

PREA Facility Audit Report: Final

Name of Facility: The McDonnell Center Community Based Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/31/2025

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: 10/31/2025

AUDITOR INFORMATION

Auditor name: Murray, Kayleen

Email: kmurray.prea@yahoo.com

Start Date of On-Site Audit: 09/22/2025

End Date of On-Site Audit: 09/23/2025

FACILITY INFORMATION

Facility name: The McDonnell Center Community Based Correctional Facility

Facility physical address: 3540 Croton Avenue, Cleveland, Ohio - 44115

Facility mailing address:

Primary Contact

Name:	Lori McGrady
Email Address:	lorimcgrady@orianahouse.org
Telephone Number:	330-535-8116 ext. 20

Facility Director	
Name:	Jeffery Brooks
Email Address:	JeffreyBrooks@orianahouse.org
Telephone Number:	216-202-1017 ext. 49

Facility PREA Compliance Manager	
Name:	Je'Shaun Gates
Email Address:	Je'ShaunNGates@orianahouse.org
Telephone Number:	216-202-1017x4918

Facility Health Service Administrator On-Site	
Name:	Eric Sigmund
Email Address:	EricRSigmund@orianahouse.org
Telephone Number:	216-202-1017 ext. 26

Facility Characteristics	
Designed facility capacity:	215
Current population of facility:	123
Average daily population for the past 12 months:	91
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	21-69
Facility security levels/resident custody levels:	Minimum/Minimum
Number of staff currently employed at the facility who may have contact with residents:	36
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	98
Number of volunteers who have contact with residents, currently authorized to enter the facility:	53

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:	2025-09-22
2. End date of the onsite portion of the audit:	2025-09-23

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:	Cleveland Rape Crisis Ohio Bureau of Community Sanctions- Outside reporting agency Cleveland Metro Health Hospital- SANE

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	215
15. Average daily population for the past 12 months:	91
16. Number of inmate/resident/detainee housing units:	2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	87
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:	0
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:	6
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	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:	6
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 facility provided the auditor with a list of current residents. The list also identified residents that fit a targeted category.

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:	45
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:	53
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:	46
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:	No text provided.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
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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. The list also identified residents that fit a targeted category.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3

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:

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.

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:

2

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

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

56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not have single cells or segregated housing. This was confirmed during the tour portion of the onsite visit.
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):	Resident Supervisor staff from all shifts were interviewed.

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
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☒ Security/detention ☐ Education/programming ☒ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No volunteers were available during the onsite visit.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and ORION resident database system.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

1

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:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility only had one allegation. The allegation was resident on resident sexual abuse that was determined to be unfounded.
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:	0
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 only had one allegation. The allegation was resident on resident sexual abuse that was determined to be unfounded.

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 Wellness Coordinator, and reports directly to the agency's Vice President of Administration and Legal Counsel. During the onsite interview, she

states she assists with implementing PREA strategies at each facility. She also develops the training curriculum for required monthly PREA training at each facility and provides facilities guidance and assistance in complying with the standards.

She is a Department of Justice Certified PREA Auditor and had extensive experience in interpreting the scope and intent of each standard. She indicated that she has enough time and authority to develop, implement, and oversee the agency's efforts to comply. The PREA Coordinator supervises each facility's PREA Compliance Manager. She states that 90% of her job duties are PREA related.

The job description for the PREA and Wellness Coordinator 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 inquiries and procedural questions
- Monitors and provides PREA-related program services, educational material, and training to facility PREA Managers and staff. Oversees the development of educational materials, staff guides, and education to residents regarding PREA procedures and reporting.
- Assist the VP of Administration and Legal Counsel with responding and submitting PREA reports to regulatory bodies regarding PREA-related issues
- Reports to the State's Intelligrants System regarding PREA incidents in an accurate and timely manner
- Submits annual reports to the Ohio Department of Rehabilitation and Correction (ODRC) in an accurate and timely manner
- Assists facilities' PREA Managers with PREA audit preparation including, but not limited to: completing facility walkthroughs, conducting employee and resident interviews and training, completing PREA assessments and questionnaire, and submitting audit documentation and assessments to the PREA auditor assigned to the facility

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

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

- Conducting quality assurance monitoring for PREA standards

- Ensuring facility walkthroughs in order to address any safety issues
- Overseeing the day-to-day PREA facility issues
- Ensures staff meet PREA training requirements

The auditor interviewed the PREA Manager during the onsite visit. She reports that her responsibilities as related to the PREA standards include:

- Ensuring the PREA risk screenings are conducted during intake and rescreenings are completed on time
- Coordinate with the Transgender Review Committee prior to the intake to place for housing, shower, and pat-down accommodations
- Notifies the PREA Coordinator and completes an initial incident form for any allegation
- Ensures immediate separation of residents involved in an allegation
- Assist in retaliation monitoring
- Participates in grievance management
- Reviews pat search training procedures and ensures staff receive refresher training or corrective instruction if needed
- Helps determine protective measures when a resident fears harm
- Manages communication with staff about residents under increased observation or protection measures

The Program Administrator (PREA Manager) reports directly to the Program Manager. The Program Manager was interviewed during the onsite visit. He reports to the auditor that his responsibilities as related to PREA include:

- Supervising the Lead Resident Supervisor, Administrative Assistant, and the Program Administrator
- Conducts quality of life and security walkthroughs, including checking sanitation, camera coverage, and ensuring the PREA staffing plan is followed
- Reviews and assist in maintaining the PREA staffing plan, which includes evaluating staffing levels, camera placement, blind spots, and resident supervision needs
- Participate in retaliation monitoring and oversees documentation and follow-up on any PREA related incidents or grievances
- Communicates with the PREA Coordinator and Internal Affairs about any camera upgrades, staff coverage issues, or safety concerns related to PREA monitoring
- Reviews PREA risk assessments for quality assurance, ensuring accuracy and timeliness
- Ensures policy implementation for PREA related areas such as boundaries, staff discipline, and resident rights

The Program Manager and Program Administrator ensure oversight, quality assurance, policy and standard compliance, and coordination of PREA reporting, documentation, and safety measures.

	Review: Policy 1080 Program Administrator job description PREA and Wellness Coordinator job description Agency table of organization Interview with PREA Coordinator Interview with VP of Administration and Legal Counsel Interview with Program Administrator Interview with Program Manager
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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 of 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 the facility, along with the annual review report. The staffing plan includes: Physical Layout: The McDonnell Center Community Based Correctional Facility (MCCBCF) is a one-

story building located in Cleveland, Ohio. The facility is designed to house 215 male offenders. The facility has 21 dorm rooms between two housing units. Each housing unit has dorms and beds that have been identified as being appropriate for housing residents that have been classified as being at risk of being vulnerable to abuse or at risk to being abusive.

Composition of Residents Population:

The facility's current staffing plan is based on housing a capacity of 169 residents. The average length of stay is 129 days, with the average age range between 20-70 year old. During 2024, the average population was 108 residents. This was an increase in the average population by 17 residents. This increase was considered when making any adjustments to the staffing plan.

Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse:

During calendar year 2024, the facility had zero substantiated incidents of sexual abuse and one unsubstantiated incident of sexual abuse. The facility would conduct a review of any substantiated and unsubstantiated allegations of sexual abuse to identify any trends that would warrant any facility or programmatic changes to the staffing plan.

Any Other Relevant Factors:

Hiring issues are still prevalent.

Adequate Staffing:

The MCCBCF facility has created a set staffing pattern to allow appropriate staff coverage and client supervision. Each shift has a minimum staffing requirement that needs to be met in order for the prior shift to leave their designated posts. Minimum staffing numbers include both Resident Supervisors and Shift Supervisor are required to work post positions to ensure that minimum staffing levels are maintained. The minimum staffing requirements are as follows:

- 1st shift from 7am to 3pm: 4 Resident Supervisors/Shift Supervisors
- 2nd shift from 3pm to 11pm: 5 Resident Supervisors/Shift Supervisors
- 3rd shift from 11pm-7am: 4 Resident Supervisors/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. Caseworker staff work one weekday evening shift from 12pm to 8pm or 1 pm to 9pm. Caseworkers rotate Saturday coverage.

Deviations to Staffing Plan:

In the event there are deviations, staff will document deviations. The facility used

available resources to commit to ensure adequate staffing levels. The facility reports no deviations to the staffing plan during 2024.

Video Monitoring and Other Monitoring Technologies:

The facility has 76 cameras strategically placed throughout the interior and exterior of the facility: 55 internal cameras, 10 external cameras, and 11 dorm cameras with over 30 days of video storage. There is one camera that monitors all enhanced pat searches. This camera is only visible to Oriana House Internal Affairs staff and facility leadership. In addition to the cameras, the facility has 50 push button wall mounted two-way intercoms throughout the facility, including all staff restrooms, resident dormitory rooms, and all outside recreation areas. These intercoms ring directly into the central control area. Resident Supervisor staff monitor cameras daily on each shift. All cameras are controlled and viewed from the Main Post area. The Program Administrator and facility leadership can access the system remotely as well.

There are 5 microphones attached to the DVR's located at the post desks.

Observation mirrors are included in specific areas to minimize blind spots. MCCBCF has a total of 41 mirrors throughout the facility.

Each staff office and group room have windows for clear line of site views into rooms.

Security checks, also known as whereabouts and circulations, are conducted by Resident Supervisor staff. Whereabouts are conducted 3 times per shift on all three shifts. Increased whereabouts are documented at 6 times per shift on residents who have an identified PREA status of either Highly Abusive or Highly Susceptible. Increase of circulation is conducted in problem areas or if there are resident concerns such as behavior issues and/or mental health issues.

The staffing plan was reviewed April 2025. During the review, no changes to staffing levels or electronic monitoring. The facility has the appropriate resources to commit to ensure adequate staffing levels.

Review:

Policy 1080

Policy 3002

Staffing plan for 2024 and 2025

Floor plan

Camera monitors Building tour

Interview with agency investigators

Interview with PREA Coordinator

	Interview with Program Administrator
	Interview with Program Manager
	Interview with Lead Resident Supervisor

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 same gender staff and with two staff members present. A resident who is under the jurisdiction of the FBOP can only have a strip or body cavity search by medical personnel or law enforcement. • The strip search and/or body cavity search must be conducted in a manner and in a location that permits only the person or person who are physically conducting the search and the person who is being searched to observe the search. • A strip search and/or body cavity search must be conducted in a professional manner that preserves the dignity of the person searched to the highest degree possible. • At the completion of a strip search and/or body cavity search, the staff member who conducted the search must document in the client log the date and time of the approval, the authorized person who granted the approval, the time and time of the search and all the findings. 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 staff member of the same gender in a professional and respectful manner. Searches will be conducted in the line of the security camera, if searches in front of a camera are not possible, a witness must be present and documentation is ORION is required. When conducted a pat search, staff must:

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

During an enhanced pat search, policy states that residents are to remove all clothing except one layer of undergarments and will only be conducted by members of the same gender in a professional and respectful manner and on a random,

scheduled, and/or for cause basis. When performing an enhanced pat down search, the staff member must follow these steps:

- Conducted by two staff members of the same gender as the resident
- Searches are conducted in a designed area that maintains the appropriate level of privacy
- Verbally describe the enhanced search steps to the resident using a firm, fair, and empathetic tone of voice
- Direct the resident to remove their clothing, one article at a time, via staff verbal cues in the following order- shoes, socks, shirts, pants, skirts, dresses (all clothing down to one layer of undergarments) and have the resident hand it to the staff member
- Direct the resident NOT to remove their undergarments
- Do not physically touch the resident when they are in their undergarments or their underwear
- Direct a resident to utilize their thumbs and go around the inside of the waistband and then show the inside of the waistband by flipping it outward without exposing their genitals
- Direct the resident to conduct a self-pat down of the genital and breast area. Observe and listen to this process for purposes of detecting hidden contraband
- Direct the resident to jump up and down several times and/or shake out each leg of the undergarment
- Direct the resident to show the bottoms of their feet and in between their toes

The facility also uses a body scanner to conduct searches of residents. The policy concerning the body scanner states:

- Staff of the same gender will conduct the body scan in a professional and respectful manner on a random, scheduled, and/or for cause basis
- One resident will be permitted in the scan area at a time
- Scans will not be viewed by staff of the opposite gender (exception for management or investigatory staff during a review)
- If a resident refuses to participate in a body scan the resident will immediately be placed on fully facility restriction and is subject to placement termination

Body scanner images are used to minimize invasive searches. Staff are trained that female staff cannot conduct physical pat downs on male residents. However, female staff may assist with directing or observing during visual inspections tied to the body scanner.

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.

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

The facility provided the training video and PowerPoint presentation provided to staff who are responsible for conducting pat searches. The auditor was able to view the video and PowerPoint. How to Conduct Pat Downs, Enhanced Searches, and Visual Searches training is provided to staff annually. This training includes:

- Proper pat search techniques
- Handling transgender searches appropriately
- Ensuring resident dignity during searches

The auditor also reviewed staff training completions sheets for searches.

Resident Supervisor and Shift Supervisors from all shifts discussed the pat search training and process. They report that all new staff receive hands on pat search training during academy week, followed by on-the-job instruction. Female staff report that they are trained on how to conduct same gender, cross gender, and transgender pat searches; however, they are not allowed to conduct hands-on searches of male residents. The staff report the Lead Resident Supervisor will observe pat downs in person or on camera and if any issue is seen, refresher training is provided immediately.

The Lead Resident Supervisor reports that he provides on the job search training during the first week a new Resident Supervisor is at the facility. He reports that he provides coaching and refresher training as needed for all RS staff. He states that virtual training is also available to staff at their discretion. The facility can provide access to online PREA and search training at any time.

The facility has recently contracted with a security company (Silverback) to conduct standard pat searches when residents return from work, community services, or other movements. They also observe enhanced searches, but do not perform those themselves. The security staff work in conjunction with Resident Supervisors during the entry process. Silverback security personnel are trained by the facility on proper search technique and PREA compliant boundaries.

Residents interviewed during the onsite visit, report they are aware of what to

expect during pat downs and body scanner searches. They report during orientation, they are shown PREA education videos and posted signs in the facility that explain the process. Several referenced that the video describes the distinction between legitimate search procedures and prohibited touching. Residents report that searches are done routinely and professionally. They described walking through the scanner, emptying pockets, and being patted down by male staff or Silverback security. No resident reported inappropriate touching or discomfort during pat-downs.

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 staff members to document anytime there is any cross-gender incidental viewing incidents. The facility provided the auditor with documentation of incidental viewing from the last twelve months. All incidental viewings are reviewed to ensure incidents were not related to sexual misconduct.

The bathroom in the Phase 1 Dorm has a large open entrance from the dayroom area. There are two urinals with a partition between. There is a covering over the first urinal to prevent viewing from the entrance. Next to the urinals are four toilet stalls with custom 1/3 doors. Directly across from the toilets are sinks with stainless steel mirrors (does not reflect the toilet area). There is a shower area with a medical curtain to cover the changing area. There are five individual showers with curtains that have clear tops and bottoms.

The Phase 2 Dorm bathroom also has a large open entrance from the dayroom area. There are two urinals with a partition between. There is a wall that protects the view from the dayroom area. Next to the urinals are four toilets with custom 1/3 doors. Across from the toilets are sinks with stainless steel mirrors. At the back of the bathroom is the shower area. There is no curtain at the entrance, but the showers are tucked into an alcove where there is no visibility outside this area. There are seven individual showers but only showers close to the entrance of the shower area have curtains.

The facility has two additional housing units that are not currently in use. The bathroom in either Phase can be used to provide a private location for a transgender or intersex resident to shower.

The Program Manager and Program Administrator report that prior to a transgender resident arrival at the facility. The Transgender Review Committee will decide on pat search staff, shower accommodations, and any other safety measures. If the facility cannot accommodate a preference requested by the transgender resident, the facility will let the resident know. Housing decisions are individualized and based on safety, not solely gender identity. The Program Manager discussed accommodations

	provided to previous transgender residents. The facility has one resident that has identified as transgender. During the resident interview, the resident reported that there were no safety concerns, and that special accommodations were provided in the form of separate shower times. The resident reported all searches were conducted professionally and respectfully. The resident was able to address concerns and preferences with searches and showers, and did not report discrimination or harassment from staff or peers. Review: Policy 1080 Policy 8089 Policy 8091 Facility tour Interview of residents Interview of staff Interview of PREA Coordinator Interview of Program Manager Interview of Program Administrator Interview of Lead Resident Supervisor Training Curriculum Posters of pat search, enhanced search, and UDS expectations
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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 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.

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 an interpreter from the contact list. Documentation must include a written statement signed by the resident

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

The auditor was given the materials given to residents during intake. All material

	provided is at a 9th grade reading level, and all residents must read a passage to ensure that they are capable of reading all provided materials and instructions. Throughout the facility, PREA information is posted in both in English and Spanish. Staff, interviewed during the onsite visit, report that the need for assistance is identified during the intake process. Staff read all PREA materials aloud to residents who cannot read printed materials, are trained to ensure comprehension and ask clarifying questions to confirm understanding, and use educational videos with closed captions. Staff provide guided, one-on-one assistance, and offer extra time when needed. The staff state that interpreters or translators are used if a language barrier exists. When an interpreter isn't immediately available, staff may use tablets with Google Translate as a supplemental tool, though they acknowledged that translation accuracy varies depending on the language. Any special communication or accessibility needs are logged in Orion and communicated to supervisors to ensure consistency across shifts. PREA education accommodations are documented in the resident's file and reviewed by the Program Administrator for compliance. The auditor interviewed any resident that identified as having a reading or cognitive disability, physical disability, or limited English proficient. No resident in this targeted category were in need of any additional services in order to benefit from the agency's effort to prevent, detect, or respond to sexual abuse or sexual harassment. All residents interviewed were capable of describing the facility's zero tolerance policy, reporting options, and services that are provided free of charge to any resident that request such services. Review: Policy 8004 PREA Plan to Assist Residents with Disabilities Resident intake materials Interviewed target residents Interviewed Program Administrator Interviewed PREA resident educator Interviewed RS staff
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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 threats of force, or coercion, or if the victim did not consent or was unable to consent.

Policy 3006 requires the agency to conduct a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks are completed every five years. The auditor interviewed the Director of Human Resources during the onsite visit. The Director reports that Oriana House now owns and operates its own fingerprint machines and are capable of conducting their own background checks. She states that background rechecks are completed every five years by building, and the agency uses an online third party vendor to complete these checks.

All employees, independent contractors, volunteers, and interns are required by policy 3009 to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations. All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.

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

When reviewing the promotion process, 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 agency documents any request from outside confinement facilities requesting PREA reference checks on potential employees.

During the onsite visit, the Human Resources Director reviewed the hiring and promotion process. The Director states that during the hiring process, applicants are questioned about criminal or administrative sexual misconduct allegations on the application, during the telephone interview, and during the in person interview. Once hired, all new employees are provided the agency's zero tolerance policy 1080 and continued affirmation policy 3009 to disclose misconduct. Employees document their acknowledgment of this annually. The Director reports that to be eligible for a

	promotion, all interested employees must submit a letter of interest to the Human Resource Department. The department will review the employees file, including disciplinary actions. Employees with disciplinary action that includes sexual misconduct are not eligible for promotion. She reports that while there are no new changes to the hiring process, she has a new supervisor. She reports that the change allows her to attend executive meetings, have a seat at the table for decision-making, and provide input on major policies. The Director states that these changes allows her to voice concerns in areas related to PREA such as trends in staffing levels, training, and staff sexual misconduct allegations. The auditor was able to review documentation that demonstrated compliance with each provision of the standard. Review: Policy 1080 Policy 3004 Policy 3006 Policy 3009 Employee files Continued affirmation Prior institutional referral Applicant interview questions Employee Background checks Contractor background checks Promotion documentation
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The facility has not acquired any new facility, nor is it planning any substantial expansion or modification to the facility. The facility has not enhanced, changed, or added to the electronic monitoring system or other monitoring technology since the last PREA audit. The PREA

	Coordinator reports that the agency is working on a plan to add tour guards to all its facilities in the near future. The tour guard will assist the facility in ensuring circulations and rounds are completed as written in policy. Thus providing appropriate supervision and security of residents. Review: Interview with PREA Coordinator Facility tour
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PREA Coordinator states that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary, criminally investigated by the agency with legal authority to conduct such investigation. The agency has provided the auditor with certificates for the administrative investigator training for all three agency investigators. The agency has shown the auditor a request to enter into a formal MOU with the Cuyahoga County Police Department to investigate any allegation of criminal sexual abuse and/or sexual harassment at MCCBCF. The facility has provided a documented request for the Cuyahoga County Police Department to investigate all criminal incidents of sexual abuse or sexual harassment at the facility. The department responded by stating that do not enter into MOU's but will answer calls of any issues as required. The agency has requested the criminally investigative agency to: • Use a uniform evidence protocol that, if necessary, has been adapted from or 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 Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011 • Investigators shall have specialized training in conducting investigations in confinement settings • Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data • Investigators shall interview victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrators • Polygraph examination or other truth-telling device shall not be required as a

- condition for proceeding with the investigation of such an allegation
- Investigation shall be documented in a written report that contains a thorough description of physical testimonial and documentary evidence with attached copies of all evidence where feasible.
- Substantiate allegations of conduct that appears to be criminal shall be referred to prosecution
- The departure of the alleged victim or abuser from Oriana House facilities shall not provide a basis for terminating an investigation

The facility does not provide forensic medical exams. Any resident in need of a forensic medical exam will be taken to Cleveland Metro Health Hospital. The hospital has certified Sexual Assault Nurse Examiners (SANE) who receive training by the International Association of Forensic Nursing an accredited provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The hospital collaborates with Cleveland Rape Crisis Center and provides services free of charge.

The facility provided the auditor with documentation of a MOU with Cleveland Rape Crisis Center. The Center agrees to:

- Accompany and support the victim through the forensic examination process
- Accompany and support the victim through investigatory interviews at the hospital or institution
- Provide emotional support
- Provide crisis intervention services
- Provide information on community resources
- Provide contact information to include telephone number and address for victims needing emotional support
- Provide contact information to include a telephone number that any resident can call to anonymously report sexual abuse

The auditor contacted the Cleveland Rape Crisis Center during the onsite visit through the resident phone system. The advocate was able to confirm the MOU and that the services are provided free of charge. She states that the agency is able to provide the following services:

- 24-hour crisis and support hotline
- advocacy during the criminal justice process
- individual counseling for survivors
- support groups
- hospital support
- support for Spanish-speaking victims, as well as deaf or hard of hearing victims

The facility will provide a victim advocate from the Cleveland Rape Crisis Center to any resident victim. The facility also has the ability to provide an emotional support

	staff person at the victim's request. The auditor interviewed the Crisis Counselor who acts as the victim support person during the onsite visit. She reports that her duties as a victim support person includes responding to residents in crisis-including those expressing suicidal thoughts, emotional distress, or fear of retaliation. She will provide immediate emotional support and counseling following an allegation. She will meet with the victim weekly and provide external advocacy if requested. In addition to individual support, the Crisis Counselor runs trauma focused groups. Review: Policy 1080 Cleveland Rape Crisis Center MOU Email to Cuyahoga County Police Department Cleveland Metro Health Hospital website Administrative investigation report Interview with administrative investigators Interview with Crisis Counselor Telephone interview with Cleveland Rape Crisis Center
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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.orianahouse.org//accreditations/prea/prea.php) to ensure that the investigative policy for PREA allegations was posted. The website advises that all allegations of sexual abuse will be referred to the local legal authority for a criminal investigation. The website also gives notice that all allegations (criminal or not) will have an administrative investigation conducted by a trained investigator. Sexual abuse allegations will receive an administrative investigation at the conclusion of a criminal investigation. The criminal investigatory agency will make referral to the local prosecutor for any allegation deemed appropriate according to their agency policy. The facility's administrative investigators reviewed the following investigations with the auditor:

	Investigation #1: The facility received an allegation from a resident that another resident got into bed and tried to “hump him.” The allegation was administratively reported and investigated. The investigator reviewed video evidence and interviewed the victim and alleged abuser. The allegation was determined to be unfounded. Review: Policy 1080 Agency website Investigation reports Interview with administrative investigators
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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 provide refresher information on the current sexual harassment and abuse policies and procedures during the year full training is not offered. The agency provided training prior to starting at the facility and again annually on: • Monitoring for safety • Client privacy • Client support services • Completing an incident report • Encouraging a client report • Effects of abuse • First responder duties • Helping clients who primarily speak another language • Investigations • PREA basics • Professional communication and boundaries • Reporting knowledge, suspicion, or information • Ways resident can report • Gender specific training The training sufficiently covers section a.1-10 of standard 115.231. After completing training, the staff member documents their training by signing a sign-in sheet.

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 civil rights and grievance procedures
- Employee discipline
- Harassment
- Relationships with residents, former residents, and notification requirements
- Notifying supervision of arrest, citation, or complaints to professional licensing board

The agency completes refresher training during monthly staff meetings. 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 staff have available a PREA Staff Guide Book that is located at all post desk. The auditor reviewed the contents of the book. It includes:

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

Staff during the onsite visit report that all new employees receive PREA training during their initial training academy. The staff report the training includes the zero tolerance policy, definitions of sexual abuse and harassment, and staff reporting obligations. The training includes scenario-based discussions and demonstrations of pat down procedures, emphasizing professionalism, boundaries, and confidentiality. Employees sign documentation confirming they completed the training.

The staff report that after initial PREA training, they receive monthly training online through the agency's Learning Management System (LMS). The Program Administrator is able to run reports to ensure all staff have completed the monthly refresher training. She also reports that during staff meetings, PREA topics can be discussed if issues or concerns arise.

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

	Review: Policy 1080 PREA training PowerPoint Training records Interview with Human Resource Director Interview with Program Administrator Interview with staff
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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 receive training on the agency’s policies and procedures relating to sexual abuse and sexual harassment. The level and type of training provided will be based on the services provided and amount of contact with the residents. Minimally, 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 the level assigned to each contractor or volunteer. The facility provided the auditor with documentation of the training provided to contractors and volunteers, an expiation of the level system, and signed acknowledgements of contractors receiving the training. Review: Policy 1080 Contractor/volunteer training material PREA acknowledgement form Interview with PREA Coordinator
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 8004 states that Oriana House facilities must ensure that all clients understand the program rules, regulations, and guidelines. This includes ensuring that clients 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. Residents at RCC receive PREA information immediately during the facility intake process. The Resident Supervisor staff provide a handbook which includes PREA prevention guide, and each resident signs a verification form confirming receipt. The handbook informs residents that: • Sexual activity between residents or between residents and staff are always prohibited • There are multiple ways to report abuse • False reporting may result in a sanction for falsification • Crisis support is available and staff must assist residents who request rape

crisis services

- Residents privacy rights are respected but subject to mandatory reporting laws
- Anti-discrimination protections apply, including based on actual or perceived gender identity

All residents, new or transfer, attend a mandatory orientation group. The orientation education 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 protections
- 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, includes:

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

Residents initial and sign forms verifying they received and understood the training.

During the onsite visit, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers and address to reporting agencies. The facility also posts information on pat searches. The posters give a step by step explanation of the search process. The posters are in locations where residents are searched.

	Staff report that all residents are informed of the zero tolerance policy, their right to be free from sexual abuse and harassment, and how to report any incidents. This information is reviewed with the residents during orientation group and not just provided in hand-outs. The orientation group includes watching the required videos, location of reporting posters, reporting options, medical/mental health services, and opportunity for the residents to ask questions or request clarification. See standard 115.216 for how the facility ensures residents with physical, mental, or cognitive disabilities or residents who are limited English proficient receive PREA education. During resident interviews, the resident confirm receiving PREA education and written materials related to PREA. All residents demonstrated clear understanding of PREA topics. One resident reported, "The PREA video goes over the searches, that you can't have relationships with each other, who to call if something happens, and what to expect when you get a pat search," while another resident stated, "They tell you how to report it, that they have a hotline and the numbers are posted by the phones." No resident reported confusion or lack of PREA education. Oriana House facilities provide comprehensive, multi-format PREA education to all residents at intake and orientation. Residents receive verbal, written, and video instruction covering every PREA requirement, and staff ensure that those with disabilities or language barriers receive individualized support. Documentation of completion is maintained for compliance. 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
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	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 Bureau of Community Sanctions. The training from both agencies provided includes: • techniques for interviewing sexual abuse victims, • proper use of Miranda and Garity warnings, • evidence collection in a confinement setting, • required evidence to substantiate a case for administrative action or criminal referral The 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 the administrative investigator 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. The 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 investigator
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	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 have onsite medical practitioners; however, these practitioners would not complete a forensic medical exam should a resident be a victim of sexual abuse or sexual harassment. All residents would be seen by a SANE at Cleveland Metro Health. The auditor was able to interview a nurse practitioner during the onsite visit. The practitioner states that she has received both employee annual PREA training and has completed specialized training for Medical and Mental Health Professionals provided by Oriana House. The practitioner discussed understanding the signs of sexual abuse and her mandatory reporting obligation. The practitioner states that all medical staff are required to complete the agency's employee training, specialized training, and outside medical continuing education credits. She is well versed on working with residents who have experienced trauma. The practitioner states that she has had a resident report general bullying/harassment, but not sexual abuse or harassment. She states that she reported that information directly to the Program Manager. The Crisis Counselor at the facility states that while she does not provide mental health services for the residents at MCCBCF, she has completed the specialized training for Medical and Mental Health Professionals provided by Oriana House. The counselor states that residents will go into the community for mental health services and for residents that are not eligible for community access, professionals from Recovery Resources will meet with the residents at the facility. Review: Policy and procedure Training certificates Interview with Crisis Counselor Interview with Nurse Practitioner

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 considers 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 resident has previously experienced sexual victimization
- g. The residents own perception of vulnerability
- h. Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

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 auditor was given a copy of the risk assessment instrument. The assessment not only documents the resident's answers to the required questions, but also identifies sources of additional information, areas of concern or other considerations, and reasons for a professional override to the score. After the screening is complete, the screener will score the instrument based on the resident’s answers. The resident can receive a classification of susceptible, highly susceptible, abusive, highly abusive, or no risk.

The Resident Supervisor staff report that the initial PREA risk assessment is completed during the intake process for every new or transferred resident, typically within the first 24 hours of admission. They report the assessment has a scoring system that will determine each resident's risk of victimization or abusiveness. The staff report that they have been trained on how to ask the questions on the screening tool, and techniques for addressing sensitive subjects. The results of the assessment are entered into the agency's resident data management system, ORION. The completed intake packet, including risk assessment, is transferred to the assigned case manager for review.

Case managers report that they will complete the PREA reassessment screen or a rescreen for cause. They report that case managers are required to see new residents on a weekly basis and will complete the reassessment prior to the resident phasing up after week four to ensure the rescreen is completed in a timely manner.

Residents classified as Highly Susceptible receive increased observation, protective housing measures, and possible referrals for counseling. Residents classified as Highly Abusive may receive additional supervision, mental health assessments, and behavior modification programming. Caseworkers will include risk information in

the client's Individual Program Plan (IPP).

The PREA assessment is updated whenever there is a significant change in the resident's status (e.g., disciplinary incident, new information, or behavioral concerns). The information is reviewed during Behavioral Management System (BMS) or team meetings so that caseworkers, counselors, and security are aware of resident risk levels. Changes in risk status (e.g., after an incident) are documented in Orion.

The Program Administrator and Program Manager report reviewing risk assessments for accuracy and timeliness. The facility provided the auditor with a risk assessment report. The report details:

- Resident name
- Intake or transfer
- If transferred, from which facility
- Intake date
- Intake screen date
- Intake screen classification
- Staff who completed screen
- Rescreen due date
- Rescreen date
- Rescreen classification
- Staff who completed the rescreen

Residents interviewed stated they recalled completing a screening or assessment during the intake process. They explained that staff reviewed the questions with them, clarified the purpose of the assessment, and informed them that it was used to help determine housing, supervision, and program placement based on safety considerations. Several residents commented that the process was familiar because they had experienced similar PREA screenings at other facilities. None of the residents reported refusing to answer any of the questions or feeling uncomfortable during the process. Residents expressed understanding that the assessment results are used to ensure safety and that the information is kept confidential.

The assessments are kept in the agency's ORION database system, and access to this information is limited to clinical staff.

Review:

Policy 1080

Risk assessments (initial and reassessments)

Resident files

Risk Assessment Report

Interview with RS Intake staff members

	Interview with Case managers Interview with Program Manager Interview with Program Administrator Interview with residents
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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 that have been identified as being highly susceptible or highly abusive. These specific beds are located in areas that are easily visible from the doorway of each room. Programming staff will make every effort when scheduling groups not to place residents with opposing PREA statuses in the same group. The policy states when that is not possible, that the staff will monitor appearance and behavior and report any significant changes. 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 Manager or the Lead Resident Supervisor can remove a resident from the increased whereabouts checks. During the onsite visit, the auditor was shown the whereabouts check sheet and verification of increased checks for those with PREA statuses. The auditor was also able to view the designated PREA rooms/beds. All residents entering the facility are on increased whereabouts watch during their first 48-hours in the facility. This allows the facility to monitor residents' acclimation to the facility, to adjust accommodation methods if necessary. 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. When a resident is identified as highly susceptible or highly abusive, the information

is:

- Noted on the assessment form
- Entered into ORION
- Used to determine increased whereabouts checks

Residents are also offered, if necessary, mental health, rape crisis, or victim supportive services.

The agency has developed a plan to ensure the safety of transgender/intersex residents while in Oriana House facilities. In order to ensure placement decisions are on an individualized case-by-case basis, the facility will collect information that addresses the transgender resident's concerns in terms of safety - housing placement and programming, name, pronoun, shower, preference, and searches.

The agency has just updated the Transgender Client Review Summary to include:

- Name of the facility
- Facility staff included on the review
- Resident's sexual orientation
- Resident's gender identity
- Safety concerns
- Preferred name
- Preferred pronouns
- Medication (gender-affirming medical treatment)
- Gender affirming surgery
- Length of time living as identified gender
- Housing gender preference
- Preference of shower accommodation
- Preference of gender or searches
- Risk assessment score

The PREA Coordinator reports that once the transgender assessment is completed, the facility will forward the results to the review committee. She reports that the resident's preferences will not be the sole determining factor for placement and handling but will be given serious consideration, along with the safety, security, and staffing of the facility. Once the review and placement decision is made, the facility will notify and prepare staff for the safe management of the resident.

The Program Administrator and Program Manager state that once the facility is notified that a transgender or intersex resident is scheduled for intake, staff will receive training and instruction on how and which accommodations will be used. The staff described providing private showers in a phase (housing unit) that is empty, and using the resident's preferred pronouns.

Oriana House has zero tolerance for discrimination/harassment of clients by staff, and of staff by clients, based on actual or perceived gender identity., and bars any demeaning or inappropriate conduct. The auditor interviewed any resident that

	identified as lesbian 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 Transgender Client Review Summary Whereabout checklist Risk Screens Web search Interview with residents Interview with Program Administrator Interview with caseworkers Interview with Program Coordinator Interview with Operations Coordinator Interview with RS staff
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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

Residents can use the telephones in the dayroom in each housing unit to privately (including anonymously) report an allegation using the posted hotline numbers.

Residents are able to report allegations directly to any staff member, contractor, volunteer, or to/on behalf of a third party. The residents are reminded during intake, orientation, and during case manager meetings that all reports will be taken seriously and investigated. Residents are reminded during intake, orientation, and during case manager meetings that all reports will be taken seriously and investigated.

During the tour portion of the onsite visit, the auditor used a payphone in the Phase 2 housing unit. The auditor called the hotline numbers for both the agency and outside reporting agency, as well as the rape crisis option. The agency hotline is answered by an answering machine. The message on the machine reminds callers of the obligation of the facility to investigate all allegations and that there is no retaliation for reporting any incidents. The message request callers to leave as much detailed information about the incident, but if the caller wishes, they can remain anonymous. The outside reporting agency's hotline number is also answered by a machine. The message also requests the caller leave detailed information about the incident and that if they so choose, they can remain anonymous. The auditor received a return phone call from an agency administrative investigator on the same day the call was placed. The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a return phone call from Sonya Dunlap, Assistant Chief, the day after the request to the hotline was made. The call to the rape crisis hotline has selectable options for what type of support the caller needs, the auditor selected an office worker in order to discuss the services provided to the residents, if the services are free of charge, confidentiality of the information, and any mandated reporting responsibilities.

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

During intake, the residents are provided a handbook. The handbook outlines the

agency's efforts to prevent, detect, report, and respond to allegations and incidents of sexual abuse and sexual harassment. The handbook provides definitions of sexual abuse and sexual harassment, and retaliation. Provides reporting options along with contact information for in-house and outside reporting agencies. The handbook outlines the investigative process, and multiple services available to victims free of charge. The information listed in the handbook is reinforced during orientation group, and during role clarification meeting with the resident's case manager.

During orientation, residents PREA videos that were produced by Oriana House. The videos educate residents on definitions, good faith/ bad faith reporting, and ways to report (verbal, anonymous, third-party). Staff review each option and inform the resident they can use whatever method they are most comfortable with. The instructor reinforce that reports are taken seriously, and retaliation monitoring will follow any report.

Residents confirm that during intake and orientation, they are given material and instruction on how to report allegations, "During intake and orientation they show you the PREA video and tell you where the PREA posters are." Residents said they were comfortable reporting and understood that staff must take reports seriously and keep information private. "If something like that happens, we just tell staff right away—they separate you, make sure you're safe, and call the PREA lady." No residents reported barriers to reporting or fear of retaliation; each was aware they could talk to "any staff, any time."

In the past twelve months, the facility has received one allegation that were reported by a resident. The allegation was verbally reported directly to staff. All allegations are reported to administrative investigators for an investigation.

Staff received documentation that explains the process for reporting, including reporting privately. Staff report that they would immediately report allegations verbally to their direct supervisor, the Program Administrator, or to the PREA Coordinator. Staff report they also have the option of emailing their region's designated PREA email.

During staff interviews, they consistently reported the various methods they had available to report allegations, including retaliation. These methods include:

- verbally and immediately to a supervisor
- completing a PREA incident report form and emailing to the regional reporting email address
- phone or email to the PREA Coordinator and/or Program Administrator

Review:

Policy 1080

	Client Sexual Abuse and Sexual Harassment Reporting Form Resident handbook Resident intake packet PREA information sheet Staff training curriculum Resident PREA videos PREA posters Agency website Reporting hotline numbers Interview with Administrative investigators Interview with staff Interview with residents Interview with PREA Coordinator Interview with Program Administrator Interview with external reporting agencies
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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 grievance regarding sexual abuse. The agency has an explicit policy and procedure (policy 1080: Resident Sexual Abuse and Sexual Harassment Prevention) that addresses all aspects of the agency's compliance with the PREA standards. The Coordinator states that should a resident file a grievance alleging sexual abuse or sexual harassment, the allegation will be investigated under agency policy 1080. Residents are informed of the reporting and investigation procedures during 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 manner as possible. Policy requires staff to notify residents, prior to giving them access, of the extent to which the communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility has placed posters in English and Spanish around the building in conspicuous places that provide the telephone number and address to the local victim advocate and emotional supportive services agency. A review of the resident handbook shows a listing of the addresses and telephone numbers to local, state and national victim advocate agencies. MCCBCF has a MOU with Cleveland Rape Crisis Center for its Cuyahoga County locations. The MOU was provided to the auditor. The agreement permits the agency to: • Provide posters with the Cleveland Rape Crisis Center's address and telephone number for emotional support • A telephone number and address any resident can use to anonymously report sexual assault The auditor received confirmation from an office worker of the center that they have provided their address and phone number to residents of Oriana House and will provide emotional supportive services free of charge. The officer states that at the initiation of services, advocates inform residents that all information reported is confidential except in a case where they are mandated to report. The officer stated that the agency cannot report if they provided services to any resident victim from MCCBCF due to confidentiality. 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 handbook states: • Residents have the right to privacy when making a report of sexual abuse to outside agencies. Resident telephone calls will not be listened to and will be private. There are rules about resident privacy, but there are Federal, State, and local laws for reporting. Resident information will be kept as private as

possible, but the facility may have to tell based on the requirements under these laws.

Case managers are required to have role clarification meeting where residents are given information on the limits to confidentiality. Residents are informed that their discussions with staff are private except when there is a risk of harm to self or others (mandatory reporting limits). The residents are informed that all information provided to a staff member, contractor, or volunteer would be immediately reported to proper authorities.

During the tour portion of the onsite visit, the auditor used a phone 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 Center
- Option #5 = Hope and Healing
- Option #6 = SARNCO Rape Crisis
- Option #7 = Sexual Support Hotline

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

During the interview with the Crisis Counselor, she confirmed that she 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.

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

Review:

Policy 1080

PREA Postings

Cleveland Rape Crisis Center MOU

	Resident Handbook Onsite phone call with Rape Crisis Center representative Staff interviews Resident interviews
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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, https://www.orianahouse.org/about/accreditations/prea/, 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 outside reporting agency. The agency hotline is answered by an answering machine. The message on the machine reminds callers of the obligation of the facility to investigate all allegations and that there is no retaliation for reporting any incidents. The message request callers to leave as much detailed information about the incident, but if the caller wishes, they can remain anonymous. The outside reporting agency's hotline number is also answered by a machine. The message also requests the caller leave detailed information about the incident and that if they so choose, they can remain anonymous. The auditor received a return phone call from an agency administrative investigator on the same day the call was placed. The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a call back from the Assistant Bureau Chief, Sonya Dunlap. She reports that she ensures all reports to the hotline are reported to the agency. 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 did not receive a third-party allegation during the past twelve months. Review: Policy 1080 Agency website Investigation reports

	PREA notices PREA hotline number
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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 in a confidential manner in compliance with Federal PREA requirements. Release of information concerning PREA allegations will be done as necessary and in accordance with Federal PREA requirements. Policy 1005 requires states staff, without reservation, must report to the appropriate supervisor any corrupt or unethical behavior, including sexual misconduct or sexual abuse as defined by the Prison Rape Elimination Act that could affect a resident or the integrity of the Agency. The PREA Coordinator reviewed the process with the auditor. According to the Coordinator, the staff are 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 Prison's Residential Reentry Manager • Documenting the allegation, including verbal reports to management staff • Limit the number of people who have knowledge of the allegation to designated officials who are responsible for making treatment, investigation, and other security decisions • Perform any first responder duties as needed 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 an acknowledgement of receiving the following information:

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

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

The facility provides staff with training on how to report PREA. Staff are informed that they can report privately by:

- Telling your immediate supervisor
- Telling the Facility Manager or Administrator
- Filling out the PREA reporting form
- Calling the PREA hotline
- Emailing the incident details to the designated reporting group based on the facility's region

The staff interviewed during the onsite visit report that, "The PREA law means if you see it, hear it, or suspect it—you report it. There's no gray area." They understand that they must report any allegation immediately and that they cannot decide on their own whether it is true or not. The staff also report that failure to report can also result in termination. They state that during training academy and during refreshers, duty to report is repeatedly emphasized. The staff list their ways of reporting as:

- verbally and immediately to a supervisor or manager
- documenting on the PREA incident Report form
- email notification to the PREA Coordinator and regional PREA email

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

Review:

	Policy 1080 Policy 1005 Employee files Resident files PREA staff guide book Interview with staff Interview with PREA Coordinator
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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 or phase. The agency can also move an alleged staff abuser to another facility or place on administrative leave during an investigation. The facility did not have a report of imminent sexual abuse; however, the facility had one allegation of sexual verbal aggression. The facility staff immediately separated the residents involved in the allegation. The facility then took these steps to ensure safety: • Incident screens completed on both residents. Perpetrator should be scored as highly aggressive and alleged victim as highly susceptible • Ensure resident is disciplined for verbal aggression • Make staff aware of the threatening statements to keep the resident safe • Initiate retaliation monitoring for at least 30 days of the alleged victim. The form should be sent in each week to ensure no escalation of the incident and no retaliation for reporting. Facility staff were also able to provide examples of how they provided a safety environment for residents that make allegations of possible imminent sexual abuse. The examples included moving residents to different dorms, different floors, increase whereabouts checks, or if necessary a move to a different facility. The staff report that at the time of any allegation, the first response is to ensure residents feel safe, and to take the necessary precautions to ensure that safety. The Program Administrator reports that the safety of the resident is of the highest priority. The facility would be aggressive in ensuring resident safety and would

	ensure that any report from a resident in fear of imminent sexual abuse would be addressed immediately. The facility did not have a report of imminent sexual abuse during this audit cycle. Review: Policy 1080 Safety plan email Investigation reports Interview with staff Interview with administrative investigators Interview with Program Administrator
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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 or Program Administrator shall notify in writing the head of that facility or appropriate central office of the agency where the abuse occurred. The policy mandates that the notification shall be provided as soon as possible, but no later than 72-hours after receiving the allegation. The facility received one allegation reported by a resident that he was sexually assaulted while at another confinement facility. The Program Manager reported the allegation to the warden of that facility. The agency provided the auditor with a copy of the report. 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 Program Manager reports that the facility has not received an allegation from another confinement facility on behalf of a former resident. She reports, and the PREA Coordinator confirms, that any allegation reported to the facility from another confinement facility or if a resident makes a report about another confinement facility is required to be reported to the PREA Coordinator. Review:

	Policy 1080 Investigation reports
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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, 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 premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed. • Residents who request to talk with a counselor immediately will be referred

	to emergency mental health services (Rape Crisis Center of Medina and Summit Counties). Residents who request to see a mental health counselor but state their need is not immediate will be seen by the facility crisis counselor the following business day and referred for appropriate services. During the onsite visit, the auditor was able to review the PREA Staff Guide Book that is located at all main post. The book contains: • First responder duties • Reporting duties • Coordinated respond plan with contact names and phone numbers • PREA policies and procedures • Assisting residents with disabilities • Transgender safety plans • Medical response plan • PREA definitions • Staffing plan • Logging cross-gender views All staff are trained on first responder duties (security and non-security staff) including role-playing potential situations. The training is giving during onboarding training, and again during the monthly training. The auditor was given a copy of the training curriculum and sign-in sheets. The facility had one allegation where a resident was separated from another resident after reporting sexual harassment. The allegation was determined to be unfounded, and no other protections were necessary. Review: Policy 1080 First Responder Duties SOP Interview with staff Investigation reports PREA book
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 1080 list the coordinated response plan as the following:

	• Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director. • Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email. • If the Clinical Director is on the premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed. • Residents who request to talk with a counselor immediately will be referred to emergency mental health services (Cleveland Rape Crisis Center). • 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 basic 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 216-619-6192, for victim advocate services • Document 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. Staff interviewed could note the location of the plan. Review: Policy 1080 PREA Book Coordinated Response to an Incident of Client Sexual Abuse- MCCBCF
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115.266	Preservation of ability to protect residents from contact with abusers
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	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 Resources 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 placed on electronic monitoring. The facility can also transfer staff members to a different facility or place on administrative leave. The report will include periodic status checks, and a review of the resident’s disciplinary records, housing, program changes, or negative performance reviews and reassignments of staff. The report will be sent to the appropriate facility and administrative team members. Residents that are on 90-day retaliation monitoring will also be placed on the facility “whereabout” checklist at an increased rate. The auditor was shown the process and the facility whereabouts checklist and identified high risk residents with increased whereabouts checks. The Program Administrator or Manager assigns a designated Victim Support Person or supervisory employee to conduct weekly check-ins with the victim and, when appropriate, the reporter. These check-ins assess for: • Signs of retaliation or threats • Emotional well-being and physical appearance • Safety concerns in housing, work assignments, or peer interactions Each contact is documented on an Activity Report for Victim or Activity Report for Reporter form and sent via email to the Program Manager, Program Administrator, and the Client Sexual Abuse Response Team for the region. The Program Administrator stated, “The report shall indicate whether the client is experiencing

	any retaliation or threats of retaliation from staff or clients. An offer of outside counseling will again be made to the client and the client's response noted in the report." The Crisis Counselor reports that she will meet with the resident weekly and will complete the retaliation monitoring form. The monitoring will occur for 90-days and can be extended if necessary. She reports that she will meet with the resident even if the resident declines services, if at any time, retaliation is suspected or reported, the facility will act immediately to ensure safety. The staff report that protection measures can include, moving dorms, housing, change in work details, and increasing monitoring to make sure the resident feels safe. Agency policy 1080 states that the agency's obligation to monitor shall terminate if the allegation is determined to be unfounded. The Program Manager reports that if necessary, the facility will continue to monitor past the 90-day obligation. The Program Administrator reports that no resident has reported an incident of retaliation. The allegation reviewed documented retaliation monitoring until the allegation was determined to be unfounded. Review: Policy 1080 Whereabout checklist Investigation reports Interview with Program Administrator Interview with Program Manager Interview with Crisis Counselor
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 1080 requires an administrative investigation on any allegation of sexual harassment and sexual abuse. This includes allegations received through third-parties or anonymous reports. If the allegation is of sexual abuse/assault or appears to be criminal in nature, the Sexual Abuse Response Team will promptly refer the allegation to the Akron City Police Department. In instances of sexual abuse or sexual harassment that are not criminal in nature, the facility shall gather and preserve direct and circumstantial evidence, including any physical and electronic data; interview alleged victims, suspected perpetrators, and witnesses; and review

prior complaints, and reports of sexual abuse/sexual harassment involving the suspected perpetrator.

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 victim, witnesses, and abusers
- Names of staff working during incident
- Date, time, and location of incident
- Type of incident
- How the incident was reported
- Description of incident
- Medical and/or counseling treatment (SANE services/Rape crisis)
- Statements from all available sources
- Separation from abuser
- Increased supervision
- Transfer to another facility
- LGBTI status
- Gang affiliation
- PREA Screening Status
- Law enforcement referral
- Parent agency notification
- Interpreter services
- Video evidence available
- Physical barriers
- Investigation determination
- Disciplinary action

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 process of investigation, referral, and outcome determination was described to the auditor. The PREA Coordinator states that the agency prohibits administrative investigators from requiring a polygraph examination or other truth telling device during an investigation. She states that all investigators are also prohibited from conducting any type of criminal investigation. All criminal investigations are conducted by the local legal authority, and the administrative investigators will remain in contact with the criminal investigators in order to remain informed about the progress of the investigation. The PREA Coordinator and policy state that the departure of the allege abuser or victim from employment or control of the facility or Agency shall not provide a basis for terminating an investigation. The investigator states that he will not question a suspected abuser during a criminal investigation. The administrative investigation would only begin at the conclusion of the criminal investigation or with the permission of the legal authority. The investigators report that they would remain in contact with the legal authority to keep abreast of the criminal investigation. The investigators report that they are responsible for maintaining and securing investigation reports for as long as the abuser is incarcerated or in the case of staff abusers until the employee is no longer employed, plus five years for both cases. Review: Policy 1080 Investigation Report Interview with PREA Coordinator Interview with Administrative Investigators
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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 investigator on the standard of proof used when making allegation determinations. He reports 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 investigation report from the past audit cycle to verify the standard of proof used. The allegation was determined with that standard. Review: Policy 1080 Investigation reports Interview with administrative investigator
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 1080 states that following an investigation into a resident's allegation of sexual abuse, the facility will inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, the facility will request the information from the investigatory agency in order to inform the resident. The facility will also notify the resident whenever: • The employee is no longer working at the resident's assigned facility • The employee is no longer employed by the agency • The agency learns the employee has been convicted on a charge related to sexual abuse within the agency • The agency learns the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility • The agency learns that the alleged resident abuser has been convicted on a charge related to sexual abuse in the facility All such notifications or attempted notification are documented in the agency's resident database system. The obligation to make such report under this standard shall terminate if the resident is release from the agency prior to an investigation determination. The facility did not have an allegation in the past twelve months. The auditor reviewed the last investigation the facility conducted. The allegation was determined to be unfounded. The facility documents this on the PREA Sexual Abuse Victimization Notification report, and the resident signs and dates acknowledgement of the notification. The PREA Coordinator tracks all investigations to ensure each requirement of the

	PREA standards have been completed after the report of an allegation. The checklist includes: • Date allegation was received • Allegation type • Confirmation of first responder duties • Type of investigation initiated • Victim support person notified • Notification to Ohio Department of Rehabilitation and Correction • Completion of rescreening • Investigation completed • Victim Notification Sent • Incident Review Completed/date • 90-day Retaliation Monitoring The checklist ensures the process of notifying the resident is not forgotten. The PREA Coordinator documents when the notification was given to the resident or if the notification could not be delivered due to the victim no longer residing in the facility. Review: Policy 1080 PREA Sexual Abuse Victimization Notification report PREA Coordinator checklist Interview with administrative investigators Interview with PREA Coordinator
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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, will be reported to law enforcement agencies and any relevant licensing bodies. The handbook also states that employees who have knowledge of resident victimization and do not report it will be terminated.

The auditor interviewed the Human Resource Director. The Human Resource Director reports that it is agency practice to place a staff member on administrative leave during the course of an investigation. She states the agency enforces their strict zero tolerance policies by terminating employees found to be in violation of the policy, and terminating employees whose allegation was determined to be unsubstantiated but a major violation of the boundaries/integrity policy has been committed.

Employees must sign an acknowledgement of receiving the employee handbook and the agency's zero tolerance policy. Employees who have been disciplined by the agency had a Notice of Employee Disciplinary Action. The documentation listed the disciplinary charge, appeal, information, and sanction. None of the disciplinary charges reviewed were related to PREA. The auditor spoke to the Director about disciplinary action for actions that do not quite meet the definition of sexual abuse or sexual harassment. She states that the agency will terminate all employees that have a significant boundary issues with residents. She also states that employees that are in the orientation phase of employment cannot appeal a disciplinary sanction.

During the onsite visit, the auditor interviewed staff from all departments and levels, including newer staff who had recently completed academy orientation. These staff members explained that PREA is emphasized heavily throughout the academy, where they are trained on the PREA standards, the facility's zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the expectation that no sexual activity should ever occur between residents or between staff, volunteers, contractors, or interns and residents. Staff reported that these expectations are reinforced in the employee handbook and reviewed during annual and biennial refresher trainings. All employees, regardless of position, confirmed they understand that any form of sexual misconduct—whether verbal, physical, or through written or electronic communication—results in immediate disciplinary action. Staff further indicated that they are required to report any suspected or

	known misconduct without delay, and failure to do so can itself lead to discipline. The facility did not have any allegations against a staff member in the last twelve months. A summary of the allegation can be found in standard 115.222. Review: Policy 1080 Policy 3037 Employee handbook Investigation reports Interview with Human Resource Director Interview with staff Interview with administrative investigators
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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 measure, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The agency ensures that interns, contractors, and vendors are informed of the agency's zero tolerance policy. The notification states that the contracting agency agrees to comply with the PREA standards and that if at any time the facility becomes aware that the intern, contractor, or vendor is no longer in compliance with any part of the PREA standards, the facility reserves the right to deny admittance into its facility. The notification goes on to say that the agency has the right to terminate the agreement. The Human Resources Director reports that any contractor that engages in sexual abuse or sexual harassment will immediately be blocked from contact with residents.

	During the onsite visit, the auditor reviewed all allegations reported within the past audit cycle. There have been no allegations against a contractor or volunteer. Review: Policy 1080 Investigation report Interview with Human Resource Director
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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 offense 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 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 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 given to residents during orientation group. The sheet gives the residents a clear understanding of what is a good faith report of sexual abuse or sexual harassment versus a bad faith or false/misleading report. The sheet

	states that residents can be charged with a level three sanctions for falsification. The auditor was able to review signed and dated acknowledgements of receiving a handbook and PREA education. Residents interviewed during the onsite visit confirmed that they received PREA education both at intake and during the facility's orientation group. They described watching PREA education videos that explained the purpose of PREA, reviewed the definitions of sexual abuse and sexual harassment, and informed them of their rights to be free from sexual abuse, sexual harassment, and retaliation. Residents also reported that they reviewed the client handbook during intake and orientation, which includes the agency's zero-tolerance policy and procedures for reporting sexual abuse and sexual harassment. Residents consistently demonstrated awareness that sexual contact between residents, or between residents and staff, is strictly prohibited. They understood that violations of the zero-tolerance policy result in disciplinary sanctions, including possible termination from the program. The PREA orientation form further distinguishes between good faith and bad faith reports, stating that residents who knowingly make false or misleading allegations may receive a Level 3 sanction for falsification or withholding information. Residents interviewed expressed understanding that any substantiated sexual misconduct will result in termination from the program. The facility had one allegation that was determined to be unfounded. Review: Policy 1080 Resident handbook Investigation report PREA Information sheet PREA what to expect forms Interview with residents Interview with administrative investigator Interview with PREA Coordinator
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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 facility's Crisis Counselor, who serves as the facility's victim support person. She states that she acts as a trauma-informed responder for the residents in crisis or those impacted by sexual abuse or harassment. She states that she runs a trauma focused group for residents with mental health or trauma histories. Should a resident report an allegation of sexual abuse or sexual harassment, or have a history of sexual victimization, the Crisis Counselor will meet with the person and offer to contact the local rape crisis center. Should an advocate from rape crisis not be immediacy available or at the resident request, the support person will accompany and support through:

- Forensic medical examinations
- Investigatory interviews
- Crisis intervention
- Emotional support
- Referrals

The residents report that the Crisis Counselor is always available to them. They report that during intake, they are informed that she has an open door policy, and is willing to meet with residents to provide services or connect with external services if requested.

The PREA Coordinator states that staff are also trained on the agency's PREA Medical Response Plan. The auditor reviewed the plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. The scope of services, length of service, and type of service will be at the discretion of the medical provider and is at no cost to the resident. The plan states:

- 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 provided to the resident at no cost The Coordinator states that the facility is responsible for reviewing the PREA Medical Response Plan annually to ensure that all service provider information is current and that the range of services are still available. Residents are informed of the rights to these services free of charge during PREA education at intake. The facility offers medical, mental health, and victim support services to all residents that allege sexual abuse. The facility had one resident accept victim support services from the Clinical Coordinator after an allegation of resident-to-resident sexual harassment. The facility provided documentation of those services, and the Clinical Coordinator confirmed that she met with the resident weekly. Review: Policy 1080 Medical Response Plan Victim Support Person Activity Report Interview with PREA Coordinator Interview with Clinical Coordinator
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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 juvenile facility. Policy 1080 states that all treatment including testing for sexually transmitted disease and treatment within sixty-days to all known resident-on-resident abusers be offered free of charge. 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. Staff are notified of the agency's PREA Medical Response Plan. The auditor reviewed the Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. The PREA Coordinator states that all ongoing medical or mental health care will be at the discretion of the medical provider and is at no cost to the resident. The facility is responsible for reviewing the plan annually to ensure that all service provider information is current and that the range of services are still available. To see the details of the plan, please see standard 115.282. The auditor spoke to the Clinical Coordinator, who acts as the facility's emotional support person and counselor. She states she will provide counseling services for any resident that has experienced past sexual violence, or the resident can be referred to community services. The Crisis Counselor confirms she has offered services to residents after receiving a report of a resident being sexual abused while in a jail, lockup, or juvenile facility prior to intake at this facility during this audit cycle. The PREA Coordinator has confirmed the process and practice of the agency's Medical Response Plan. Review: Policy 1080 Medical Response Plan Interview with PREA Coordinator Interview with Crisis Counselor
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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 as well as 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 submit the final report to the Vice President of Administration and Legal Counsel, who will be responsible to distribute the final report to the Executive Team. The Executive Team will review and determine (with the input of the PREA Coordinator) which recommendations will be implemented or will document the reasons for not doing so. The regional Vice President of Corrections will be responsible for distribution the report to facility management and overseeing the implementation of the approved recommendations.

The facility provided the auditor with a copy of the SART report form. The Client Sexual Abuse Review form documents a summary of the allegation/investigation, the members of the committee, standard considerations, committee recommendations, executive staff review recommendations, approval of recommendations, reasons why recommendations are not approved, responsible staff for recommendations implementation, PREA Coordinator follow up on recommendations.

The auditor was able to interview members of the SART and the Executive Committee. The members report that their main 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 facility had one unfounded allegation of sexual abuse, and therefore, no review was necessary.

Review:

Policy 1080

Client Sexual Abuse/Harassment Review Investigation reports

Interview with Program Administrator

Interview with Program Manager

Interview with PREA Coordinator

Human Resources Director

Interview with Administrative Investigators

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 Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument, as well as completing the Department of Justice’s SSV Form. The auditor reviewed the forms 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. <table><tr><th>Determination</th><th>Year</th><th>Resident-Resident</th><th>Staff-Resident</th><th>Contractor/Volunteer-Resident</th></tr><tr><td>Unfounded</td><td>2022</td><td>9</td><td>5</td><td>0</td></tr><tr><td>Substantiated</td><td>2022</td><td>3</td><td>3</td><td>0</td></tr><tr><td>Unsubstantiated</td><td>2022</td><td>2</td><td>3</td><td>0</td></tr><tr><td>Unfounded</td><td>2023</td><td>2</td><td>2</td><td>0</td></tr><tr><td>Substantiated</td><td>2023</td><td>1</td><td>5</td><td>0</td></tr><tr><td>Unsubstantiated</td><td>2023</td><td>4</td><td>3</td><td>0</td></tr></table> The information on the form is aggregated and listed in the agency’s annual PREA report. The report is posted on the agency’s website, chrome-extension://efaidnbmninnibpcajpcglclefindmkaj/https://www.orianahouse.org/assets/-cms/l2xdt0lxpjhb/1uFQ24bh1ZjBgKDKrtf7XU/cbd8a0436d8a46a2ebf11ae34c7f1587/2023_annual_report.pdf. 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 the 2024 report is not complete due to ongoing investigations. The Coordinator reports that the Department of Justice has not made a request for this information. Review: Policy 1080	Determination	Year	Resident-Resident	Staff-Resident	Contractor/Volunteer-Resident	Unfounded	2022	9	5	0	Substantiated	2022	3	3	0	Unsubstantiated	2022	2	3	0	Unfounded	2023	2	2	0	Substantiated	2023	1	5	0	Unsubstantiated	2023	4	3	0
Determination	Year	Resident-Resident	Staff-Resident	Contractor/Volunteer-Resident																																
Unfounded	2022	9	5	0																																
Substantiated	2022	3	3	0																																
Unsubstantiated	2022	2	3	0																																
Unfounded	2023	2	2	0																																
Substantiated	2023	1	5	0																																
Unsubstantiated	2023	4	3	0																																

	Sexual Victimization report form Agency website Interview with PREA Coordinator
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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 those 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 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.orianahouse.org/docs/prea/2017%20Annual%20Report.pdf Review: Policy 1080 PREA Annual Report 2023 Oriana House website
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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/I2xdt0lxpjhb/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 2014 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 the information 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
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The agency post all final PREA reports for each of its facilities on the agency website. The auditor reviewed the agency website to ensure that during the previous audit cycle, all Oriana House facilities have been audited and reports posted. The agency will have 1/3 of facilities audited each year of the three-year cycle. 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 PREA OAS web based 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. 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 discuss the concerns of the resident with the PREA Coordinator and facility management.
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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.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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	na

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

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

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
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.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (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.)	yes
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.)	yes
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.)	yes
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.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

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

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

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

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

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

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

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

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

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

	same manner as if they were communicating with legal counsel?	
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