PREA Facility Audit Report: Final

Name of Facility: Terrence Mann and Special Housing Adjustment Residential Complex
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 05/05/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Kayleen Murray	**Date of Signature:** 05/05/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	03/24/2026
End Date of On-Site Audit:	03/26/2026

FACILITY INFORMATION	
Facility name:	Terrence Mann and Special Housing Adjustment Residential Complex
Facility physical address:	55 East Glenwood Avenue, Akron, Ohio - 44304
Facility mailing address:	

Primary Contact

Name:	Lori McGrady
Email Address:	lorimcgrady@orianahouse.org
Telephone Number:	3305358116-2030

Facility Director	
Name:	Eliza Gasparri
Email Address:	izamgasparri@orianahouse.org
Telephone Number:	330996222-2711

Facility PREA Compliance Manager	
Name:	Eliza Gasparri
Email Address:	elizamgasparri@orianahouse.org
Telephone Number:	3309962222- 2711
Name:	Jaymee Dugan
Email Address:	jaymeeldugan@orianahouse.org
Telephone Number:	330-996-2222

Facility Characteristics	
Designed facility capacity:	148
Current population of facility:	134
Average daily population for the past 12 months:	100
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	21-73

Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	37
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	90
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

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:	James Lawrence
Email Address:	JamesLawrence@orianahouse.org
Telephone Number:	3305358116

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

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

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-24
2. End date of the onsite portion of the audit:	2026-03-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Rape Crisis of Summit and Medina Counties Akron General Hospital (SANE) Bureau of Community Sanctions (outside reporting agency)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	148
15. Average daily population for the past 12 months:	100
16. Number of inmate/resident/detainee housing units:	135
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	135
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	17
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	16
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The agency provided the auditor with a list of residents and identified targeted areas.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	40
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	44
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were no volunteers present during the onsite visit. The Contract staff consisted of Aramark staff.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided the auditor with a list of current residents.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols. All residents in the SHARP facility have a mental health disability.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	7

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

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

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

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not have segregated housing or isolation cells.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	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.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	8
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☐ Intake staff

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk-through and saw how staff interacted with residents.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor received documentation on the agency and facility before the onsite visit through the 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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	1	1
Staff-on-inmate sexual abuse	1	1	1	1
Total	2	2	2	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	3

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had a total of 5 investigations, with one having the same victim. The facility has one allegation that is still being investigated.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. According to the agency's table of organization, the agency-wide PREA Coordinator is the agency's PREA and Legal Compliance Manager, and reports directly to the agency's Vice President of Administration and Legal Counsel. During the onsite

interview, she assists with implementing PREA strategies at each facility. She also develops the training curriculum for the required monthly PREA training at each facility and provides facilities guidance and assistance in complying with the standards. The PREA Coordinator also states that she is directly involved in researching legal questions, assisting with legal interpretation, and revising agency policy. She states that she is currently reviewing the agency's PREA policy, "beefing up the policy a little bit...trying to make sure all the steps that we do are included in there."

She is a Department of Justice Certified PREA Auditor and has 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.

The job description for the position states her PREA responsibilities include:

- 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 to 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 questionnaires, and submitting audit documentation and assessments to the PREA auditor assigned to the facility

During the onsite visit, the auditor spoke to the Executive Vice President of Operations. He states that the PREA Coordinator is the designated authority for managing investigations, discerning whether issues are PREA-related, employee performance matters, and liaising with law enforcement. She keeps the executive informed of all communications and directives. The EVP states that the system is working as designed and that the PREA Coordinator has a high level of autonomy and competence in the role.

The Program Administrator and Program Coordinator serve as the PREA Compliance

	Managers. They report to the auditor that they are responsible for all facility operations. They participate in the Behavior Management Committee, where the team reviews a resident's PREA status, violations, and general resident issues. They will receive PREA allegations and ensure that the information is forwarded to the PREA Coordinator and Internal Affairs. Additionally, these staff are responsible for: • Conducting quality assurance monitoring for PREA standards • Ensuring facility walkthroughs in order to address any safety issues • Ensure all staff meet PREA training requirements The Program Manager supervises both the Program Administrator and the Program Coordinator. The Program Manager reports that she is responsible for overall program accountability and ensuring agency leadership is aware of all PREA activities. She reports that she would be included in SART committees and assist in the implementation of recommendations when necessary. Review: Policy 1080 PREA & Wellness Coordinator job description Agency table of organization Interview with PREA Coordinator Interview with VP of Operations Interview with Program Manager Interview with Program Administrator Interview with Program Coordinator

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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The agency provided the auditor with its most recent staffing plan for TMRC and SHARP, along with the annual review report. The staffing plan includes: **Physical Layout:** TMRC: The facility 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 to accommodate residents who are in need of increased monitoring. SHARP: The facility is a single-story brick building that is connected to another Oriana House community confinement facility- TMRC. The facility has three dorm rooms with identified bed placement for high-risk residents. The facility also has a dorm room that can safely house a transgender resident if necessary. The facility can house a maximum of 26 residents. **Composition of Resident Population:** TMRC: The facility's current population is 125 male residents, and the average age range is 20-67 years old. The average length of stay is 131 days. The facility houses residents that classify as Halfway House, Employment Placement, Work Release, Parolee, Transitional Shelter Program, Transitional Control, and Treatment Transfer. SHARP: The facility's current population is 15 residents, and the average age range is 20-58 years old. The average length of stay at SHARP is 134 days. The facility houses residents that classify as Oriana Alternative Environment Program (OAEP) and Special Housing Adjustment Residential Program. **Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse:** In the SHARP program, the facility, in 2024, had zero incidents of substantiated and

unsubstantiated sexual abuse. In the TMRC program, in 2024, there were zero incidents of substantiated and unsubstantiated sexual abuse; however, the facility had one allegation pending investigation at the time of the report. The facility reviews all substantiated and unsubstantiated allegations to identify any trends that would warrant any facility or programmatic changes to the staffing plan.

Any Other Relevant Factors:

TMRC continues to have hiring issues that, at times, can impact staffing levels.

Adequate Staffing:

Both programs operate three shifts, 7-3, 3-11, and 11-7. SHARP has a minimum security staffing level of at least two resident supervisors each shift. TMRC's minimum staffing levels depend upon the number of residents being housed at the facility:

Resident population 99 or less:

- 1 st Shift from 7 am to 3 pm: 3 Resident/Shift Supervisors
- 2nd Shift from 3 pm to 11 pm: 4 Resident/Shift Supervisors
- 3rd Shift from 11 pm to 7 am: 2 Resident/Shift Supervisors

Resident population 100 or more:

- 1st Shift from 7 am to 3 pm: 4 Resident/Shift Supervisors
- 2nd Shift from 3 pm to 11 pm: 5 Resident/Shift Supervisors
- 3rd Shift from 11 pm to 7 am: 3 Resident/Shift Supervisors

It is the policy of Oriana House (policy 3002) that facilities be staffed to maximize the use of personnel in conjunction with the needs of the residents, including how best to protect residents against sexual abuse. This includes staffing treatment personnel.

Deviations to Staffing Plan:

While SHARP has had zero deviations to its staffing plan, TMRC has had 42 deviations over the course of 2024. Each time the staffing plan is not complied with, the facility documents and justifies all deviations. The most common reason for deviation was staffing issues. The agency has developed a committee to review recruitment and retention strategies to resolve staffing shortages.

During the onsite visit, the auditor spoke to the Human Resources Director. She reports that the agency has increased the base pay for resident supervisor staff. She also reports that the agency has changed onboarding training by having more in-person sessions and tying training to the specific position. The facility has been awarded a grant to conduct Gallup Q12 employee engagement surveys. The agency uses this data to improve retention through employee recognition programs, special staff appreciation efforts, and employee engagement projects. The Director

reports that overall turnover has decreased. She attributes this to improvements in training, onboarding, recognition, and compensation.

Video Monitoring Systems and Other Monitoring Technologies:

Video surveillance is located throughout the facility. SHARP and TMRC share a camera system. The DVR system includes 28 cameras: 15 inside TMRC, 6 inside SHARP, and 7 cameras outside of the building. Two that monitor the TMRC smoke pit, one that monitors the SHARP smoke pit, one camera monitors the exterior of TMRC area near the large trash receptacle, and three that monitor the rear recreation area. There is one camera in the TMRC and SHARP client restrooms that monitors all enhanced pat-downs. This camera is only visible to Oriana House, Inc. Internal Affairs staff and facility leadership. TMRC and SHARP leadership also have access to three campus parking lot cameras located at the GHH building, and is not a part of this building's DVR system. All other cameras are controlled and viewed from the main post areas of SHARP. There are 2 microphones attached to the DVR's. One is located above the main post at TMRC, and one is located above the main post at SHARP. Observation mirrors are included in specific areas to minimize blind spots. TMRC has 15 mirrors, while SHARP has 7 mirrors.

Security staff, identified as Resident Supervisors, monitor these cameras daily on each shift. All cameras are controlled and viewed from the Main Post area. The Program Administrator and Facility leadership have laptops and access to the system remotely as well. In addition to the video surveillance capabilities, all exterior doors of the facility are alarmed and secured by staff. Staff offices are not under camera surveillance, with the exception of the medication room. Blind spots were previously identified in staff offices and dorm rooms. Observation mirrors are included in all areas to minimize blind spots. Security checks, also known as circulation and whereabouts, are conducted by Resident Supervisor staff. Whereabouts are conducted 3 times per shift on all 3 shifts. Increased whereabouts are documented at 6 times per shift on clients who have an identified PREA status of either Highly Abusive or Highly Susceptible. Due to the special population housed at SHARP, all residents at this facility receive whereabouts six times per shift. An increase in circulation is conducted in problem areas or if there are client concerns, such as behavior issues and/or mental health issues. The cleanup area is monitored during all cleanups, and the janitor closet is kept locked at all times.

Annual Review:

The facility conducted a review of the 2024 staffing plan. The review concluded that no recommendations were made in the areas of prevailing staffing patterns, deployment of video monitoring systems, and other monitoring technology that required changes to the staffing plan. The facility reports that it has enough resources available to commit to adequate staffing levels.

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

	Review: Policy 1080 Staffing plan 2024 TMRC/SHARP Floor plan Camera locations Building tour Interview with PREA Coordinator Interview with Program Manager Interview with Program Administrator Interview with Program Coordinator Interview with HR Director Interview with Resident Supervisors Interview with Lead RS

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's search procedures are 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: • A body cavity search must only be conducted under sanitary conditions by medical personnel. A strip search must only be conducted by staff of the same gender 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 persons 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 duration of the search, and all the findings.

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 member of the same gender in a professional and respectful manner. Searches will be conducted in line with the security camera. If searches in front of a camera are not possible, a witness must be present, and documentation in ORION is required. When conducting a pat search, staff must:

- 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 their 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 the underwear and other layers 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 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 the socks inside out and hand both shoes and socks to the 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 designated 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 utilise 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 the 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

Agency policy 8092 states that, where available, a body scanner, Tek84 Intercept, will be used to detect any contraband material that may be conveyed onto Agency

property. This will be done for all residents who are not under the direct supervision of staff when outside the facility, enter the facility, or on a random basis, as determined by the facility. All residents, including transgender and intersexed resident aree subject to having their images viewed using the body scanner by employees of the same gender that the resident identified upon their intake, in a professional and respectful manner. Transgender and intersex residents are not permitted to alter their preferred gender of the employee who will review their image during placement. Nonmedical staff of the opposite gender is prohibited from viewing residents' images using the body scanner except in exigent circumstances or when such viewing is incidental to routine security checks. The exceptions must be documented in the resident's individual log.

During a body scan, the staff member will:

- Locate the resident's identification file in the scanner system; otherwise, input the resident's data into the system and create a new record
- Review the resident's scan history on the screen to ensure that their cumulative scans have not exceeded the 250.0 microSievert limit over any twelve month period
- Instruct the resident to remove all objects (e.g., jacket, belt, empty pockets, etc.)
- Instruct the resident to stand facing the camera at an appropriate distance from the camera
- Click "take photo" if the photo is not clear, click on "clear photo" and retake the picture by clicking on "take photo"
- Once the photo appears, touch the center of the resident's face to center the image
- Instruct the resident to remove their shoes and socks and enter the scanner

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 acknowledgement form lists 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.

Residents interviewed during the onsite visit report that pat searches were routine, conducted by male staff members, and always professional and respectful. Residents consistently reported that they have never been pat searched by female staff members. Some specific comments include:

- "the pat search was respectful and professional and did not make me uncomfortable."
- "I experienced worse elsewhere."

Three residents had issues with the Urine Analysis procedure. They report staff standing too close during urine screenings, making them uncomfortable and sometimes making it difficult to urinate. Of the other seventeen residents interviewed, none had issues with the process or practice.

Residents also sign a Search of Person Acknowledgement. The acknowledgement form lists 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.

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.

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 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 arises 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, as well as respectful communication with LGBTI residents. These trainings 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, PowerPoint, and hands-on also demonstrate to staff how to conduct cross-gender searches (only allowed in exigent circumstances) and transgender/ intersex searches. The auditor also reviewed staff training completion sheets for searches.

The auditor interviewed Resident Supervisor staff from both programs and all shifts. The staff report receiving training during onboarding and on the job. They were able to describe specific elements of their training, including Urine Analysis, Enhanced Pat Searches, Body Scanner, Cross-gender, and Transgender searches. The staff report:

- "appropriate spacing during urine drug screens, avoiding unnecessary exposure, keeping clients comfortable, and explaining procedures during pat downs, UDSs, and enhanced searches."

- "keep appropriate distance, ensure the client is not exposed beyond what is required, and remind clients that enhanced searches are only down to underwear, not full nudity."
- "enhanced pat downs as requiring two male staff, conducted in a bathroom with a camera, with the client going down to underwear without exposing themselves."
- "female staff may do paperwork, sign-ins/outs, circulations, and bathroom/ dorm rounds, but generally do not conduct pat downs, UDSs, hand searches, or body-scanner-related duties."

The Operations Coordinator reports that the onboarding process at the academy begins with policy/procedure on searches and in-person practice, then continues at the facility. He said staff packets are not signed off until he personally observes key tasks, including pat downs and urine drug screens, and that he trains newer staff on pat downs himself. When asked whether search training is video-based or hands-on, he said, "It includes hands-on training, videos, and demonstrations, including demonstrating searches and pairing people up to practice."

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. He will conduct coaching sessions with any staff member not conducting searches per policy.

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.

The 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 sinks and the 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.

The SHARP unit has one restroom in the housing unit for residents to be able to shower and use the toilets. The bathroom consists of four stalls with half doors

	and five shower stalls. The showers have curtains with clear tops and bottoms. The main entrance to the bathroom is open and has a camera near the entrance for pat searches. The view from the camera cannot see into the restroom. All the housing unit bathrooms have a laundry area. The laundry is located in the bathroom in both units. 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. Residents confirmed that female staff members announce themselves when entering dorms or bathrooms during rounds. Multiple residents said female staff members announce before entering, and one resident specifically said female staff members are “not afraid to say it really loud.” The facility provided the auditor with a cross-gender viewing log. The logs document the date, time, resident, circumstances, and staff notes. All incidents were during routine staff duties, and the staff immediately instituted corrective action in instances where the resident was behaving inappropriately. 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 that 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 an appropriate case manager. The Operations Coordinator states the facility staff has 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. Review: Policy 1080 Policy 8089 Policy 8092 Facility tour Camera views Interview of residents

	Interview of staff Interview of PREA Coordinator Interview of Program Administrator Intervieew of Program Coordinator Interview of Operations Coordinator Training Curriculum Training Acknowledgements

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 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 a 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). The policy also states: • 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 with 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 that 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.

All staff who were interviewed were questioned on their experience working with residents who are:

- Limited English Proficient/English as a second language
- Deaf/hard of hearing
- Blind/low vision
- Cognitive disability/non-readers
- Physical disability
- Mental disability

For intake and handbook review, staff said materials can be translated and that if the resident does not understand English, a translator will sit in while staff go through the information. The files also note that intake information and the

	handbook are read aloud or available through recorded/tablet-based formats. One staff member described using another Spanish-speaking resident to assist with communication when an older resident did not speak English, and another staff member said phone interpreters are available for class/programming when needed. Staff have had residents who are hard of hearing, though not any residents who require ASL. A staff member discussed a current hard-of-hearing resident and noted that conversations at the main post can be difficult because staff have to speak loudly, creating confidentiality concerns. The staff response was to be mindful of where conversations occur. A resident who was hard of hearing reported that staff were helpful and "putting up with" his hearing limitations. The staff reported not having a blind resident at SHARP/TMRC, but staff discussed visually impaired residents and prior experiences. One staff member said the facility had a visually impaired resident who was not completely blind but had to hold written materials very close to read. Staff said intake is generally read to residents anyway, and that includes the resident handbook. Staff described screening during intake for whether residents can read and write and whether they need help. One staff member said intake questions include whether the resident can read, write, needs help, or needs to sign with an "X." Staff said they are willing to read materials to residents privately if needed. For less formal work, residents may sometimes ask another resident for help, but staff said important information would be read by staff. Due to the specialized residents on the SHARP unit, the residents watch the PREA education videos developed by Oriana House every Monday. 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. The orientation group is broken into five sessions and repeated weekly. The facilitator will then review facility-specific information with the residents after the videos. The auditor interviewed any resident who identified as having a reading or cognitive disability, physical disability, or limited English proficiency. 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 Staff training verification Interviewed target residents Interviewed Program Administrator Interviewed PREA Coordinator Interviewed RS staff Staff training curriculum

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. Policy 3006 requires the agency to conduct a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns, or require the contractor, vendor, or 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 receive 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.

	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 qualifications, suitability for the position, and the needs of the agency. The interviewer must ask candidates questions 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. Policy 3009 states that all employees have an obligation to immediately inform their supervisor if the staff member was arrested, cited with a violation of the law, or if they have allegations or complaints levied against them to their professional licensing boards. 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 that 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 that she complies with any request. The HR Director said the application system remains online, searchable electronically, and recruitment staff use texting because applicants respond better to text than email or phone. She discussed wanting to improve efficiency by allowing recruiters to send applicants scheduling links so they can self-schedule screenings and second interviews. The HR Director reported that Oriana House can run its own FBI/BCI checks because it has its own machine. She also said the agency continues to use a third-party online background-check system, and she characterized this as an investment in the hiring process. The facility uses Aramark Food Service in all its kitchens. The Director reports that Aramark conducts background checks for all of its staff located inside Oriana House facilities. Aramark sends verification of background checks to the agency.

	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 employees Background checks for contractors Promotion documentation

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The facility has installed new cameras and upgraded several others. A new camera was added to the caseworker hallway. Staff explained that this was added because aggressive clients sometimes “go crazy at the doors,” and the camera was installed for staff safety after incidents that resulted in parole-board/violation-hearing issues. Another new camera was added near the employment/counseling area. Exterior camera coverage was expanded or upgraded. A new camera was added to the smoke/pit and two to the recreation area. Several existing cameras were replaced with clearer/newer cameras. Leadership/staff reported that the entrance camera, back post camera, back corridor camera, and all three outside cameras were

	replaced or upgraded so the view is “crystal clear.” The PREA Coordinator reports that the facility recently installed an electronic circulation/round system using tablets and barcodes to document that staff physically moved through required areas during rounds. Tags were intentionally placed to force meaningful observation points. The Operations Coordinator explained that some tags are placed in the middle of dorms so staff can see the whole room in a 360-degree view. In the work dorm, the tag is farther back because the room is dark, and staff need to walk through the whole area. The system is used to verify whether rounds were completed. He reported having access to the full shift record and being able to see whether nothing was done at 7:00 a.m., 9:00 a.m., etc., and then address it with staff. The scan system supports accountability, but it is not supposed to replace active observation. A supervisor emphasized that staff should not just “walk around just to tag them.” The expectation is that staff are also observing, listening, and checking the area—not simply touching the tag and leaving. The VP of Operations reports that no additional improvements or cameras are planned at this time; however, facility management will continue to monitor and address technology issues as needed. Review: Interview with PREA Coordinator Interview with Operations Coordinator Interview with VP of Operations

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 conducted 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 an investigation. The agency has provided the auditor with training certificates for the administrative investigators. The agency has an agreement with the 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."

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.

The facility has an MOU with the Rape Crisis Center of Medina and Summit Counties. The MOU states that the center will agree to:

- 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

The auditor called the Rape Crisis Hotline number from the resident's 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 SHARP, and those services are provided free of charge.

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 Crisis Counselors who have been trained to serve as an emotional support person. The auditor was able to speak to a Behavioral Health Clinician who can act as a victim support person. He reports that he, or other crisis counselors who have completed the victim support person training, will:

- Responding to any facility when a sexual abuse report is made. He said the agency uses a dedicated sexual-abuse email to notify the appropriate staff, and then clinical/treatment managers determine which VSP can respond.
- Meeting with the resident after a report to build rapport and create a sense of comfort, recognizing that sexual abuse can be traumatic and difficult to disclose.
- Explaining his role and clarifying boundaries. He tells residents he is a licensed social worker/LICDC, a mental-health counselor, and a victim support person—not an investigator or fact-finder.
- Offering required PREA-related services. He said he uses a PREA checklist to make sure services are offered, including rape crisis center notification and information about hospitals/forensic examinations if requested.
- Explaining available services in plain language. He noted that terms like

	"forensic examination" may not resonate with clients, so he explains what the services actually mean. • Providing follow-up support. He said he may continue working with residents throughout placement if they choose, and at a minimum, he provides approximately four weeks of follow-up after the initial contact. • Connecting residents with another VSP when appropriate. If a resident is uncomfortable working with him because of gender or another issue, he said he can connect them with a female VSP. The auditor was provided with training certificates for Crisis Counselors. Review: Policy 1080 Emails to the local legal authority MOU with Medina/Summit Counties Rape Crisis Center Interview with Administrative Investigators Interview with PREA Coordinator Interview with Crisis Counselor 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The auditor reviewed the agency's website (www.orianaouse.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 a referral to the local prosecutor for any allegation deemed appropriate according to their agency policy.

	Agency investigators reviewed the allegations from the past twelve months with the auditor during the onsite visit. Investigation #1 (TMRC): The facility received information about an inappropriate relationship between a staff member and a resident. The allegation was administratively investigated. The facility made a referral to the Akron Police Department for a criminal investigation. Criminally, the Department decided no criminal charges would be filed, due to a lack of evidence of any sexual activity. Administratively, the allegation was determined to be substantiated. Investigation #2 (TMRC): The facility received an allegation of inappropriate sexual contact between a staff member and several residents. This allegation is still under investigation. Investigation #3 (SHARP): The facility received an allegation from APA that a former resident (who was going to be sent back to the facility) reported during a previous admission to the facility that a staff member watched him, made sexual advances, asked him to perform oral sex, and go to gay bars, and that several staff members threatened him if he reported it. The allegation was administratively investigated and determined to be unsubstantiated. At a later date, during admission to another correctional facility, the same resident made an allegation that a staff member conducted an improper strip search. An administrative investigation into the new allegations determined that the details in the allegation did not match his documented movement and AWOL history. The allegation was determined to be unfounded. Investigation #4 (SHARP): During an initial PREA risk assessment, a resident reported that during a previous admission to the SHARP facility, he was sexually assaulted by another resident. The allegation was referred to the Akron Police Department for a criminal investigation. During the criminal investigation, it was determined that the resident participated in the activity without threat or force. The administrative investigation was determined to be unsubstantiated. Review: Policy 1080 Agency website Investigation reports Interview with administrative investigators

115.231	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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 provides refresher information on the current sexual harassment and abuse policies and procedures during the year when full training is not offered.

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 they can work directly with residents.

The facility provided the auditor with the PowerPoint used for training new staff. The training sufficiently covers:

- Agency zero tolerance policy for sexual abuse and sexual harassment
- How to fulfill responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- Residents' rights to be free from sexual abuse and sexual harassment
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamics of sexual abuse and sexual harassment in confinement
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Every month, each facility conducts a training on a PREA subject directed by the agency. Staff are able to receive the refresher training through monthly staff meetings or online through the agency's Learning Management System. The topics include:

- Monitoring for safety
- Client privacy
- Client support services
- Completing an incident report
- Encouraging a client to report

- Effects of abuse
- First responder duties
- Helping clients who primarily speak another language
- Investigation
- PREA basics
- Professional communication and boundaries
- Reporting knowledge, suspicion, or information
- Ways residents can report
- Gender specific training

After completing training, the staff member documents their training by signing a sign-in sheet.

In addition to the required training dictated by the standard, the facility also provides training on the following related topics:

- Policy and procedure
- Code of Ethics
- Client's civil rights and grievance procedures
- Employee discipline
- Harassment
- Relationships with residents, former residents, and notification requirements
- Notifying supervision of arrest, citation, or complaints to the professional licensing board

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

- First responder duties
- Reporting duties
- Coordinated response 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 reports that the goal of the agency's PREA training is to inform staff on prevention planning, cross-gender viewing and searches, transgender/intersex placement and searches, resident screening, residents with disabilities or limited English proficiency, hiring and promotion decisions, staff training, contractor/volunteer training, client education, reporting, official response, investigations, discipline, and medical/ mental health referrals.

	Staff interviews describe a layered training model. They report that PREA training includes in-person academy training, online training, monthly online refreshers through UKG, and discussions in staff meetings. The staff were able to describe policies and practices learned during training that aid in the detection, prevention, reporting, and responding to incidents of sexual abuse and sexual harassment. The auditor was provided with training sign-in sheets to verify training, onboarding, and monthly refresher. Review: Policy 1080 PREA training PowerPoint PREA monthly refresher training curriculum Employee files Training records Interview with Human Resource Director Interview with Program Administrator Interview with Program Coordinator Interview with staff

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Oriana House policy 1080 requires all contractors and volunteers who have contact with residents to 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 the amount of contact with the residents. At a minimum, all contractors and volunteers will be informed of the agency's policies and how to report allegations. The PREA Coordinator discussed the agency's system for determining the type of training required of a contractor or volunteer. Level 1: Requires a 3-hour training. For non-Oriana House employees who are in the residential facility daily and have unsupervised daily contact with clients. Example: ARAMARK maintenance and kitchen staff in Cleveland. They are issued a Level 1 Training Verification Card and must check the "Training Verification Card" box and

circle “Level 1” when signing in.

Level 2: Requires a 30-minute training. For non-Oriana House employees who are in facilities regularly and have unsupervised client contact. Examples: independent contractors, vendors, volunteers, group facilitators, regular 12-step leads, Cuyahoga Vending, ACE Security Systems. They are issued a Level 2 Training Verification Card and must check the “Training Verification Card” box and circle “Level 2” when signing in.

Level 3: No classroom training—requires reading the PREA Acknowledgement Form every time they sign in. For individuals doing short-term or one-time work (e.g., flooring contractors, painters, student nurses). Must check the “PREA Acknowledgement” box and sign. Optionally, they can attend Level 2 training instead.

Level 4: No PREA training required. For individuals who are 100% accompanied by staff at all times. Examples: facility tours, fire inspectors, K-9 units, UPS delivery. Must check the “100% Accompanied by Staff” box when signing in.

Level 5: Emergency-only personnel. Includes law enforcement officers making arrests, EMTs responding to emergencies, or contractors handling floods, fires, etc. These individuals do not sign in on the log due to the emergency situation.

The facility has a new electronic signature system. The system will alert the staff member working the post desk to the level assigned to each contractor or volunteer. Volunteers and contractors who have not completed their required training will be provided with a QR code to scan that will provide them with the required PREA training video. During the onsite visit, the auditor received notice while signing in to complete the required training by watching the video.

Aramark contractors are onsite to serve meals to residents. In addition to receiving training from Oriana House on their specific zero tolerance policy and procedures, Aramark, Inc provides PREA training to all employees who work in confinement facilities. This training includes:

- 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

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. The handbook defines sexual abuse, sexual harassment, and voyeurism. Review: Policy 1080 Contractor/volunteer training material Contractor/volunteer training video PREA acknowledgment form Interview with PREA Coordinator

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 who 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. 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 include 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 state 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 searches that the facility conducts. The resident also signs and dates this form. Resident education for PREA includes: • Agency zero tolerance policy • Definitions • Reporting options ◦ verbal to any staff ◦ Internal PREA hotline ◦ External ODRC hotline ◦ Submitting a PREA form

        - Written letter
        - Email
    - Third-party reporting
    - Retaliation protection
    - Bad faith reporting
    - Access to support services
    - Special Considerations
        - Limited English proficiency
        - Deaf/hard of hearing
        - Blind/low vision
        - Cognitive/physical disabilities
    - Search and security procedures

Materials provided to residents, in a language or manner that is relevant to them, include:

- Oriana House PREA video
- Search and security video
- Optional PREA Resource Center video (available on resident tables)
- PREA orientation handout

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. Staff in both programs report they will work one-on-one with any resident who has cognitive/reading, deaf/hard-of-hearing, or blind/low vision disability. Staff discussed their experience with working with an interpreter for residents who are limited English proficient. 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.

Due to the specialized residents on the SHARP unit, the residents watch the three resident PREA education videos every Monday. The videos were produced by Oriana House. The orientation group is broken into five sessions and repeated weekly. The facilitator will then review facility-specific information with the residents after the videos.

Staff interviews support that resident PREA education occurs at intake and through tablets. Staff said the intake staff member provides PREA education by reading the packet to residents, and shows residents where to find PREA materials on the tablets if they need a refresher.

	Residents were asked about the PREA information they received during intake. When discussing the facility's PREA education, interviewed residents reported receiving PREA information upon arrival from RS staff and again during orientation group. Several residents referenced the "PREA videos" and said they appreciated that they were different from the videos shown in prison. All residents were able to identify available reporting options; however, every resident interviewed stated they would tell a staff member if they experienced or witnessed sexual abuse or sexual harassment. Residents reported access to in-house reporting numbers and outside agency contacts through their resident phones. They were also able to describe multiple ways to report allegations, identify the availability of free medical and mental health services related to sexual abuse, and point out PREA posters throughout the facility that list reporting information and phone numbers. The auditor was able to review signed acknowledgements of residents receiving PREA education, including residents who transferred from another Oriana House facility. Review: Policy 1080 Policy 8004 Resident intake packet Resident handbook PREA posters PREA reporting phone numbers Resident PREA education video Resident acknowledgements Interview with residents Interview with RS staff Interview with PREA education instructor

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 the Bureau of Community Sanctions. The training from both agencies includes: • techniques for interviewing sexual abuse victims, • proper use of Miranda and Garity warnings, • evidence collection in a confinement setting,

	• required evidence to substantiate a case for administrative action or criminal referral. The agency retains completion of training certificates as proof of training. The investigators receive refresher training on specialized investigator training. 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. 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 officer 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. The agency policy prohibits administrative investigators from conducting a criminal investigation. All criminal investigations will be conducted by the local legal authority. Review: Policy 1080 Training curriculum and material Training certificates Interview with administrative investigators

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The facility does not have onsite medical practitioners. All residents would be seen

	by a SANE at Akron General Hospital. 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. 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. Review: Policy and procedure Interview with agency Behavioral Health Clinician

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 consider the following: 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 the 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 a history of prior institutional violence or sexual abuse 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.” The facility has three objective instruments: **Intake Screen-** The Intake Screen for Risk of Victimization & Abusiveness must be completed for all residents within 72 hours of intake and whenever a resident transfers from another facility. It is the facility’s initial PREA risk screen. This screen assesses two separate risk areas: • Susceptibility, meaning the resident’s risk of sexual victimization. • Abusiveness, meaning the resident’s risk of being sexually abusive. The Intake Screen considers factors such as age, build, disability or limitation, limited English ability, whether the resident identifies or is perceived as LGBTQI, history of sexual victimization, prior or current sex offense conviction, whether the resident feels vulnerable, violent, or nonviolent criminal history, prior/current acts of sexual abuse, and prior institutional violence or sexual abuse. **Placement Review Screen-** The Placement Review Screen for Risk of Victimization & Abusiveness is a mandatory reassessment completed for all residents no earlier than day 15 and no later than day 29 of placement. This screen uses the same core victimization and abusiveness factors as the Intake Screen, but it is designed to reassess risk after staff have had time to observe the resident in placement. It also requires staff to identify the sources reviewed, including mental health assessment, disciplinary history, pre-sentence investigation, resident interview, and other available information. The scoring categories are the same as the Intake Screen: Highly Susceptible, Susceptible, Not Susceptible, Highly Abusive, Abusive, or Not Abusive. **Incident Screen-** The Incident Screen for Risk of Victimization and Abusiveness is completed when warranted, including after an incident, a request, or receipt of additional information. The document gives examples such as a PREA incident, resident-on-resident physical aggression, resident-on-resident intimidation, or a resident reporting that they feel unsafe due to another resident. It states that incidents such as unknown whereabouts, illness, or theft of property would not normally trigger a re-screen. The Incident Screen includes additional trigger questions related to:

- Receipt of new information.
- Allegations of threat, including imminent sexual abuse or retaliation.
- A resident reporting sexual victimization.
- A resident is being accused of sexual abuse or sexual harassment.

Some of these triggers automatically add points to the susceptibility or abusiveness score. For example, a threat of imminent sexual abuse or retaliation adds two points to susceptibility; a report of sexual victimization adds two points to susceptibility; and being accused of sexual abuse or sexual harassment adds two points to abusiveness.

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.

In addition, in interviewing the resident to complete the assessment tool, the screener is required to document their review of the resident's:

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

The facility provided me with a report of all risk screenings from the 2025 calendar year for TMRC and SHARP. The report includes:

- Resident's name
- Admission or transfer
- Facility transferred from
- Intake date
- Intake screen date
- Classification results
- Staff who completed the screen
- Placement screen due date
- Placement screen completed date
- Classification results

- Staff who completed the placement screen

TMRC admitted 415 residents during 2025:

- 147 transferred from other Oriana House facilities
- 12 released prior to 72 hours
- 10 completed after 72 hours
- 329 placement assessments
- 74 released prior to 30 days
- 20 completed after 30 days

SHARP admitted 75 residents during 2025:

- 0 transfers from other Oriana House facilities
- 7 released prior to 72 hours
- 0 completed after 72 hours
- 40 placement assessments
- 28 released prior to 30 days
- 0 completed prior to 30 days

Staff reported that the intake specialist completes the PREA intake assessment as part of the overall intake process. The intake specialist said she reviews PREA education verbally, assigns the PREA video through Moodle, and then completes the PREA risk assessment by reading every question word-for-word to the resident. She first explains that the resident may answer yes, no, or refuse to answer. She said she completes the assessment on paper first and then enters it into the system. The case managers complete the PREA reassessment. One administrator stated that case managers complete the reassessment between 14 and 30 days, and that Orion now highlights the resident’s face sheet in red when the PREA rescreen is due, creating an easy visual reminder.

Staff said they are trained to use Orion to determine when the rescreen is due, where to enter it, what questions to ask, and what collateral information to review. The training includes reviewing mental-health assessments, prison/jail/institution reports, disciplinary history, and any information showing fighting or institutional behavior because staff recognized that residents may not always self-report accurately.

Residents generally reported that they remembered completing a PREA-related risk screening during intake, although their level of detail varied. Most residents recognized the screening when it was described as a set of personal or invasive questions, such as sexual preference, gender identity, whether they had ever been sexually abused, and whether they had ever sexually abused someone else. Several residents confirmed that staff asked these questions during intake

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 PREA screen audit report Interview with case manager Interview with Program Coordinator Interview with Program Administrator Interview with residents ORION

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 who 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. When a resident screens as highly susceptible or highly abusive, staff are directed to take immediate protective steps. These include notifying management, assigning the resident to designated PREA beds, documenting the result in ORION, increasing whereabouts/circulations, starting observation logs, and ensuring follow-up review by casework and management staff Staff said the assessment results inform bed placement, supervision, and referrals. If a resident is classified as susceptible or has other concerns, staff said they may place the resident closer to the post or in front rooms. If the resident requests mental-health services during the assessment, the intake specialist documents it and informs the caseworker. Programming staff will make every effort when

	scheduling groups not to place residents with opposing PREA statuses in the same group. When that is not possible, the staff will monitor appearance and behavior and report any significant changes. Both SHARP and TMRC use designated bed placements to help manage risk. At SHARP, residents who screen as highly susceptible or highly abusive are assigned to designated beds, identified in staff memos. A later SHARP memo also references specific dorms and identifies beds as designated beds for highly susceptible residents. At TMRC, designated PREA beds are listed by dorm and bed number. 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. At SHARP, if a client is highly susceptible or highly abusive, the resident is to be observed at least 12 times per shift, with increased whereabouts used to assure safety and security. Staff must use an observation log to document the resident's physical appearance, emotional state, changes, and concerns. 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. The auditor was able to interview a Behavioral 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. The auditor interviewed residents identified through the PREA screening process as highly susceptible to sexual victimization or highly abusive. The residents interviewed reported that they felt safe in the facility and did not express concerns about being sexually abused or sexually harassed during their placement. Several residents stated they were receiving outside mental health or counseling services. 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 of the resident by the PREA Coordinator, PREA manager, admissions personnel, and crisis counselor, which 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 consultations 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 have 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 regarding your 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 who has identified as transgender or intersex. The facility does not have a dedicated unit for residents who identify as LGBTI. Residents who identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff have a clear line of sight to the resident's bed. All residents who have been identified as being at higher risk, including LGBTI residents, will have increased whereabouts checks. The auditor interviewed any resident who 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 Behavioral 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
	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: • 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 The residents are informed that they can report sexual abuse and sexual harassment, including anonymously, through the above reporting methods. The facility phones allow for free calls to internal and external reporting hotlines and to rape crisis agencies. These calls are not recorded. Residents are allowed to have personal cell phones in the facility, from which they can make reports of sexual abuse and sexual harassment privately and anonymously. 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. During the onsite tour, the auditor tested the resident payphone located in the housing unit by calling the facility's PREA reporting hotline, the outside reporting hotline, and the rape crisis hotline. The agency hotline was answered by voicemail. The recorded message advised callers that the facility is required to investigate all allegations and that retaliation for reporting is prohibited. Callers are asked to provide as much detail as possible about the incident, but the message also explains that reports may be made anonymously. The outside reporting hotline was also answered by voicemail. That message similarly requested detailed information about the incident and advised callers that they may remain anonymous if they choose. The auditor also called the rape crisis hotline. The hotline provided selectable options based on the type of support needed. The auditor selected the option to speak with office staff to confirm the services available to residents, whether services are provided free of charge, how confidentiality is handled, and any mandatory-reporting obligations. 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 it 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. The 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 deliver 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. All interviewed staff were asked about their reporting responsibilities and how they would report allegations or suspicions of sexual abuse or sexual harassment. Staff consistently stated that they would report any allegation or concern to their direct supervisor. They also reported that the facility has an established reporting process, which is covered during onboarding and reinforced through on-the-job training after staff are assigned to a facility. Staff further stated that they may make a private report directly to the PREA Coordinator or to the agency's Internal Affairs investigators, who serve as administrative PREA investigators. Review: Policy 1080 Client Sexual Abuse and Sexual Harassment Reporting Form

	Agency website Reporting hotline numbers Interview with Administrative Investigators Interview with staff

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A: The PREA Coordinator advised the auditor that the agency does not have administrative procedures to address resident grievances 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. Residents are informed of the reporting and investigation procedures during the orientation group. This group also reviews the grievance process and grievable offenses.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 a manner as possible. 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 emotionally 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. The Rape Crisis Center of Medina & Summit Counties has 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.

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:

- 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

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 requests 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 used the resident phones in the dayroom area to contact Summit County Rape Crisis. The operator confirmed that calls to this number will be connected with a rape crisis specialist who will provide confidential services to the residents at TMRC and SHARP free of charge.

The facility has an 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 with the telephone number and address of the Center and to offer all residents emotional support services. A copy of the MOU was provided to the auditor.

The resident can also send mail to reporting agencies. Staff reported that if a resident wants to send mail, the facility can provide an envelope, and if the resident is indigent, the facility can also provide the stamp. The resident gives the mail to staff, staff places it in the facility mailbox, and it is picked up once per day by the agency mail carrier and taken to the post office. Residents reported that incoming mail is given to them and opened in front of staff. Residents described either opening the mail themselves while staff observes, or staff opening it in front of them. Staff then check the contents for contraband and return the mail if nothing prohibited is found.

Policy 1080 requires the facility to inform residents prior to giving them access to 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 the allegation. The residents can also find this information inside the resident handbook. The case managers are required to have a role clarification meeting where residents are given information on the limits to confidentiality. The residents are informed that all information will be immediately reported to the proper authorities. The case managers interviewed confirmed the meeting and the information provided to the residents. During the interview with the Crisis Counselor, he confirmed that he informs all residents prior to the beginning of services of the limits of confidentiality and the agency's mandatory reporting requirement for all incidents, reports, or suspicions of sexual abuse and sexual harassment. Because residents have the ability to contact outside emotional supportive agencies without the assistance of staff, the facility does not have information on the frequency, if any, with which residents make contact with these agencies. Review: Policy 1080 PREA Postings MOU with Rape Crisis Center of Medina and Summit Counties Resident Handbook Interview with the Rape Crisis Center Interview with Program Coordinator

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The auditor called the hotline numbers for both the agency and the 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 requests 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 Sandra Dunlap, Assistant Chief Director, a day after the request to the hotline was made. 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. The facility has had one third-party report of staff sexual misconduct. The report was made by an APA Officer after the report was made to him. The allegation was administratively investigated and determined to be unsubstantiated. Review: Policy 1080 Agency website Investigation reports PREA notices PREA hotline number

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Oriana House policy 1080 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.

Policy 1027 states that all resident information related to PREA will be maintained confidentially in compliance with Federal PREA requirements. Release of information concerning PREA allegations will be done as necessary and in accordance with Federal PREA requirements.

Policy 1005 requires state staff, without reservation, to 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. The policy requires staff to be diligent in recording and making available case information that could contribute to sound decisions affecting a resident or public safety. It also prohibits withholding information when doing so would threaten the security of the facility, employees, residents, visitors, contractors, vendors, interns, volunteers, or the community.

The PREA Coordinator reviewed the process with the auditor. According to the Coordinator, the staff is to:

- Immediately email the Client Sexual Abuse Response Team
- Report any sexual abuse allegation between staff and a federal resident to the Federal Bureau of Prisons' 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

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.

Staff are also required to sign and date to acknowledge receiving the following information:

- Client confidentiality
- Code of ethics
- Employee discipline
- Client's rights and grievance procedure
- Ethics and accountability
- PREA annual acknowledgement

The agency uses a web-based resident database system that allows the facility to assign certain rights to access information concerning residents and PREA allegations. At the same time, the confidentiality policy recognizes exceptions where disclosure may be required, such as medical emergencies, reporting crimes committed on the premises or against agency personnel, reporting suspected child

abuse or neglect, court orders, audits, research, or evaluations.

All staff are required to submit an email to the regional reporting email that limits the staff informed of the allegation and incident details to the administrators on the email chain.

The staff interviewed state that anyone may report sexual abuse or sexual harassment at any time, that reports may be made confidentially, and that retaliation for reporting is prohibited. One staff member reported that if the matter requires immediate emergency attention, appears criminal, or involves injuries requiring medical attention, staff is directed to call 911 immediately. Staff reports that they can report directly to the Program Manager, Program Administrator, or Program Coordinator by completing the PREA Reporting Form, calling the PREA hotline, or emailing the designated regional Client Sexual Abuse Reporting group.

Staff members report being trained and expected to maintain boundaries by keeping interactions professional, limiting personal disclosure, redirecting inappropriate conversations, intervening when coworkers appear too familiar with residents, and reporting concerns through the supervisory/PREA reporting chain. Staff described maintaining boundaries by being approachable without becoming personal. One RS explained that he keeps conversations focused on the resident and the resident's needs. If a resident asks about his personal life or what he does after work, he redirects the conversation and tells the resident that those are boundaries because he is at work. Another staff member said he changes the subject or walks away when a conversation becomes too personal, such as when residents ask about his family or personal background. He explained that staff can be friendly and open, but only "so far," because residents may try to gather personal information and use it against staff.

Staff reported that if they see a coworker getting too familiar with a resident, they first try to intervene in a low-key way. One staff member said he may interrupt the conversation by asking the coworker to help with something, so the resident walks away, and the coworker is not embarrassed in front of the resident. He then tells the coworker that the conversation went too far and to "tone it down." If the behavior continues or appears more serious, he reports it to supervisors. A separate RS said that when staff appear too friendly with residents, he first talks to the staff member and try to keep the interaction short, especially with female staff and male residents. He said male staff will step in to move male residents away from female staff when needed. If the behavior continues or worsens, he reports it to supervisors because "it could be deeper than just that conversation."

The Crisis Counselor reports that he provides role clarification and confidentiality explanation at the start of contact. He tells residents they have the same type of client confidentiality they would expect in a therapist's office outside the facility, while also clarifying his role.

The facility does not accept residents who 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: Policy 1080 Employee files Resident files PREA staff guidebook Interview with staff Interview with Crisis Counselor

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The PREA Coordinator reports that when a resident reports that they are in fear of imminent sexual abuse, the agency can move the resident to another confinement facility under the Oriana House umbrella in the Akron area. This includes Terrence Mann Residential Center, which is connected to SHARP or vice versa. Other protection measures available include moving the resident to a different dorm (the facility has two rooms available that can be used to separate the victim and abuser), removing the resident abuser from the facility, removing the staff member from the facility, and increased monitoring. When residents report imminent risk or concerning sexual behavior, staff may separate the individuals, transfer one resident, or increase supervision. In the last twelve months, a TMRC resident reported that another resident was sexually harassing him and had followed him toward the shower. The file shows that separation was required, the alleged victim was transferred to a different facility, supervision was increased, and the parties were separated. A resident reported during screening at CASC that he went AWOL from SHARP because another resident approached him for sex. Although the case was classified as not PREA because the resident reported one incident of inappropriate advances without touching, the

	agency still logged it under the imminent sexual abuse protocol. The file shows that the involved residents were separated, supervision was increased, and one resident was transferred. The PREA Coordinator reports that the facility will always err on the side of caution and take the necessary steps to protect residents immediately upon a report of possible abuse. Staff described resident movement as a practical safety tool used when residents are vulnerable, in conflict, reporting harassment, or otherwise need separation. Staff also reported that when two residents are in conflict, they try to separate them quickly by moving one resident to a different bed, dorm, side room, or facility. One staff member said that if there is a conflict, it is an “immediate” need to move someone out of the dorm to prevent escalation. Staff typically try to move the person least likely to have caused the issue first, while also investigating whether there is an aggressor and whether consequences are needed. For SHARP, staff said that if a resident reports an issue, they first separate the residents, but not in a solitary manner. One resident may be moved from the general dorm to one of the side dorms. Staff then gather basic information and report the concern through email/management channels. Review: Policy 1080 Investigation report Interview with Program Administrator Interview with PREA Coordinator

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 the 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. Oriana House has a formal process for reporting sexual abuse allegations to other confinement facilities when a resident reports that the abuse occurred at that facility. The agency informs staff that when any staff member receives a report that a resident was sexually abused at another confinement facility, the staff member must notify management immediately. The Program Administrator must then email

	the PREA Coordinator with the details of the allegation. The PREA Coordinator replies with the notification form to be sent to the outside confinement facility. The form must be sent to the head of the facility or appropriate agency office where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. The Vice President of Administration and Legal Counsel and the PREA Coordinator are copied, and the documentation is kept for audit and legal purposes. The template letter identifies the resident, the Oriana House program involved, the date and time the resident reported the allegation, the nature of the allegation, and the alleged abuser when known. It also tells the outside agency that the letter is a formal acknowledgement of the alleged abuse and that investigation responsibility belongs to the facility head or agency office where the abuse allegedly occurred. 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. The facility has not received a report from a resident that required reporting the allegation to another confinement facility. The facility received one allegation from another confinement facility. The allegation was administratively investigated and determined to be unfounded sexual harassment. 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. Review: Policy 1080 Interview with Administrative Investigators Interview with Program Administrator Investigation reports

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Oriana House policy 1080 outlines first responder duties for any allegation of sexual abuse. The policy instructs first responders to:

- Separate the alleged victim and abuser
- 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
- 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.
- 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
- Staff shall not collect evidence or disturb the crime scene as much as possible

In addition to the required first responder steps mandated by this standard, the policy also requires first responders to:

- 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 premises, they will assess the resident to determine the 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 the 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.

During the onsite visit, the auditor was able to review the PREA Staff Guide Book, which is located at all main posts. The book contains:

- First responder duties
- Reporting duties
- Coordinated response 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 Staff reported that if a resident reports sexual abuse or sexual harassment, their duties are to take the report seriously, ensure immediate safety, notify supervisors/ management, preserve evidence when applicable, and activate the PREA response process. They state that they must immediately separate the victim and alleged abuser, preserve evidence, contact the supervisor on call, and provide any victim supportive services necessary. The facility did not have an allegation where the first responder duties were applicable. Review Policy 1080 Interview with staff Investigation report

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 1080 lists the coordinated response plan as follows: • 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 premises, they will assess the resident to determine the 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 the 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.

	The coordinated response plan is contained in the PREA Staff Guide Book that is at each main post. During onboarding and monthly back-to-basics training, staff learn the coordinated response plan and the location of the posted plan. The Coordinated Response to an Incident of Client Sexual Abuse Plan: • 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 the incident as a violation report • Follow all directives of law enforcement The auditor was given a copy of the coordinated response plan and viewed the posted plan during the onsite visit. Review: Policy 1080 PREA book Coordinated Response Plan SHARP and TMRC

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. Review: Interview with Human Resource Director

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	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, placement on electronic monitoring. The facility can also transfer staff members to a different facility or place them on administrative leave. The report will include periodic status checks, 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 who 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 whereabout checklist and identified high risk residents with increased whereabout checks. Staff interviews indicate that retaliation monitoring is assigned operationally. The Program Administrator reported that she normally handles retaliation monitoring for TMRC, while the Program Coordinator will handle retaliation monitoring for SHARP. Staff also explained that if an incident from another facility results in a resident being moved to TMRC, SHARP, or out of the facility, the receiving facility still performs retaliation monitoring for the person placed there. The files describe that the perpetrator, rather than the victim, is often moved when separation is needed, unless staff cannot determine who is who. The facility provided the auditor with documented retaliation monitoring of a victim at the SHARP facility. The monitoring was conducted by the Program Coordinator with weekly status checks. The status checks were conducted until the resident completed the program. The monitor did not document any retaliation against the resident. The Crisis Counselor reports that a crisis counselor would provide emotional support for any resident or staff member who reported or cooperated with "PREA investigations." He reports that residents would have an initial meeting to assess their needs. The resident will get to decide if additional sessions are necessary. He states that the resident will be informed that they can request services at any time. 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. Review: Policy 1080 Whereabout checklist Interview with Program Administrator

	Interview with Crisis Counselor

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 1080 requires an administrative investigation into 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. 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: • Name of all victims, witnesses, and abusers • Names of staff working during the incident • Date, time, and location of the 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 the 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

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

The investigation, referral, and outcome-determination process was reviewed with the auditor. The PREA Coordinator reported that Oriana House does not permit administrative investigators to require a polygraph examination or any other truth-verification device as part of a PREA investigation. She further explained that administrative investigators do not conduct criminal investigations. When an allegation may involve criminal conduct, the matter is referred to the appropriate local law enforcement authority, and the administrative investigator maintains communication with the criminal investigator to monitor the status and progress of the criminal case. The training curriculum also identifies reporting, official response following a client report, investigation procedure, discipline, medical/mental health referral, and related protocols as required PREA training topics under Policy 1080.

The investigators reported that, when a criminal investigation is active, they do not question a suspected abuser unless the criminal investigator or legal authority permits it. The administrative investigation is either delayed until the criminal investigation is complete or proceeds only with authorization from law enforcement. The investigation files include examples where allegations were referred to the Akron Police Department, detectives interviewed witnesses and subjects, reviewed available evidence, and then Oriana House used the available information to make an administrative determination after the criminal process did not result in charges.

The PREA Coordinator and policy also state that an investigation is not terminated

	simply because the alleged victim or alleged abuser leaves the facility, is released, transfers, resigns, or otherwise is no longer under the facility's control. The investigation files reflect this practice in the TMRC investigation involving a former resident supervisor who had already resigned before the allegation was received; the matter was still investigated, referred to APD, and ultimately resulted in an administrative finding of substantiated sexual abuse. Investigators also reported that they are responsible for maintaining and securing investigative files. They stated that investigation reports are retained for as long as the alleged abuser is incarcerated or, in staff cases, for as long as the employee remains employed, plus an additional five years in both circumstances. Review: Policy 1080 Investigation Reports Interview with PREA Coordinator Interview with Administrative Investigators

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 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. 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. Review: Policy 1080 Investigation reports Interview with PREA Administrative Investigators

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 of 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 notifications are documented in the agency's resident database system. The obligation to make such a report under this standard shall terminate if the resident is released from the agency prior to an investigation determination. The facility had four allegations: two residents were able to be notified by the facility, one resident was no longer at the facility, and one investigation was ongoing. Notification #1: The written explanation states that camera review confirmed the staff member was conducting circulations consistent with routine security checks. The form notes that the conduct did not constitute voyeurism or rise to the level of sexual abuse or sexual harassment under PREA, but it did identify an opportunity for corrective guidance. The resident and PREA Facility Manager signed the form on 12/30/2025. Notification #2: The form states that the last two weeks of the resident's pat-down searches were reviewed on camera. Based on that review, the searches were determined to have been conducted within agency policy and procedure. The form explains that incidental touching can occur during a proper pat-down search and does not meet the PREA definition of sexual abuse or sexual harassment when conducted within agency protocols. The resident and PREA Facility Manager signed the form on 8/5/2025. The Akron Police Department provided the facility with the determination that law enforcement would not be pursuing charges in this case. The information was not

	passed on to the resident due to the resident no longer being housed at the facility. The facility demonstrates that residents are provided written notification of outcomes, including whether the allegation met the PREA definition of sexual abuse or sexual harassment. The notifications also summarize the basis for the outcome, identify any corrective guidance even when the allegation is not PREA-substantiated, and document resident acknowledgment by signature. Review: Policy 1080 PREA Sexual Abuse Victimization Notification reports Akron Police Department email PREA Coordinator checklist Interview with administrative investigators Interview with PREA Coordinator

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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: • Formal verbal warning • Written warning • Disciplinary probation • Disciplinary suspension • Disciplinary discharge • Suspension pending investigation 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. 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 Policy will be reported to law enforcement agencies and any relevant licensing bodies. The handbook also states that employees who are aware of resident victimization and fail to report it will be terminated. 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 its strict zero tolerance policies by terminating employees found to violate the policy, and terminating employees whose allegation was determined to be unsubstantiated, but a major violation of the boundaries/integrity policy has been committed. She reported that when boundary violations are found—such as texting, Facebook contact, or having a client's phone number—the agency may terminate even if the conduct cannot be substantiated as PREA or prosecuted criminally. 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 received 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 who have significant boundary issues with residents. She also states that employees who are in the orientation phase of employment cannot appeal a disciplinary sanction. Interviewed staff reported receiving an employee handbook and training on the agency's zero tolerance policy for sexual abuse and sexual harassment. Staff understood that violations of the policy may result in disciplinary action up to and including termination. Staff also consistently stated that termination could result not only for engaging in prohibited conduct, but also for failing to report known or suspected violations. The facility had one staff member resign at the start of an investigation into staff sexual misconduct. 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 measures 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. 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. The Human Resource Director stated during her interview that the facility has not had any incidents concerning the interactions between a contractor/volunteer and a resident. Review: Policy 1080 Investigation reports Interview with Human Resource Director

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 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.

	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. In the resident handbook, the facility has listed that 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. The PREA information sheet was given to residents during the orientation group. The sheet gives the residents a clear understanding of what constitutes 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 sanction for falsification. The auditor was provided with signed acknowledgements of residents receiving a handbook and PREA education. Residents reported that staff reviewed the handbook with them, or that they were given the handbook and tablet-based materials to review. One resident stated that staff went through the grievance process and PREA with him, and also explained that there was a PREA video on the tablet. All residents who were interviewed stated that “riding out” or removal from the program is the sanction related to violation of the PREA policies. Regarding discipline for consensual sexual contact, staff reported that TMRC had not had reports of consensual sex or consensual sexual misconduct in the facility within the last year. Staff did discuss one recent sexual misconduct discipline case involving a resident who recorded his bunkmate because he believed the bunkmate was masturbating. That resident was disciplined and lost cell-phone privileges; staff clarified that this was not a consensual-sex case. SHARP had one unsubstantiated allegation of resident-to-resident sexual abuse. The agency's Crisis Counselor reports that the agency does not provide therapy, counseling, or other interventions to address and correct underlying reasons or motivations for abuse. Should a resident need these services, he will make a referral for community counseling. The facilities have not disciplined a resident for making a false allegation of sexual abuse or sexual harassment. Review:

	Policy 1080 Resident handbook PREA information sheet Investigation reports Interview with residents Interview with Crisis Counselor Interview with PREA Coordinator

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 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 auditor interviewed the Crisis Counselor during the onsite visit. He reports that he does not provide routine services inside the facility unless a resident assigned to him is residing there or there is a PREA related situation. In relation to PREA, he described his duties as victim support, and that his duties included: • Responding when notified through the agency's dedicated sexual-abuse email process. • Meeting with the resident after a report. • Building rapport and helping the resident feel comfortable. • Explaining his role and clarifying that he is there for support, not investigation. • Using the PREA checklist to ensure required services are offered. • Offering information about rape crisis services, hospitals, and forensic examinations. • Explaining PREA services in plain language.

- Providing ongoing support when needed, including at least about four weeks of follow-up after the initial contact.
- Referring the resident to another VSP, including a female VSP, if the resident is more comfortable with someone else.

He emphasized that his role is supportive and clinical, not investigative. He said he tells residents he is not there to fact-find, assign blame, or get anyone in trouble; rather, he is there to support the resident and explain available services while maintaining normal clinical confidentiality limits.

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:

- Support Services Offered/Provided:
  - 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)

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 are 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 are at no cost to the resident. The plan states:

- 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 is still available. Residents are informed of the rights to these services free of charge during PREA education at intake. The Crisis Counselor confirmed that he has provided services during the past twelve months. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility offers community medical and mental health counseling services for residents who have been sexually abused in jail, lockup, or a juvenile facility. Policy 1080 states that all treatment, including testing for sexually transmitted diseases and treatment within sixty days to all known resident-to-resident abusers, be offered free of charge. 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. 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 are 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. 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 who has female genitalia and experiences sexual abuse. The facility has not housed a resident who is a known resident-to-resident abuser. The facility has not had a resident who has needed services due to being sexually abused while in a prison, jail, lockup, or juvenile facility. Review: Policy 1080 Medical Response Plan PREA Victim Activity Report Interview with PREA Coordinator Interview with Crisis Counselor

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. According to agency policy and the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation: • 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

The team is then tasked with preparing a report of its findings and any recommendations for improvement and submitting the final report to the Vice President of Administration and Legal Counsel, who will be responsible for distributing 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 distributing the report to facility management and overseeing the implementation of the approved recommendations.

The facility had one sexual abuse allegation that required a Sexual Abuse Review Team meeting. The committee determined that no policy, procedure, or practice change was needed to better prevent, detect, or respond to the incident. The discussion section states that SHARP residents are well monitored, and procedures were followed. The committee also found that the incident did not appear to be motivated by gender, race, ethnicity, age, LGBTI/perceived status, gang affiliation, or another listed factor. The committee did not find that physical barriers enabled the abuse. The review notes that residents are afforded some privacy while showering, but staff monitors and conduct circulations as required. The committee also found that staffing was not inadequate and documented that SHARP meets or exceeds minimum staffing numbers.

The committee made two key recommendations:

- Boykin should always be scored as Highly Abusive on his PREA screen if he is admitted to an Oriana House facility in the future. The review notes he was transferred to TMRC as a result of this incident and that similar conduct was later alleged by other clients during his time at TMRC.
- Circulation technology should be installed to enhance staff's ability to monitor clients.

The executive staff review approved the recommendation that the resident should be scored as highly abusive. The handwritten implementation note indicates that the PREA Coordinator coordinated with training/programs/admissions to ensure that he was scored as highly abusive during any admission to an Oriana House facility. The agency is in the process of installing scan tags in all facilities in order to ensure security rounds are being completed.

The auditor was able to interview members of the SART and the Executive Committee. The members report that their main goals 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 Interview with Program Coordinator Interview with Program Manager Interview with VP of Operations

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 its collection instrument. 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: • Facilty • Date the incident was reported • Sexual abuse/sexual harassment

- Final determination
- Law enforcement referral
- Type of notification
- Incident review
- Classification of abuser
- Location of incident
- Other important information
- Sex of victim and abuser
- Age of victim and abuser
- Race of victim and abuser

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 2023 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Oriana House, Inc. operated facilities. The PREA Coordinator reports that an up-to-date annual report has not been fully completed due to outstanding investigations. The auditor made the recommendation to update the reports and just label any open investigation as ongoing.

Overall 2023 allegation data

The report identifies 17 reported incidents of sexual abuse during calendar year 2023:

2023 allegation type	Count
Resident-resident allegations	7
Staff-resident allegations	10
Volunteer/contractor-resident allegations	0
Total	17

Substantiated allegations

The report states there were six substantiated allegations in 2023:

Substantiated allegation type	Count
Staff vs. resident	5
Resident vs. resident	1

Definitions used in the report

The report includes PREA finding definitions:

Finding	Meaning
Unfounded allegation	Investigation determined the incident did not occur
Unsubstantiated allegation	Investigation did not produce enough evidence to make a final determination either way
Substantiated allegation	Investigation determined the incident occurred

	The U.S. Department of Justice/Bureau of Justice Statistics made a request to the Terrence Mann Residential Center to collect annual PREA-related sexual-victimization data. The request directed the facility to submit 2024 data online by December 1, 2025. The facility provided the auditor with three Surveys of Sexual Victimization for the allegations made at TMRC in calendar year 2024. Review: Policy 1080 Sexual Victimization report form Agency website BJA request for SSV letter SSV reports Interview with PREA Coordinator

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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: • 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 • The auditor reviewed the report and ensured that the report compares the current year's data with that of previous years and includes updates made from previous year's reports. The report states that the agency has: • There were 17 reported incidents of sexual abuse during the 2023 calendar year • The number of allegations reported in 2023 was less than in 2022; however, the percentage of substantiated allegations in 2023 increased over the previous year 58% of reports were submitted by a third-party (in some capacity) • Mandated monthly staff training on various PREA topics • Executive staff ensure policy and procedure are regularly reviewed and updated

	• PREA incidents are viewed by a multidisciplinary committee, and recommendations are reviewed for feasibility • Preventative measures include ◦ re-evaluated camera angles and made adjustments to ensure better coverage of identified blind spot areas ◦ reviewed the quality assurance process for PREA Screening Tool ◦ updated and reassign gender specific PREA training ◦ increase red flag, manipulation, and vulnerability identification training ◦ adjust placement decisions for those scoring highly abusive and highly susceptible to ensure separation in bathroom assignments in coordination with the dorm assignments 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. 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.oria-nahouse.org//docs/prea/2017%20Annual%20Report.pdf. Review: Policy 1080 PREA Annual Report 2023 Oriana House website

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The auditor accessed the agency's website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.orianahouse.org/assets/-cms/l2xdt0lxpjhb/1uFQ24bh1ZjBgKDKrtf7XU/cbd8a0436d8a46a2ebf11ae34c7f1587/2023_annual_report.pdf, 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 2015 to the present report (2023). 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 it for the annual report. The report is then submitted to the President/CEO for approval. 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. The information collected in standard 115.287 is made available to the public through the agency website. 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. Review: Policy 1080 Oriana House website PREA annual reports 2014-2023

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency posts 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 had been audited and reports posted. The agency will have 1/3 of its facilities audited each year of the three-year cycle. 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 interviewed as well. 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. The auditor received documentation on the agency and facility prior to the onsite visit through the PREA OAS web based audit system. The auditor was also provided with the requested documentation during the onsite visit. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and ORION resident database system. 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. The auditor received a request to be interviewed by a resident via email prior to the onsite audit. The auditor spoke with the resident during the onsite visit and discussed the concerns of the resident with the PREA Coordinator and facility management.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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.

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

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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?	no
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

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

	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?	
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	yes

	contact with residents?	
	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	yes

	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.)	
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	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	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	**Policies to ensure referrals of allegations for investigations**	

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

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	**Resident education**	

(c)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	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	yes

	third parties?	
	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	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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	na

	exempt from this standard.)	
	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	yes

	actions that could destroy physical evidence, and then notify security staff?	
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	yes

	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?	
	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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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	**Disciplinary sanctions for staff**	

(b)		
	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	yes

	facility?	
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	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.)	yes
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	yes

	and security of a facility?	
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