalf of a third party. Residents are reminded during intake, orientation, and during case manager meetings that all reports will be taken seriously and investigated.</p> <p>During the tour portion of the onsite visit, the auditor used a payphone in the housing unit. The auditor called the hotline numbers for both the agency, outside reporting agency, and the rape crisis hotline. The agency hotline is answered by an answering machine. The message on the machine reminds callers of the obligation of the facility to investigate all allegations and that there is no retaliation for reporting any incidents. The message request callers to leave as much detailed information about the incident, but if the caller wishes, they can remain anonymous. The outside reporting agency's hotline number is also answered by a machine. The message also requests the caller leave detailed information about the incident and that if they so choose, they can remain anonymous. The auditor received a return phone call from an agency administrative investigator on the same day the call was placed. The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a return phone call from Matt Morris, Assistant Chief Director, on the same day the request to the hotline was made. The call to the rape crisis hotline has selectable options for what type of support the caller needs, the auditor selected an office worker in order to discuss the services</p>

provided to the residents, if the services are free of charge, confidentiality of the information, and any mandated reporting responsibilities.

The auditor reviewed the agency website and the links to complete a report for an allegation of sexual abuse or sexual harassment. The links lead to a Client Sexual Abuse/Harassment Reporting Form and instructions to complete the form and return to the email listed on the form (SexualAbuseReporting@orianahouse.org).

During the tour, the auditor noticed several postings in conspicuous places that listed reporting information for local, state, and national organizations. The information includes the name, phone number, and address for all organizations listed. Resident can also send mail to reporting agencies. The Program Coordinator reports that residents can send mail by dropping it off at the main post desk where USPS will pick and drop off mail Monday - Saturday. She reports that a resident can also send mail while out in the community. Outgoing and incoming mail is not read by staff.

The Program Administrator reports that residents are informed of all the possible ways of reporting allegations of sexual abuse and sexual harassment during intake, orientation group, and role clarification meeting. The residents are told that any report of sexual abuse and sexual harassment is an official report, and that all allegations will be investigated. Reporting information is given to residents in the handbook and on a PREA information sheet. Reporting phone numbers to internal and external agencies are posted near the phones in English and Spanish.

The auditor also interviewed the Program Assistant who provides new resident orientation. She reports that she shows the residents three PREA videos that were produced by Oriana House. The videos educate residents on definitions, good faith/bad faith reporting, and ways to report (verbal, anonymous, third-party).

The auditor interviewed ten (10) residents during the onsite visit. The residents report receiving information at intake, orientation group, and from their case manager about the available ways to report sexual abuse and sexual harassment. The residents understood that they could report to any staff member verbally or in writing; internally or externally; anonymously or through a third-party; and over the phone toll free or through the mail. All residents interviewed reported feeling comfortable going directly to the facility's Program Administrator. The resident reports that she has an open door policy and appropriately addresses every concern. Residents were also able to identify other staff members they could directly report allegations. No resident felt the need to report anonymously or through an outside agency.

The auditor interviewed one resident who reported an allegation of staff sexual misconduct. The resident stated that he really did not care about the relationship but the staff member was doing things for the resident victim and being mean to the other residents and he did not like that. He felt comfortable reporting the allegation to staff, knowing that staff would keep the information limited to those who "need to know."

All staff reported that all information they received concerning an incident or report of sexual abuse or sexual harassment they are to immediately report to their supervisor and document on a Client Sexual Abuse/Harassment Reporting Form and email the form to administrative investigators. The staff was able to identify the Program Administrator as the PREA Compliance Manager and that they could make a private report to her or to the agency PREA Coordinator.

Review:

Policy 1080

Client Sexual Abuse and Sexual Harassment Reporting Form

Resident handbook

PREA information sheet

Staff training curriculum

PREA posters

Agency website

Reporting hotline numbers

Interview with Administrative investigators

Interview with staff

Interview with residents

Interview with PREA Coordinator

Interview with Program Coordinator

Interview with external reporting agencies

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A: The PREA Coordinator advised the auditor that the agency does not have administrative procedures to address resident grievance regarding sexual abuse. The agency has an explicit policy and procedure (policy 1080: Resident Sexual Abuse and Sexual Harassment Prevention) that addresses all aspects of the agency's compliance with the PREA standards. The Coordinator states that should a resident file a grievance alleging sexual abuse or sexual harassment, the allegation will be investigated under agency policy 1080.</p> <p>Residents are informed of the reporting and investigation procedures during orientation group. This group also reviews the grievance process and grievable offenses.</p>

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Oriana House policy 1080 requires each facility to provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential manner as possible.</p> <p>The facility has placed posters in English and Spanish around the building in conspicuous places that provide the telephone number and address to the local victim advocate and emotional supportive services agency. A review of the resident handbook shows a listing of the addresses and telephone numbers to local, state and national victim advocate agencies.</p> <p>The Rape Crisis Center of Medina & Summit Counties have provided posters that inform residents of their ability to contact this agency for anonymous support and services available 365 days a year, 24 hours a day. The posters include contact information for the agency.</p> <p>During the tour portion of the onsite visit, the auditor used a payphone in the housing unit. When first picking up the phone, the message prompts for language selection. After the language selection, the next option is for PREA. Once a resident selects the PREA option, the message then has the following prompts:</p> <ul style="list-style-type: none"> • Option #2 = Oriana House reporting • Option #3 = ODRC reporting • Option #4 = Cleveland Rape Crisis • Option #5 = Summit County Rape Crisis • Option #6 = SARNCO Rape Crisis • Option #7 = Sexual Support Hotline <p>The auditor called the hotline numbers for both the agency and outside reporting agency. The agency hotline is answered by an answering machine. The message on the machine reminds callers of the obligation of the facility to investigate all allegations and that there is no retaliation for reporting any incidents. The message request callers to leave as much detailed information about the incident, but if the caller wishes, they can remain anonymous. The outside reporting agency's hotline number is also answered by a machine. The message also requests the caller leave detailed information about the incident and that if they so choose, they can remain anonymous. The auditor received a return phone call from an agency administrative investigator on the same day the call was placed. The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a return phone call from Matt Morris, Assistant Chief</p>

Director, the same day the request to the hotline was made. The call to the rape crisis hotline has selectable options for what type of support the caller needs, the auditor selected an office worker in order to discuss the services provided to the residents, if the services are free of charge, confidentiality of the information, and any mandated reporting responsibilities.

The facility has a MOU with The Rape Crisis Center of Medina and Summit Counties for all Summit County locations. The MOU permits the agency to provide its residents the telephone number and address to the Center and to offer all residents emotional supportive services. A copy of the MOU was provided to the auditor.

Resident can also send mail to reporting agencies. The Program Coordinator reports that residents can send mail by dropping it off at the main post desk where USPS will pick and drop off mail Monday - Saturday. She reports that a resident can also send mail while out in the community. Outgoing and incoming mail is not read by staff. Residents interviewed report that mail can be dropped offed and picked up at the main post, but no resident reported dropping off any mail. All residents report using the phone for all communication activities.

Policy 1080 requires 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. The residents are informed that they have the right to privacy while making a report of sexual abuse to outside agencies; however, due to state and federal mandatory reporting laws, the agency may be required to report allegation. The residents can also find this information inside the resident handbook.

The Program Coordinator reports that case managers are required to have role clarification meeting where residents are given information on the limits to confidentiality. The residents are informed that all information would be immediately reported to proper authorities. The case managers interviewed confirmed the meeting and the information provided to the residents.

*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

Review:

Policy 1080

PREA Postings

MOU with Rape Crisis Center of Medina and Summit Counties

Resident Handbook

Interview Rape Crisis Center

Interview with Program Coordinator

	<p>Interview with Case managers</p>
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Interview with residents

Interview with external reporting agency

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1080 requires the posting of information on how a third-party can report sexual abuse or sexual harassment on behalf of a resident on the agency website. The auditor reviewed the agency website (www.orianahouse.org/accreditations/prea/prea.php) and was able to see the posted information on how to report an allegation.</p> <p>The auditor called the hotline numbers for both the agency and outside reporting agency. The agency hotline is answered by an answering machine. The message on the machine reminds callers of the obligation of the facility to investigate all allegations and that there is no retaliation for reporting any incidents. The message request callers to leave as much detailed information about the incident, but if the caller wishes, they can remain anonymous. The outside reporting agency’s hotline number is also answered by a machine. The message also requests the caller leave detailed information about the incident and that if they so choose, they can remain anonymous. The auditor received a return phone call from an agency administrative investigator on the same day the call was placed. The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a return phone call from Matt Morris, Assistant Chief Director, the same day the request to the hotline was made.</p> <p>The facility has posted in conspicuous places, including areas where visitors would frequent, notices on how a person can make a third-party report of sexual abuse or sexual harassment on behalf of a resident. The notices include toll-free hotline numbers and the email address that is listed on the agency website.</p> <p>The facility has had one third-party report of staff sexual misconduct. The report was made by a resident and then later confirmed by another outside third-party report. The allegation was administratively investigated.</p> <p>Review:</p> <p>Policy 1080</p> <p>Agency website</p> <p>Investigation reports</p> <p>PREA notices</p> <p>PREA hotline number</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 707">Oriana House policy1080 requires all employees, including medical and mental health staff, to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment including third-party and anonymous reports to the Client Sexual Abuse Response Team via email. This includes allegations of retaliation for reporting incidents of sexual abuse or sexual harassment or cooperating in an investigation concerning an allegation of sexual abuse or sexual harassment and any knowledge, suspicion, or information regarding staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.</p> <p data-bbox="280 748 1477 904">Policy 1027 states that all resident information related to PREA will be maintained in a confidential manner in compliance with Federal PREA requirements. Release of information concerning PREA allegations will be done as necessary and in accordance with Federal PREA requirements.</p> <p data-bbox="280 945 1477 1102">Policy 1005 requires states staff, without reservation, must report to the appropriate supervisor any corrupt or unethical behavior, including sexual misconduct or sexual abuse as defined by the Prison Rape Elimination Act that could affect a resident or the integrity of the Agency.</p> <p data-bbox="280 1142 1394 1218">The PREA Coordinator reviewed the process with the auditor. According to the Coordinator, the staff are to:</p> <ul data-bbox="354 1285 1477 1617" style="list-style-type: none"> • Immediately email the Client Sexual Abuse Response Team • Report any sexual abuse allegation between staff and a federal resident to the Federal Bureau of Prison’s Residential Reentry Manager • Documenting the allegation, including verbal reports to management staff • Limit the number of people who have knowledge of the allegation to designated officials who are responsible for making treatment, investigation, and other security decisions • Perform any first responder duties as needed <p data-bbox="280 1653 1477 1854">A review of the PREA Staff Guide Book provides instructions to staff on how to report resident sexual abuse or harassment. The guide speaks to the agency’s responsibility of creating a culture where residents feel safe to report sexual abuse or sexual harassment without the fear of retaliation. The book provides a phone number, email address, and required reporting form.</p> <p data-bbox="280 1895 1359 1971">Staff are also required to sign and date acknowledge receiving the following information:</p> <ul data-bbox="354 2033 683 2069" style="list-style-type: none"> • Client confidentiality

- Code of ethics
- Employee discipline
- Clients rights and grievance procedure
- Ethics and accountability
- PREA annual acknowledgement

The agency uses a web base resident database system that allows the facility to assign certain rights to access information concerning residents and PREA allegations. All staff are required to submit an email for to the regional reporting email that limits the staff informed of the allegation and incident details to the administrators on the email chain.

The auditor had formal and informal conversations with staff about agency reporting policies. All staff referenced the training they receive during new hire orientation and the monthly online refresher trainings concerning their reporting obligations. The auditor spoke to one staff member who discussed reporting suspicion after a conversation with a resident. She reports that the resident did not think it was a big deal and did not want to "file a PREA." She explained the agency's mandatory reporting policies and that he would have an opportunity to express his concerns and/or preferences during the investigation. Another staff member discussed receiving information from a third-party resident reporter. She took the information to the Program Administrator, who initiated an investigation into the allegation. Other staff did not have a situation where they reported knowledge, information, or suspicion; however, stated that they would have no issue reporting those behaviors even if it was against a co-worker. A few staff members commented on the agency administrative investigator providing training that helps them identify "red flag" behavior, and how it is their responsibility to report, even suspicion, and not investigate.

The auditor discussed training on boundaries and ethics with facility supervisors at all levels. These supervisors report having discussions with staff, on an ongoing basis, about maintaining professional communication and never providing residents with personal information. The Program Administrator states that this training is most helpful in assisting staff members in identifying behavior that they not only need to avoid, but behavior from co-workers that needs to be reported.

The Behavior Health Counselor reports that she always talks to residents about informed consent and limits to confidentiality prior to providing services. She reports that she provides this information to resident who are participating in groups or one-on-one counseling.

The facility does not accept residents that are under the age of 18 and does not have a duty to report to child protective services. 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 (Chapter 5101:2-20 and 5101:2-20-01).

Review:

	<p>Policy and procedure</p>
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	<p>Employee files</p>
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	<p>Resident files</p>
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	<p>PREA staff guide book</p>
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	<p>Interview with staff</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1080 requires the agency to take immediate action to protect a resident when the facility learns of a substantial risk of imminent sexual abuse. The PREA Coordinator states that the agency can take action to protect any resident by moving the alleged victim or abuser to a different dorm, housing unit, or facility. The agency can also move an alleged staff abuser to another facility or place on administrative leave during an investigation.</p> <p>The Program Administrator reports that the facility did not have a resident report being in fear of imminent abuse. She reports that she has accepted residents from other Oriana House facilities in the Akron area in an effort to separate a victim from an abuser during or after an investigation. She reports that she would be able to immediately send a resident to another facility or possibly place on electronic monitoring, if imminent abuse was reported. She reports that the facility would err on the side of caution and take measures to protect the resident, and continue to monitor the situation during the investigation.</p> <p>The facility had a total of three allegations during the past twelve months. None of the residents reported being in fear of imminent abuse. Residents that are involved in an investigation (victim or abuser) will be placed on increased whereabouts during the investigation and possibly longer depending upon the results of the investigation.</p> <p>Review:</p> <p>Policy 1080</p> <p>Investigation reports</p> <p>Interview with Program Administrator</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1080 states that upon receiving an allegation that a resident was sexually abused while confined at another confinement facility, the Program Director/Administrator shall notify in writing the head of that facility or appropriate central office of the agency where the abuse occurred. The policy mandates that the notification shall be provided as soon as possible, but no later than 72-hours after receiving the allegation.</p> <p>Policy 1080 also mandates an administrative investigation into any allegation that is made to the facility including investigations reported to the facility by another confinement facility. Should the investigation reveal criminal activity, the allegation will be referred to the local legal authority.</p> <p>The facility had one allegation reported at intake that the resident was sexually assaulted at Richland Correctional Institution in Ohio. The Program Administrator reports she reported the allegation to the warden at Richland Correctional Institution within the required 72-hours. The resident also reported that in 2009 he was sexually assaulted at another Oriana House facility. The report was sent to the administrative investigators. The investigators did not get a chance to interview the residents due to him absconding a day after intake. The investigators continued with the investigation and determined it to be unfounded. The Program Administrator reports that the facility has not received an allegation from another confinement facility on behalf of a former resident.</p> <p>Any allegation reported to the facility from another confinement facility or if a resident makes a report for another confinement facility is required to be reported to the PREA Coordinator. The facility had one allegation that was reported to the Ohio Department of Rehabilitation and Corrections. The report was forwarded to the PREA Coordinator who ensured an administrative investigation into the allegation was completed (see standard 115.222 to see a summary of the allegation).</p> <p>Policy 1080</p> <p>Interview with Administrative Investigators</p> <p>Interview with Program Administrator</p> <p>Investigation reports</p>

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1469 418">Oriana House policy 1080 outlines first responder duties for any allegation of sexual abuse. The policy instructs first responders to:</p> <ul data-bbox="352 488 1477 1144" style="list-style-type: none"> <li data-bbox="352 488 948 521">• Separate the alleged victim and abuser <li data-bbox="352 528 1477 645">• If there is a crime scene, preserve and protect it by clearing all residents and unnecessary staff from the area until law enforcement can assume responsibility of the crime scene <li data-bbox="352 651 1477 853">• If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. <li data-bbox="352 860 1477 1061">• If the abuse occurred within a time period that still allows for the collection of physical evidence, do not allow the alleged abuser to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating <li data-bbox="352 1068 1362 1144">• Staff shall not collect evidence or disturb the crime scene as much as possible <p data-bbox="280 1187 1469 1265">In addition, the required first responder steps mandated by this standard, the policy also requires first responders to:</p> <ul data-bbox="352 1335 1477 1993" style="list-style-type: none"> <li data-bbox="352 1335 1477 1451">• Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director. <li data-bbox="352 1458 1477 1574">• Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email. <li data-bbox="352 1581 1477 1783">• If the Clinical Director is on the premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed. <li data-bbox="352 1789 1477 1993">• Residents who request to talk with a counselor immediately will be referred to emergency mental health services (Rape Crisis Center of Medina and Summit Counties). Residents who request to see a mental health counselor but state their need is not immediate will be seen by the facility crisis counselor the following business day and referred for appropriate services. <p data-bbox="280 2036 1426 2069">During the onsite visit, the auditor was able to review the PREA Staff Guide Book</p>

that is located at all main post. The book contains:

- First responder duties
- Reporting duties
- Coordinated respond plan with contact names and phone numbers
- PREA policies and procedures
- Assisting residents with disabilities
- Transgender safety plans
- Medical response plan
- PREA definitions
- Staffing plan
- Logging cross-gender views

All staff are trained on first responder duties (security and non-security staff) including role-playing potential situations. The training is given during onboarding training, and again during the monthly training. The auditor was given a copy of the training curriculum and sign-in sheets.

The facility did not have an allegation where the first responder duties were applicable.

Review

Policy and procedure

Interview with staff

Investigation report

115.265	Coordinated response
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1174 374">Policy 1080 list the coordinated response plan as the following:</p> <ul data-bbox="352 443 1477 1104" style="list-style-type: none"> • Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director. • Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email. • If the Clinical Director is on the premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed. • Residents who request to talk with a counselor immediately will be referred to emergency mental health services (Rape Crisis Center of Medina and Summit Counties). Residents who request to see a mental health counselor but state their need is not immediate will be seen by the facility crisis counselor the following business day and referred for appropriate services. <p data-bbox="280 1144 1453 1261">The coordinated response plan is contained in the PREA Staff Guide Book that is at each main post. During onboarding and monthly back to basic training, staff learn the coordinated response plan and the location of the posted plan.</p> <p data-bbox="280 1301 1267 1335">The Coordinated Response to an Incident of Client Sexual Abuse Plan:</p> <ul data-bbox="352 1404 1465 1771" style="list-style-type: none"> • Enact first-responder duties • Management staff shall contact law enforcement • First responders will notify in-house mental health staff if available and call 9-1-1 to arrange for immediate access to emergency medical and/or mental health services • Offer to contact rape crisis services, at 330-434-7273, for victim advocate services • Document incident as a violation report • Follow all directives of law enforcement <p data-bbox="280 1812 1398 1888">The auditor was given a copy of the coordinated response plan and viewed the posted plan during the onsite visit.</p> <p data-bbox="280 1928 389 1962">Review:</p> <p data-bbox="280 2002 443 2036">Policy 1080</p>

	<p>PREA Book</p>
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Coordinated Response to an Incident of Client Sexual Abuse

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A: The Human Resource Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. The agency is an "At Will" employer. Staff members sign an "At Will" employer acknowledgement during onboarding.</p> <p>Review:</p> <p>Interview with Human Resource Director</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1442 622">Policy 1080 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees. The facility does this by employing multiple ways to protect such as dorm changes, housing unit changes, transfer to another facility, or if applicable placed on electronic monitoring. The facility can also transfer staff members to a different facility or place on administrative leave.</p> <p data-bbox="280 665 1461 947">The report will include periodic status checks, and a review of the resident's disciplinary records, housing, program changes, or negative performance reviews and reassignments of staff. The report will be sent to the appropriate facility and administrative team members. Residents that are on 90-day retaliation monitoring will also be placed on the facility "whereabout" checklist at an increased rate. The auditor was shown the process and the facility whereabouts checklist and identified high risk residents with increased whereabouts checks.</p> <p data-bbox="280 990 1442 1395">The facility has a multifaceted approach to retaliation monitoring. The Program Administrator is responsible for conducting official monitoring and status checks. She will complete a PREA Compliance Manager Activity Report. This report will document the Program Managers meeting with the staff or resident, if the staff member or resident experienced any retaliation, if the staff member or resident needs emotional supportive services, and documentation of any disciplinary records, changes to dorm/housing unit, and negative performance reviews or reassignments. The Program Administrator reports that the PREA Coordinator will provided her with the form. She will meet privately with the staff member or residents and send results to the designated regional client sexual abuse email.</p> <p data-bbox="280 1438 1474 1720">Security staff will monitor the resident for retaliation by conducting increased whereabouts checks. The Lead Resident Supervisor reports that the security staff would not be given details of the investigation or any confidential information. The staff would see that the resident was on the whereabouts checklist at an increased rate and that signals them to be more aware of that resident and the interactions of others with that resident. He reports that staff would document any issues or concerns with that resident, and it would be reported to the Program Manager.</p> <p data-bbox="280 1762 1477 2000">The Behavior Health Counselor reports that a crisis counselor would provided emotional support for any resident or staff member who reported or cooperated with "PREA investigations." She reports that residents would have an initial meeting to assess their needs. The resident will get to decide if additional sessions are necessary. She states that the resident will be informed that they can request services at anytime.</p> <p data-bbox="280 2042 1442 2076">The auditor spoke with a resident who made a third-party report during the onsite</p>

visit. The resident stated that he has regular check-ins with his case manager and the Program Administrator. He states that he has not experienced any retaliation from staff or residents for reporting. He states that he does not think anyone but his case manager, who he made the report to, and the Program Administrator know that he made the report. The resident states that the facility has offered services but he does not feel like he needs anything more than the check-ins.

Agency policy 1080 states that the agency's obligation to monitor shall terminate if the allegation is determined to be unfounded. The Program Manager reports that if necessary, the facility will continue to monitor past the 90-day obligation.

The facility has not had an incident of retaliation.

Review:

Policy 1080

Whereabout checklist

Interview with Lead Resident Supervisor

Interview with Program Administrator

Interview with Behavior Health Counselor

Interview with resident

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1461 748">Policy 1080 requires an administrative investigation on any allegation of sexual harassment and sexual abuse. This includes allegations received through third-parties or anonymous reports. If the allegation is of sexual abuse/assault or appears to be criminal in nature, the Sexual Abuse Response Team will promptly refer the allegation to the Akron City Police Department. In instances of sexual abuse or sexual harassment that are not criminal in nature, the facility shall gather and preserve direct and circumstantial evidence, including any physical and electronic data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints, and reports of sexual abuse/sexual harassment involving the suspected perpetrator.</p> <p data-bbox="280 790 1477 947">The policy requires the facility to document the investigation in a written report that is retained by the administrative investigators for as long as the alleged abuser is an Oriana House resident, or is employed by Oriana House, plus five years. The Oriana House Investigative Form includes the following information:</p> <ul data-bbox="352 1016 1302 1888" style="list-style-type: none"> • Name of all victims, witnesses, and abusers • Names of staff working during incident • Date, time, and location of incident • Type of incident • How the incident was reported • Description of incident • Medical and/or counseling treatment (SANE services/Rape crisis) • Statements from all available sources • Separation from abuser • Increased supervision • Transfer to another facility • LGBTI status • Gang affiliation • PREA Screening Status • Law enforcement referral • Parent agency notification • Interpreter services • Video evidence available • Physical barriers • Investigation determination • Disciplinary action <p data-bbox="280 1928 1461 2085">The auditor reviewed the training curriculum and certificates of completion for all administrative investigators. The PREA Coordinator and VP of Administration and Legal Counsel have also received administrative investigator training. The training was conducted by the Moss Group and included techniques for interviewing sexual</p>

abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The administrative investigators reported the following methods of investigating an allegation:

- Trauma informed victim interviews
- Witness interviews
- Staff interviews
- Alleged abuser interviews
- Reviewing video evidence
- Reviewing past incident reports if available
- Credibility assessments based on documented behavior
- Consultation with other investigators/PREA Coordinator if necessary

The administrative investigators reviewed the three

allegations reported at the facility during the past twelve months (see standard 115.222).

The process of investigation, referral, and outcome determination was described to the auditor. The PREA Coordinator states that the agency prohibits administrative investigators from requiring a polygraph examination or other truth telling device during an investigation. She states that all investigators are also prohibited from conducting any type of criminal investigation. All criminal investigations are conducted by the local legal authority, and the administrative investigators will remain in contact with the criminal investigators in order to remain informed about the progress of the investigation. The PREA Coordinator and policy state that the departure of the alleged abuser or victim from employment or control of the facility or Agency shall not provide a basis for terminating an investigation.

The investigators state that they are not to question a suspected abuser during a criminal investigation. The administrative investigation would only begin at the conclusion of the criminal investigation or with the permission of the legal authority. The investigators report that they would remain in contact with the legal authority to keep abreast of the criminal investigation. The investigators report that they are responsible for maintaining and securing investigation reports for as long as the abuser is incarcerated or in the case of staff abusers until the employee is no longer employed, plus five years for both cases.

Review:

Policy 1080

Investigation Reports

Interview with PREA Coordinator

Interview with Administrative Investigators

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1473 456">Agency policy 1080 states that the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="280 497 1477 654">The auditor interviewed the facility’s administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation. The VP of Administration and Legal Counsel will make the final outcome determination.</p> <p data-bbox="280 694 1422 810">The auditor reviewed the three investigation reports from the past audit cycle to verify the standard of proof used. The allegations were determined with that standard.</p> <p data-bbox="280 922 392 958">Review:</p> <p data-bbox="280 994 445 1030">Policy 1080</p> <p data-bbox="280 1066 576 1102">Investigation reports</p> <p data-bbox="280 1137 967 1173">Interview with PREA administrative investigators</p>

115.273 Reporting to residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy 1080 states that following an investigation into a resident's allegation of sexual abuse, the facility will inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, the facility will request the information from the investigatory agency in order to inform the resident. The facility will also notify the resident whenever:

- The employee is no longer working at the resident's assigned facility
- The employee is no longer employed by the agency
- The agency learns the employee has been convicted on a charge related to sexual abuse within the agency
- The agency learns the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- The agency learns that the alleged resident abuser has been convicted on a charge related to sexual abuse in the facility

All such notifications or attempted notification are documented in the agency's resident database system. The obligation to make such report under this standard shall terminate if the resident is release from the agency prior to an investigation determination.

The facility had three allegations during the past twelve months. One allegation was reported after the victim was no longer a resident at the facility, one allegation was reported to the resident, and the third allegation was recently determined, and the resident is no longer housed at the facility.

The PREA Coordinator tracks all investigations to ensure each requirement of the PREA standards have been completed after the report of an allegation. The checklist includes:

- Date allegation was received
- Allegation type
- Confirmation of first responder duties
- Type of investigation initiated
- Victim support person notified
- Notification to Ohio Department of Rehabilitation and Correction
- Completion of rescreening
- Investigation completed
- Victim Notification Sent
- Incident Review Completed/date
- 90-day Retaliation Monitoring

The PREA Coordinator documents when the notification was given to the resident or if the notification could not be delivered due to the victim no longer residing in the facility.

Review:

Policy 1080

PREA Sexual Abuse Victimization Notification report

PREA Coordinator checklist

Interview with administrative investigators

Interview with PREA Coordinator

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1473 499">Policy 1080 states that employees shall be subject to disciplinary action up to and including termination for violating the Resident Sexual Abuse and Sexual Harassment Prevention policy. Policy 3037 specifically outlines employee discipline. This policy states disciplinary action may take the following steps:</p> <ul data-bbox="352 568 863 808" style="list-style-type: none"> • Formal verbal warning • Written warning • Disciplinary probation • Disciplinary suspension • Disciplinary discharge • Suspension pending investigation <p data-bbox="280 853 1465 969">Policy 3037 also states that disciplinary action may not always be progressive. The agency reserves the right to take whatever disciplinary action it deems appropriate for employee misconduct, including termination of employment for a first offense.</p> <p data-bbox="280 1010 1473 1290">The agency outlines its progressive disciplinary plan in its employee handbook. A review of the handbook states that any staff member found to have engaged in sexual abuse will be terminated. Termination or resignation by a staff member who otherwise would have been terminated for violations of the Client Sexual Abuse and Sexual Harassment Prevention, will be reported to law enforcement agencies and any relevant licensing bodies. The handbook also states that employees who have knowledge of resident victimization and do not report it will be terminated.</p> <p data-bbox="280 1330 1473 1612">The auditor interviewed the Human Resource Director. The Human Resource Director reports that it is agency practice to place a staff member on administrative leave during the course of an investigation. She states the agency enforces their strict zero tolerance policies by terminating employees found to be in violation of the policy, and terminating employees whose allegation was determined to be unsubstantiated but a major violation of the boundaries/integrity policy has been committed.</p> <p data-bbox="280 1653 1481 2063">Employees must sign an acknowledgement of receiving the employee handbook and the agency's zero tolerance policy. Employees who have been disciplined by the agency had a Notice of Employee Disciplinary Action. The documentation listed the disciplinary charge, appeal, information, and sanction. None of the disciplinary charges reviewed were related to PREA. The auditor spoke to the Director about disciplinary action for actions that do not quite meet the definition of sexual abuse or sexual harassment. She states that the agency will terminate all employees that have a significant boundary issues with residents. She also states that employees that are in the orientation phase of employment cannot appeal a disciplinary sanction.</p>

The auditor interviewed management, program, and security staff. All staff interviewed reported receiving an employee handbook and training on the agency's zero tolerance policy. Staff reported that during onboarding training, the administrative investigator conducts a training where he speaks about the importance of professional boundaries and avoiding personal relationships. He speaks on the agency's disciplinary policies related to sexual abuse and sexual harassment violations, including the possibility of criminal charges and reports to applicable licensing agencies. Staff interviewed understood violations or non-reporting of sexual abuse and sexual harassment could result in termination. A few management staff referred to the most resent sexual abuse allegation, and the termination of the employee for violations to the policy.

The facility had three sexual abuse allegations against staff members during the past twelve months. One allegations was determined to be unfounded, one was substantiated, and one was unsubstantiated for sexual abuse, but substantiated for sexual harassment or agency boundary violations. The staff members with substantiated allegations were both terminated from employment.

A summary of each allegation can be reviewed in standard 115.222.

Review:

Policy 1080

Policy 3037

Employee Handbook

Investigation reports

Interview with Human Resource Director

Interview with staff

Interview with administrative investigators

115.277	Corrective action for contractors and volunteers
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1465 622">Policy 1080 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency will take appropriate remedial measure, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="280 663 1465 739">During the onsite visit, the auditor reviewed all allegations reported within the past twelve months. There have been no allegations against a contractor or volunteer.</p> <p data-bbox="280 779 1465 896">The Human Resource Director stated during her interview that the facility has not had any incident concerning the interactions between a contractor/volunteer and a resident.</p> <p data-bbox="280 936 392 972">Review:</p> <p data-bbox="280 1012 443 1048">Policy 1080</p> <p data-bbox="280 1088 574 1124">Investigation reports</p> <p data-bbox="280 1160 852 1196">Interview with Human Resource Director</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1481 667">Oriana House policy 1080 requires all residents to face disciplinary action up to and including termination from the program following a substantiated allegation of resident to resident sexual abuse and sexual harassment or a criminal finding of guilt for resident to resident sexual abuse. The policy requires the agency to consider whether a resident’s mental disabilities or mental illness contributed to his/her behavior, the resident’s disciplinary history and sanctions imposed for comparable offenses by other residents with similar histories, when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="280 707 1481 864">Agency policy does not allow for the disciplining of a resident for a good faith report of sexual abuse when there is a reasonable belief that the alleged conduct occurred even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="280 904 1481 1061">The policy also does not allow for offenders to have consensual sexual contact; however, such conduct will not be defined as resident sexual abuse. The policy also does not allow for the discipline of offenders for resident sexual contact with staff unless the staff member did not consent to such contact.</p> <p data-bbox="280 1102 1481 1429">In the resident handbook, the facility has listed Physical assaults/sexual assaults by residents or threats of assault and sexual harassment are not tolerated. The handbook also states that the agency prohibits all sexual activity between residents, which includes hugging, kissing, or touching any body part. Specifically, under the Client sexual abuse and Sexual Harassment Prevention Guide in the handbook, the agency details what is considered sexual abuse, sexual harassment, and retaliation. The handbook states that violations of the zero tolerance policy will result in disciplinary sanctions and/or criminal charges.</p> <p data-bbox="280 1469 1481 1671">The PREA information sheet given to residents during orientation group. The sheet gives the residents a clear understanding of what is a good faith report of sexual abuse or sexual harassment versus a bad faith or false/misleading report. The sheet states that residents can be charged with a level three sanctions for falsification.</p> <p data-bbox="280 1711 1481 1778">The auditor was able to review signed and dated acknowledgements of receiving a handbook and PREA education.</p> <p data-bbox="280 1818 1481 2065">The auditor interviewed ten (10) residents during the onsite visit. The residents acknowledged that they received PREA education during orientation group, and that the information received included the agency's disciplinary policies. The residents discussed learning the difference between good faith and bad faith reporting and that no sexual contact of any kind is allowed. All residents reported that they would be terminated from the program if they engaged in sexual abuse or sexual</p>

harassment.

The PREA Coordinator states that any resident found to have sexually abused another resident will be terminated from the facility. All other substantiated allegations of sexual harassment will be disciplined according to the agency's progressive discipline policy. She states that if sexual harassment incidents are egregious or repetitive, the agency will terminate the resident. She states that the facility does not allow any type of sexual contact between residents, and violations will be addressed in accordance to the agency's disciplinary policies.

The agency's Behavior Health Counselor reports that the agency does not provide therapy, counseling, or other interventions to address and correct underlying reasons or motivations for abuse. Residents that sexually abuse or harass other residents and/or staff will be terminated from the program.

The facility had one allegation reported against staff that was made in bad faith. The report was made after the resident was terminated from the facility; and therefore, the resident was not disciplined.

The facility has not had an allegation of sexual abuse or sexual harassment against a resident during the past twelve months.

Review:

Policy 1080

Resident handbook

PREA information sheet

Investigation reports

Interview with residents

Interview with Behavior Health Counselor

Interview with PREA Coordinator

115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1414 539">Policy 1080 mandates the offering of timely, unimpeded access to emergency medical treatment and crisis intervention services free of charge to an alleged victim of sexual assault. The treatment offered also includes timely information about and timely access to sexually transmitted infection prophylaxis and emergency contraception.</p> <p data-bbox="280 580 1461 862">The PREA Coordinator reports that residents who experience sexual victimization would be offered services provided by the agency’s crisis counselor. The counselor would be available for immediate crisis intervention or to complete weekly status checks. The agency would refer sexual abuse victims to community rape crisis counseling or other appropriate community resources. The counselor also provides trauma response training to Oriana House staff. This training better prepares staff to assist abuse victims.</p> <p data-bbox="280 902 1461 1184">The auditor interviewed the Crisis Counselor, who confirmed the services she would provide to residents that experience sexual victimization. She reports that she is available to residents either by resident request or from staff. She would conduct weekly check ins with the resident, regardless of referrals to community providers. Should the Counselor fulfill the role of victim support person, she will meet with the resident and complete the Victim Support Person Activity Report. The report documents:</p> <ul data-bbox="352 1256 1437 1794" style="list-style-type: none"> • Support Services Offered/Provided: <ul style="list-style-type: none"> ◦ Local Rape Crisis Center Support ◦ Accompany and support through the forensic medical examination ◦ Accompany and support through the investigatory interviews ◦ Emotional support services ◦ Crisis intervention ◦ Information ◦ Referrals ◦ Client declined victim support services ◦ Client declined mental health services • Victim Support Person Comments • Weekly Observation Reports (12 weeks) • Retaliation Monitoring (90 days) <p data-bbox="280 1834 1461 2069">The PREA Coordinator states that staff are also trained on the agency’s PREA Medical Response Plan. The auditor reviewed the plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. The scope of services, length of service, and type of service will be at the discretion of the medical provider and is at no cost to the resident. The plan states:</p>

- In the event a resident is a victim of sexual abuse in our facility, the resident will be provided with unimpeded access to both emergency and ongoing medical and mental health care at no cost to the resident
- Once staff become aware of an incident involving the sexual abuse of a resident, they will follow the initial staff first responder duties
- The alleged victim will be afforded unimpeded and timely access to emergency medical and/or mental health services
- The alleged victim will be taken (if necessary) to a hospital that provides SAFE/SANE services. Services will be at no cost to the resident
- The name, address, and telephone number for local medical, mental health, and SANE providers must be listed in the facility's binder that contains emergency phone numbers
- Ongoing medical and/or mental health services that are related to incidents of sexual abuse, will be provide to the resident at no cost

The Coordinator states that the facility is responsible for reviewing the PREA Medical Response Plan annually to ensure that all service provider information is current and that the range of services are still available. Residents are informed of the rights to these services free of charge during PREA education at intake.

The facility did not have an allegation during this audit cycle that required medical or mental health services, nor did any resident request any such services.

Review:

Policy 1080

Medical Response Plan

Victim Support Person Activity Report

Interview with PREA Coordinator

Interview with Crisis Counselor

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 579 349">Auditor Discussion</p> <p data-bbox="280 394 1481 589">The facility offers community medical and mental health counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility. Policy 1080 states that all treatment including testing for sexually transmitted disease and treatment within sixty-days to all known resident on resident abusers be offered free of charge.</p> <p data-bbox="280 633 1430 790">Should the facility become aware that a resident has previously abused another resident, the Crisis Counselor would meet with the resident to assess how to address any underlying issues. The facility does not provide treatment for known abusers. Any available services would be provided by community agencies.</p> <p data-bbox="280 835 1473 1149">During a mandatory PREA training. Staff are notified of the agency’s PREA Medical Response Plan. The auditor reviewed the Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. The PREA Coordinator states that all ongoing medical or mental health care will be at the discretion of the medical provider and is at no cost to the resident. The facility is responsible for reviewing the plan annually to ensure that all service provider information is current and that the range of services are still available. To see the details of the plan, please see standard 115.282.</p> <p data-bbox="280 1193 1433 1440">The policy also states that should a pregnancy result from sexually abusive penetration while incarcerated, timely and comprehensive information about and timely access to all lawful pregnancy related medical services will be offered; however, the facility does not house female residents. This provision would take place should the facility house a transgender male resident that has female genitalia, and experiences sexual abuse.</p> <p data-bbox="280 1485 1477 1709">The Program Administrator reports to the auditor that the facility has not housed a resident that is a known resident-to-resident abuser. Should the facility become aware that a resident has previously abused another resident, the Crisis Counselor would meet with the resident to assess how to address any underlying issues. The facility does not provide treatment for known abusers. Any available services would be provided by community agencies.</p> <p data-bbox="280 1753 1441 1821">The facility has not had a resident that has needed services due to being sexually abused while in a prison, jail, lockup, or juvenile facility.</p> <p data-bbox="280 1865 392 1899">Review:</p> <p data-bbox="280 2011 443 2045">Policy 1080</p>

	Medical Response Plan
	PREA Victim Activity Report
	Interview with PREA Coordinator
	Interview with Crisis Counselor

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1449 584">Oriana House policy 1080 states that the PREA Coordinator will activate a Client Sexual Abuse Review of all substantiated or unsubstantiated allegations of sexual abuse within thirty days of the conclusion of the investigation. The review team shall include an upper management designee, compliance/accreditation manager, admissions manager, and input from a designated resident supervisor and/or caseworker, administrative investigator, and mental and/or medical practitioner.</p> <p data-bbox="280 622 1406 696">According to agency policy and as well as the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation:</p> <ul data-bbox="352 763 1469 1218" style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse • Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse • Assess the adequacy of staffing levels • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff <p data-bbox="280 1256 1481 1585">The team is then tasked with preparing a report of its findings and any recommendations for improvement and submit the final report to the Vice President of Administration and Legal Counsel, who will be responsible to distribute the final report to the Executive Team. The Executive Team will review and determine (with the input of the PREA Coordinator) which recommendations will be implemented or will document the reasons for not doing so. The regional Vice President of Corrections will be responsible for distribution the report to facility management and overseeing the implementation of the approved recommendations.</p> <p data-bbox="280 1624 1458 1951">The facility has had two sexual abuse allegations during the past twelve months. One allegation was just determined and has not been reviewed by the SART. The other allegation was determined to be unsubstantiated for sexual abuse. The facility provided the auditor with the committee's report. The committee reviewed the required considerations and did not find any factor that contributed to the abuse. The committee did not make any recommendations. The review was completed within the 30-day time period, and the Executive Staff reviewed the report soon after.</p> <p data-bbox="280 1989 1453 2063">The Client Sexual Abuse Review form documents a summary of the allegation/ investigation, the members of the committee, standard considerations, committee</p>

recommendations, executive staff review of recommendations, approval of recommendations/reasons why recommendations are not approved, responsible staff for recommendation implementation, PREA Coordinator follow up on recommendations.

The auditor was able to interview members of the SART and the Executive Committee. The members report that their main goal is to review any contributing factors that lead to the abuse so that they can implement procedures that will prevent the abuse from happening again. The Program Administrator is responsible for implementing any recommendations, the PREA Coordinator will conduct follow-up to ensure the recommendations have been implemented. The Executive Committee is responsible for removing barriers that may prevent recommendations from being implemented.

Review:

Policy 1080

Client Sexual Abuse/Harassment Review

Interview with PREA Coordinator

Interview with VP of Administration and Legal Counsel

Interview with Human Resources Director

Interview with Administrative Investigators

Interview with Program Administrator

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1080 requires the tracking of accurate, uniform data for every allegation of sexual abuse in all Oriana House facilities, and that information will be aggregated at least annually. The PREA Coordinator reports that the information is collected, reviewed, and retained from all PREA related reports. The agency is using the Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument.</p> <p>The auditor reviewed the form used to collect the data and confirmed that the information collected is appropriate enough to complete the Survey of Sexual Victimization for all Oriana House facilities. The tool includes data on:</p> <ul style="list-style-type: none"> • Resident-to-Resident sexual abuse • Resident-to-Resident sexual harassment • Staff-to-Resident sexual abuse • Staff-to-Resident sexual harassment • Administrative investigations • Criminal investigations • Retaliation • Staff training • Resident education • Initial and 30-day risk screening <p>The report is posted on the agency’s website, http://www.orianahouse.org/accreditations/prea/prea.php. The auditor accessed the agency’s website and reviewed the 2021 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Oriana House, Inc. operated facilities.</p> <p>The Coordinator reports that the Department of Justice has not made a request for this information.</p> <p>Review:</p> <p>Policy 1080</p> <p>Sexual Victimization report form</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p>

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1453 501">Oriana House policy 1080 states that the agency will use the information collected in standard 115.287 to assess and improve the effectiveness of the agency’s resident sexual abuse prevention, detection, and response policies, practices, and training, which includes:</p> <ul data-bbox="352 568 1417 730" style="list-style-type: none"> • Identifying problem areas • Taking corrective action on an ongoing basis • Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole <p data-bbox="280 770 1453 887">The auditor reviewed the report and ensured that the report compares the current year’s data with those of previous years and includes updates made from previous year’s reports. The report states that the agency has:</p> <ul data-bbox="352 954 1481 1447" style="list-style-type: none"> • Eleven reported incidents of sexual abuse during the 2021 Calendar Year • Mandated monthly PREA training for all facilities • Providing residents with information on their rights to be free from sexual abuse, sexual assault, sexual harassment, and/or retaliation • Executive staff will review recommendations for feasibility and applied to minimize risk for harassment and/or retaliation • Executive staff ensuring all policy and procedures are regularly reviewed and updated • Piloting cameras in the dormitory areas to deter incidents • Re-evaluating camera placement and adding cameras to blind-spot areas • Training on entering blind-spot areas, refresher training for contractors and volunteers, and high levels of ethics training <p data-bbox="280 1487 1437 1603">The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p data-bbox="280 1644 1406 1760">The information in the report has been reviewed and approved by the agency’s President and CEO. The report is posted on the agency’s website at: http://www.orianahouse.org//docs/prea/2017%20Annual%20Report.pdf</p> <p data-bbox="280 1800 392 1832">Review:</p> <p data-bbox="280 1872 443 1904">Policy 1080</p> <p data-bbox="280 1944 644 1975">PREA Annual Report 2021</p> <p data-bbox="280 2016 592 2047">Oriana House website</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1080 requires the agency to collect data requested in standard 115.287 and that this information will be aggregated, and made available to the public through the agency’s website. The information posted to the agency’s website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p>The auditor accessed the agency’s website, www.orianahouse.org/accreditations/prea/prea.php, to ensure that the agency has posted its annual report. The annual reports are completed based on a calendar year and the agency has posted statistical reporting information for all years dating back to 2014 to the present report (2021) The information in the report is collected by each facility’s PREA Manager and is then submitted to the agency’s PREA Coordinator. The agency PREA Coordinator aggregates the information and prepares the information for the annual report. The report is then submitted to the President/CEO for approval.</p> <p>The PREA Coordinator reports that all information is only accessible to approved staff members and that she retains control of all information. The information is kept for ten-years as per policy 1080.</p> <p>The information collected in standard 115.287 is made available to the public through the agency website.</p> <p>The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p>Review:</p> <p>Policy 1080</p> <p>Oriana House website</p> <p>PREA annual reports 2014-2021</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency post all final PREA reports for each of its facilities on the agency website. The auditor reviewed the agency website to ensure that during the previous audit cycle, all Oriana House facilities have been audited and reports posted. The agency will have 1/3 of facilities audited each year of the three-year cycle. This is the third facility audited during year one of the audit cycle, and the fourth is being audited in conjunction with this facility.</p> <p>The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook’s Effective Strategies for Interviewing Staff and Resident Guide. Residents and facility staff were interviewed during the onsite visit, and agency staff were audited via video teleconferencing.</p> <p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk through and saw how staff interacted with residents.</p> <p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA OAS web based audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views and ORION resident database system.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. These places included areas resident, staff, and visitors would frequent. The notices included the auditors mailing and email addresses. The PREA Coordinator emailed the auditor photos of audit notice postings on February 6, 2023. The auditor received a request to be interviewed by a resident during the onsite audit. The auditor spoke with the resident during the onsite visit, and discuss the concerns of the resident with the PREA Coordinator and facility management.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, www.orianahouse.org/accreditations/prea/prea.php, the final PREA reports for all Oriana House operated facilities. The auditor reviewed the agency website and verified that all the facilities that were audited during the previous audit cycle had their final audit report posted. The PREA Coordinator states that she understands the requirement of having all final reports posted.</p>

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

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

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 the facility does not have female inmates.)	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 the facility does not have female inmates.)	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)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
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)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

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

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

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim 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)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

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

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

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

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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive 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)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	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

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

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

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

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

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

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

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

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

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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

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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

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

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

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

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

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

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

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

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

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

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

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

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