

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

Interim Final

Date of Report May 5, 2018

Auditor Information

Name: Kayleen Murray	Email: kmurray.prea@yahoo.com
Company Name: <small>Click or tap here to enter text.</small>	
Mailing Address: P.O. Box 2400	City, State, Zip: Wintersville, Ohio 43952
Telephone: 740-765-4326	Date of Facility Visit: February 7-8 2018

Agency Information

Name of Agency: Cincinnati Residential Reentry Program		Governing Authority or Parent Agency (If Applicable): Volunteers of America of Greater Ohio	
Physical Address: 115 W. McMicken Ave		City, State, Zip: Cincinnati OH 45202	
Mailing Address: <small>Click or tap here to enter text.</small>		City, State, Zip: <small>Click or tap here to enter text.</small>	
Telephone: : 513-639-3743		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Volunteers of America is a movement organized to reach and uplift all people and bring them to the knowledge and active service of God. Volunteers of America, illustrating the presence of God through all that we do, serves people and communities in need and creates opportunities for people to experience the joy of serving others. Volunteers of America measures its success in positive change in the lives of individuals and communities we serve.

Agency Website with PREA Information: <http://www.voago.org/residential-reentry>

Agency Chief Executive Officer

Name: Dennis Kresak	Title: President & CEO
Email: dennis.kresak@voago.org	Telephone: (440) 717-1500

Agency-Wide PREA Coordinator

Name: Stacey Seif	Title: Quality Improvement Manager
Email: Stacey.seif@voago.org	Telephone: 419-525-4589 x 1277
PREA Coordinator Reports to: Lori Varn, Director of Compliance & Quality Improvement	Number of Compliance Managers who report to the PREA Coordinator 5

Facility Information

Name of Facility:	Cincinnati Residential Reentry Program		
Physical Address:	115 W. McMicken Ave Cincinnati Ohio 45202		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	513-639-3743		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		
Facility Mission:	Click or tap here to enter text.		

Facility Website with PREA Information:	http://www.voago.org/residential-reentry
Have there been any internal or external audits of and/or accreditations by any other organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Director

Name: Jermain Nelson	Title: Program Director
Email: Jermain.nelson@voago.org	Telephone: 513-639-3743 x 3118

Facility PREA Compliance Manager

Name: Jermain Nelson	Title: Program Director
Email: jermain.nelson@voago.org	Telephone: 513-639-3743 x 3118

Facility Health Service Administrator

Name: N/A	Title: Click or tap here to enter text.
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Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.
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Facility Characteristics

Designated Facility Capacity: 235		Current Population of Facility: 154	
Number of residents admitted to facility during the past 12 months			521
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			144
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			521
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
	18-80	Click or tap here to enter text.	Click or tap here to enter text.
Average length of stay or time under supervision:			5 months
Facility Security Level:			Click or tap here to enter text.
Resident Custody Levels:			Click or tap here to enter text.
Number of staff currently employed by the facility who may have contact with residents:			26
Number of staff hired by the facility during the past 12 months who may have contact with residents:			14
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			2

Physical Plant

Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		3	

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

There are cameras all over the building and in the dorms to monitor resident movement in the facility. The control booth has the main monitor for staff to use for the safety and security of our building.

Medical

Type of Medical Facility:	N/A
Forensic sexual assault medical exams are conducted at:	University Hospital

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	5
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	21

Audit Findings

Audit Narrative

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

The PREA audit for Volunteers of America of Greater Ohio-Cincinnati Residential Re-Entry Program (Cincinnati VOAGO) was conducted on February 7-8, 2017 in Cincinnati, Ohio. Pre-Audit preparation consisted of a review of the pre-audit questionnaire and all supporting documentation for each of the standards (policies, training curriculum, resident education material, camera views, MOU's, and completed forms). This information was sent to the auditor on a flash drive and then mailed to the P.O. Box on file. On-site the auditor was provided with additional supporting documentation and allowed to review employee files and investigation reports.

During the audit, the auditor was provided a private area in which to complete work and interviews. The auditor conducted formal and information interviews of staff and residents. During the tour, the auditor noted PREA audit notices posted in both resident and staff areas in conspicuous places. The notices included the name and address of the PREA auditor and the date posted was approximately 6 weeks prior to the on-site audit. Also posted throughout the facility were postings that informed residents how to report an allegation, including anonymously, phone numbers and address of the emotional support agency, and for staff a posting of the agency's coordinated response plan.

Twenty residents from the three dorm units (male and female) were interviewed. There were no residents or staff that requested to speak with the auditor. During resident interviews, they were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA posters and other handouts, and the zero tolerance policy. The auditor was able to interview residents that identified as lesbian, screened as vulnerable, and have physical disabilities. In addition to the standard questions asked all residents, the residents who identified as being lesbian were also asked about housing, work, and education decisions made solely based on their sexual orientation. Vulnerable residents were asked about their safety and offering of counseling services. Residents who have a disability the disability did not impair the resident's ability to fully participate in the facility's PREA education program. The facility did not have residents who have limited English proficiency or report an allegation. All residents reported feeling safe in the facility.

Staff interviewed included specialized staff. This includes the PREA Coordinator, Director of Program Operations, Human Resource Manager, and Program Director. The auditor was able to review SANE of Butler County MOU and website to confirm the scope of their services provided to residents at the facility. Random staff from each of the three shifts were interviewed. These staff were asked about PREA training, how to report, whom to report, filing out reports, investigations, conducting interviews, follow-up and retaliation monitoring, first responder duties, and the facility's coordinated response plan.

After a brief opening, the auditor toured the facility. The tour consisted of examining all dorms, bathrooms, group rooms, outside recreation areas, day rooms, operations post, utility areas, kitchen, and maintenance areas. The auditor gave a closeout that included some of the immediate findings.

Facility Characteristics

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

Volunteers of America of Greater Ohio-Cincinnati Residential Re-Entry Program (Cincinnati VOAGO) is a halfway house located in Cincinnati, Ohio that serves male and female felony offenders. The facility is a bi-level building that can house up to 235 offenders. To access the facility, all staff and visitors must be buzzed into the administrative lobby area. Staff can access all areas of the building with a key or electronic key card. Visitors entering the building must sign-in at the desk and sign a PREA acknowledgment form. Residents must sign in/out at the main control desk. Residents will receive a pat down on camera. Residents who need a urinalysis will be escorted to the UDS which will be collected by a staff member of the same sex.

The facility has three open bay dormitories, two male and one female. All dorms have camera surveillance. Residents are informed that they must dress in the bathroom. The female wing of the facility is in the basement. There are two access points to this area within the facility. Both are locked and can only be accessed with a key or through electronic key lock system at central control. Once downstairs, there is a hallway with staff offices. All offices have windows in the doors for clear line of site views. The control desk is open to the day room and is manned twenty-four hours a day. The female resident housing unit is off of the dayroom and has a door at its entrance. Male staff knock and announce before entering. Male security staff do not work in the female housing unit. Male staff conducting mandatory head counts will conduct rounds in the female wing with a female staff escort. The male wing is located on the main floor. Around the dayroom area are staff offices and group rooms. These offices have windows in the doors for clear line of site views. In the back of the dorm area are a set of stairs that lead out to the outdoor air-break area. At the bottom of the stairs is a door that leads to the freight elevator and the female wing. This door is locked and is only accessible by key.

Central control is able to address visitors, staff, and residents entering the facility, and residents that are in the dayroom area. Resident Supervisors man this desk 24-hours a day. Along with addressing issues from residents and signing people in-and-out, they also watch the camera monitors. The control station on the female wing also can view security monitors. The male dayroom is an open room with a television and recreation equipment. The laundry room for the males is off the dayroom and has a camera inside.

The kitchen and dining area for both the males and females are also on the main floor. The facility contracts with Aramark for food service. The residents are assigned housing assignments in the kitchen. Aramark staff will supervise these residents and resident supervisor staff will provide additional supervision through continuous walk troughs and camera monitoring. Male residents serve meals to all resident. The residents are supervised during this time and are not allowed to engage in conversation while serving. Male residents are not allowed in the dayroom while female residents are in the dining hall.

On the other side of the female housing unit is an indoor recreation area, group rooms, and access to the freight elevator and outside air-break area. Male residents are not allowed in these areas without a staff escort. All indoor and outdoor recreation is supervised. Male and female resident do not interact in the facility and are not allowed in the opposite gender's wing without staff supervision.

The facility has 56 indoor and outdoor cameras. The electronic monitoring equipment is video only and can record and playback for up to fourteen days. Leadership at the facility has the ability to live and playback the cameras at their desk tops. The facility has one head count per shift plus one extra random count. Resident Supervisor staff are required to complete circulations every 15-30 minutes. The facility increases circulations in blind spot areas.

The agency's mission is to "reach and uplift all people and bring them to the knowledge and active service of God. Volunteers of America, illustrating the presence of God through all that we do, serves people and communities in need, and creates opportunities for people to experience the joy of serving others. Volunteers of America measures its success in positive change in the lives of individuals and communities we serve."

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

N/A

Number of Standards Met: 41

115.211, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.424, 115.251, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

N?A

Summary of Corrective Action (if any)

The facility did not need to address any standard with corrective actions. The agency has implemented corrective action plans from other facilities under its umbrella to address any previous deficiencies. The overall impression left with the auditor was the agency as a whole and the facility specifically take PREA compliance seriously. It is of the utmost importance to administration and facility leadership to provide a safe and secure environment that promotes change.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has an agency wide written policy (policy 1700.01) mandating zero tolerance on all forms of sexual harassment, sexual abuse/assault, and sex sexual misconduct. The policy specifically defines what type of behavior is prohibited and the responsibilities of the PREA Coordinator in facilitating the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The agency-wide PREA Coordinator is the agency's Quality Improvement Manager. She reports to the agency's Director of Compliance and Quality Improvement. The auditor spoke with both the PREA Coordinator and her supervisor concerning the Coordinator's level of authority to develop, implement, and oversee the agency's efforts to comply with PREA standards. During staff interviews, the PREA coordinator indicated that she has enough time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The Director of Compliance and Quality Improvement agreed that the PREA Coordinator has great latitude toward implementing policy and procedure where PREA is concerned.

The facility PREA Manager is the Program Director. The Program Director would report any PREA related issue directly to the PREA Coordinator. The Program Director works directly with the PREA Coordinator to ensure facility compliance with PREA standards. The Director is new to the facility but not new to the PREA standards. The Director has good knowledge of the standards and the agency's policy and procedures to ensure compliance. The Director indicates that he has ample information and time to comply with the standards.

Review:

Policy and Procedure

Interview with PREA Coordinator/Quality Improvement Manager

Interview with Director of Compliance and Quality Improvement

Interview with Program Director

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if

the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

N/A: The facility is a private agency and does not contract with other agencies for the placement of offenders.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No

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

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a staffing plan that provides for adequate levels of staffing, and where appropriate video monitoring equipment to protect residents against sexual misconduct. The staffing plan reviews the facility layout, types of residents housed at the facility, and the number of allegations. Facility management has identified blind spot areas and developed an appropriate response to maintain safety and security of the facility. Movement throughout the facility is limited by areas only assessable with a key fob or staff using electronic lock doors that can be controlled by staff at the main post. Security staff is required to complete one head count per shift plus a random check along with at least one round each hour.

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

The facility reports that there have been no deviations to the staffing plan.

Review:

Policy and Procedure

Facility tours

Facility staffing plan

Screen shots of each camera angle

Interview with PREA Coordinator

Interview with Resident Operations Manager

Interview with Program Director

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The facility does not permit body cavity or strip searches. The facility does conduct pat-down searches but does not allow for cross-gender pat-down searches. Pat-down searches are completed in a secure area in camera view. Security staff are trained during their orientation on how to properly complete a pat-down search. Supervisory staff monitor staff conducting pat-downs live or through camera review and make necessary corrective plans if necessary. Female staff members use a wand to search male residents; however, administration reports that the agency is currently reviewing this policy. The agency is looking into properly training female staff to conduct pat searches on male residents. Enhanced pat searches (stripped down to the first layer of clothing) and strip searches will still only be conducted by staff members of the same sex. The facility does not allow for male staff members to conduct any type of search on female offenders.

There is always a female security staff member on duty. No female residents have been refused outside programming or activities due to lack of female staff to conduct a search.

The facility allows for residents to shower, perform bodily functions, and dress in areas not viewable to staff. The male housing unit has two open bay dormitories that are connected. Each of the dorms are equipped with security cameras, therefore residents are instructed to dress in the bathroom and be completely dressed in all common areas of the facility. The bathroom for the male housing unit has an entrance from the dayroom area and from dorm unit B. The entrance from the dayroom has a door while the entrance from the dorm area is open. The bathroom has three toilet stalls with shower curtains for doors and urinals. The shower area entrance is covered by a shower curtain that leads into the multi-occupancy shower (eight shower heads). The bathroom also houses a private handicap shower with a door that locks. This door must be opened by staff, and would be available should the facility house a transgender/intersex resident. The female dormitory is located in the basement area of the facility. The area is not accessible to male residents without a staff escort. The female residents have one open bay dorm that provides access to the bathroom. The bathroom has an open entrance. There are three toilet stalls with doors and a separate shower room located on the back side of the toilet area. There is a shower curtain that covers the multi-use shower area. Outside of the shower area is a changing room. The female resident bathroom also contains a private handicap shower/toilet room with a locking door. This bathroom is available for any resident that may be classified as transgender/intersex. Staff coming into the dorm areas and bathrooms announce themselves before entering.

The facility has not had an incident of incidental viewing.

The facility has not housed a transgender or intersex resident. Facility leadership has stated that they would in fact house a transgender/intersex resident and had an appropriate plan for housing safely. The agency has a policy for professional, respectful transgender/intersex pat downs and has trained staff appropriately.

Review:

Policy and Procedures

Facility tour

Interviews with residents

Interviews with staff

Employee training records

Interview with Facility Director

Interview with Resident Operations Manager

Interview with PREA Coordinator

Interview with Program Director

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy that calls for the reasonable accommodations for residents that allows them to be able to benefit from program services. These services are for residents who maybe deaf, blind, intellectual, psychiatric, or speech disabilities, and for residents who may be limited English proficient. The facility identifies residents who may be limited English proficient and works with interpreters from Vise Versa, Affordable Language Services, Translations Unlimited, and Cincilingua, Inc., and collaborates with other community partners, so that residents can benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

As part of the agency's PREA education program, staff are instructed to ensure that all aspects of PREA are communicated with residents with cognitive, language, or physical disability and how to collaborate with outside agencies for services that facility cannot provide. The facility will use a qualified employee to aid any resident in understanding agency rules, PREA, and other regulations. If a qualified staff member is not available, outside assistance will be used. At no time will another resident be used for interpretive services unless a delay in services could compromise the resident's safety, the performance of first responder duties, or an investigation.

The facility does not currently have a resident that requires these services.

Review:

Policy and procedure

Interviews with staff

Interview with Program Director

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

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

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from

an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy that prohibits hiring or promoting anyone who may have contact with the residents and prohibits services of any contractor or volunteer 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 of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; or have been civilly or administratively adjudicated to have engaged in the described activity.

The Human Resource Department uses several resources to complete background checks including NCIC/NLETS, ADP, and Asurint at employment. The HR Department will run a report at the beginning of each month and makes a request for background checks to one of these agencies to ensure that employees will have a background check every five years. Contractors and volunteers will also have a background check conducted.

All successful applicants are notified of the PREA background check requirement as well as the omission of any sexual misconduct reporting is grounds for termination. Employees sign off on receiving this information on a Criminal Offense Disclosure form.

The HR department will review all employee files including performance evaluations and any disciplinary action before a promotion can be authorized.

The auditor reviewed ten random employee files. The review included on boarding documentation, reference checks/verifications, structured interview forms, employment application, disciplinary records, training records, background checks, employee policies, employee handbook, and promotions.

The auditor interviewed the Human Resource Generalist concerning their method for ensuring staff receive an initial and five-year background check, the process for promotion, ensuring training requirements are met, employee discipline, and the onboarding process.

It was noted by the auditor that the facility has fully adopted the agency's past corrective action and has the Talent Acquisition Leader check with past employers, specifically those employed by another correctional facility or institution, to see if the potential employee has ever had a substantiated allegation of sexual abuse while working for that agency or resigned during a pending investigation of an alleged sexual abuse. The facility has also adopted the corrective action of ensuring to directly ask

applicants if they have (1) engaged in sexual abuse in a prison, jail, or other institution (2) have 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 (3) has been civilly or administratively adjudicated to have engaged in the activity described in (1) or (2).

The agency has a separate file for employees that will include any information related to PREA violations. Only HR staff has access to this information after the close of an investigation. Should an employer contact the facility for information on a prior employee, the agency will be able to provide the outcome of the allegation.

Review:

Policy and procedures

Employee handbook

Employee files

Onboarding documentation

Interview with Human Resource Manager

Interview with PREA Coordinator

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The facility has not designed or acquired a new building or made any substantial expansion or modification to the existing facility since the last audit.

The facility has been able to receive grant funding to improve their electronic surveillance program. These improvements have decreased the number of blind spot areas and increase the facility ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The facility will continue to address any needs to the program as the budget allows.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility conducts administrative investigations into allegations of sexual abuse and sexual assault. If at any time during the investigation the incident appears to be criminal in nature, the PREA investigator will refer the case to the legal authority for a criminal investigation. The facility’s legal authority is the Cincinnati Police Department - District 1 who will provide criminal investigatory services. This legal authority will use “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” techniques that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The facility has a signed MOU with SANE of Butler County to provide forensic examinations by a qualified practitioner free of charge to victims of sexual abuse. This agency collaborates with University of Cincinnati Medical Center (University Hospital) to also provide advocate services. The auditor made several attempts to speak with the Coordinator (who signed the MOU) but was unable to get in touch the Coordinator. The auditor was able to review the agency’s website (<https://www.saneofbutlercounty.org>) and MOU with the facility to confirm that the forensic exam practitioner, emotional supportive services, and mental health services free of charge to victims of sexual abuse.

The contracting agency will also provide agency will provide advocate services free of charge to victims of sexual abuse or sexual harassment. The website states that the agency would provide advocate services, emotional supportive services, crisis services, hotline number for residents to report sexual abuse or sexual harassment, an address where residents could report sexual abuse and sexual harassment, follow up services, and community referrals all free of charge to the victim.

The facility also has a MOU with YWCA Rape Crisis and Abuse Center of Hamilton County. This agency offers assistance to victims of sexual assault which includes court accompaniment, support groups, counseling, and hotline services. The auditor was able to verify these services with an agency representative.

The facility also has a trained emotional supportive staff member available to residents upon request.

Review:
Policy and procedure

MOU with SANE of Butler County
Review of SANE of Butler County website
Review of University Hospital website
Phone interview YWCA Rape Crisis
Interview with PREA Coordinator

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy that regulates an administrative investigation of all allegations of sexual abuse and sexual harassment. The policy ensures that any allegation that appears to be criminal in nature is referred to the legal authority in charge of conducting a criminal investigation. The Cincinnati Police Department - District 1 is the agency that performs criminal investigation into allegations of sexual abuse or sexual harassment that is criminal in nature. The agency's administrative investigation policy and criminal investigation referral policy is posted on the agency's website. The facility has had three allegations during this audit cycle.

Investigation #1: This was a written third-party report of staff-to-resident sexual abuse. The administrative investigation determined that the allegation was substantiated. All information concerning the allegation was reported to the Cincinnati police for a criminal investigation. The police department declined to investigate or press any charges. The staff member was terminated from the facility.

Investigation #2: This was a written third-party report of staff-to-resident sexual abuse. The administrative investigation determined that the allegation was substantiated. Based on the evidence collected, the facility called the Cincinnati police department; however, the police only collected basic information and refused to investigate further because they did not feel a crime had taken place. The staff member was terminated from the facility.

Investigation #3: This was a verbal third-part report of contract staff-to-resident sexual harassment. The administrative investigation determined the allegation to be substantiated. There was no evidence of criminal activity; therefore, no referral for a criminal investigation was necessary. The contract worker will no longer be allowed to work at the Cincinnati VOAGO facility.

During the course of reviewing investigation reports and conducting interviews it was noted by the auditor that the investigations were all handled properly and had the correct outcome. The agency as a whole has a total of twenty-one trained investigators.

Review:
 Policy and procedure
 Agency website
 Investigation reports
 Interview with PREA Administrative Investigator
 Interview with PREA Coordinator
 Interview with Program Director
 Interview with Human Resource Generalist

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All employees receive facilitated orientation training at employment. This training includes PREA related topics. Refresher or annual training is conducted at the facility through team meetings or online using the Realis Learning System. The Director assigns training to staff through the online system and keeps track of completed training. The facility was able to show the auditor the training curriculum and how the staff maintains accountability with PREA trainings.

During staff interviews, it was clear to the auditor that the staff was well trained on the required PREA topics and that the facility leadership regularly reviewed PREA policies with the staff. Staff was able to clearly identify specific training topics and recite things that they learned during the training.

The facility houses both male and female residents. Staff are trained on gender specific topics that cover both male and females. The staff can be moved to work in either housing unit; however, it is the facility's practice to have female security staff solely working the female housing unit. Male security staff members who conduct count on the female wing are escorted

by female staff members.

A previous audit of another facility within the VOA umbrella revealed that the staff was not being trained on how to communicate effectively and professionally with residents that may identify as LGBTI or gender non-conforming. The Cincinnati facility has integrated the corrective action training from that facility into their own training requirements. All staff members have received training on how to effectively communicate with members of the LGBTI and Gender Non-Conforming population.

Review:

Policy and procedure

Training records

Training curriculum

Interview with Resident Operations Manager

Interview with Supportive Services Manager

Interviews with staff

Interview with PREA Coordinator

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency has a policy requiring appropriate PREA training for all contractors and volunteers who will have contact with residents. The training includes the agency's zero tolerance policy and their responsibilities under these policies. Each volunteer will be provided with the necessary PREA education and must sign an acknowledgement of receiving and understanding the education.

Each visitor who enters the facility must read and sign an understanding of the agency's zero tolerance policies on a PREA acknowledgement form before entering the facility.

At the time of the audit, there were no visitors, contractors, or volunteers in the facility.

Review:

Policy and procedure

Contractor/vendor acknowledgement forms

Visitor acknowledgement form

Interview with Program Director

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All residents receive information at intake on the facility's zero tolerance policy. This information is reviewed with the resident to ensure that each resident knows how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. If a resident has limited English proficiency or another disability that prevents normal communication, the facility will work with outside agencies to ensure each resident can benefit from the agency's efforts to prevent, detect, report, and respond to allegations of sexual abuse and sexual harassment (see standard 115.216).

Orientation group offers a more formal education on the resident's rights under the PREA standards. A Case Manager teaches this group to residents. Residents are given handouts on ways to report allegations, reporting phone numbers, location of posters, limits of confidentiality, and other supportive services offered at no cost to the resident. Each resident will take a pre and post exam to show understanding of the material.

On the tour, the auditor noted that PREA postings in English and Spanish were in conspicuous areas throughout the facility.

In total, the auditor interviewed 20 residents (per PRC requirements). The residents acknowledged receiving PREA education training and informational brochures from the facility. Residents stated that their case manager reviewed the information again when completing their initial PREA assessment. All residents reported feeling safe in the facility and that staff appeared capable of handling a PREA related situation appropriately. No resident had an issue with reporting such incidents to staff or using the anonymous hotline (as evidenced by the types of reporting documented during this audit cycle- three resident reports to staff.

Review:

Policy and procedure

Resident PREA education curriculum

Resident pre/post exam

Resident PREA brochure

Resident handbook

Interview with Case Manager

Interview with residents

Facility tour

Investigation reports

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency has a policy concerning the specialized training for PREA administrative investigators. All criminal investigations are referred to the local legal authority for investigation. The facility has three staff members that have received appropriate training on how to conduct an administrative investigation. This training was provided by the Moss Group. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal investigation referral.

The agency has twenty-one trained investigators between their five facilities and administrative office.

Review:
Policy and procedure
Training curriculum
Training certificates
Interview with Administrative Investigator
Interview with PREA Coordinator

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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N/A:

The facility does not provide onsite medical or mental health services. All residents requesting these services would be referred to community resources. Medical services would be provided to residents by University Hospital. The facility has an MOU with this hospital to provide forensic examination services should a resident be sexually abused or assaulted while at the facility. Mental Health or Victim Advocate services would be provided by SANE of Butler County or YWCA Rape Crisis.

University Hospital has collaborated with SANE of Butler County and together the agencies have comprehensive education and training on dealing with victims of sexual abuse or sexual assault.

Review:

- Policy and procedure
- MOU with YWCA Rape Crisis
- MOU with SANE of Butler County
- University Hospital website
- SANE of Butler County website
- Interview with PREA Coordinator

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All residents are screened within 72 hours from intake to assess risk of vulnerability or abusiveness. The screening tool used includes all required criteria per the standard to accurately assess the resident's risk. The screening is completed with the resident's case manager and a rescreening is completed before a resident reaches 30 days in the facility. Case management staff have been trained on how to complete the form and appropriately designate whether a resident is classified as vulnerable or abusive. The Supportive Services Manager will periodically review the assessments to ensure accuracy.

Per policy, a resident cannot be disciplined for refusal to answer questions on the assessment.

Interviews with residents showed that they received the screening at intake from their case manager and a rescreening at a later date.

Interviews with staff showed they understood how to use the screening tool and keep the information confidential while still making arrangements to protect the resident.

Review:

Policy and procedure

Risk assessment tool

Initial assessments

Reassessments

Interviews with case managers

Interview with Supportive Services Manager

Interview with residents

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All residents who receive a classification based on their vulnerability/abusiveness assessment will have their needs addressed. A resident's assessments results will be documented into the facility's SecurManage database system where only staff that are authorized can gain access to this information.

The facility has identified specific a specific area of the dorm for females and the smaller of the two dorms for males that allow for clear easy view as vulnerability beds and will place anyone who is assessed as a potential abuser in another dorm/area. Staff would be aware to ensure the safety and security of residents with a classification but would not know the details of the

assessment.

Case management staff are able to refer residents to outside counseling sources to deal with issues related to being assessed as vulnerable or abusive.

The facility has never housed a transgender or intersex resident, but has a plan to house such residents safely, which includes opportunities to shower separately. The residents own views on safety would also be taken into account.

The auditor interviewed case managers and facility leadership who were able to provide a plan for housing safely and showering separately for transgender or intersex residents. They were able to give a clear answer as to how this plan included keeping residents that are at risk for being sexually victimized from those who are at risk to be sexually abusive during work, education, or program assignments.

Review:

Policy and procedure

Case notes

Interview with case manager

Interview with PREA Coordinator

Interview with Resident Operations Manager

Interview with Supportive Services Manger

Interview with Facility Director

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

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

- Does that private entity or office allow the resident to remain anonymous upon request?
 Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Residents at the Cincinnati VOAGO have several ways in which to report an allegation of sexual abuse or sexual harassment. Residents are given this information at intake and during orientation group. The facility also has several notices, in English and Spanish, posted in conspicuous areas. The ways to report include an outside agency hot line number and information for advocacy groups.

The residents have access to pay phones and are allowed to carry cell phones in the facility.

During interviews, all residents were able to list the various ways in which they could report an allegation. These included verbally to staff, written to staff, use of the hotline number, through a third party such as a loved one or victim support group. Residents understood that they had the right to report anonymously and did not have to use the grievance system in order to file an allegation.

Staff interviews verified that staff understood how they could privately report and allegation of sexual abuse or sexual harassment.

During a review of the three allegations, residents either reported allegations directly to staff by written complaint or verbally.

Review:
Policy and procedure
Facility tour
Resident handbook
PREA posters
Investigation reports
Interview with residents
Interviews with staff

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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N/A: The PREA Coordinator states that the agency does not use its grievance system to investigate PREA allegations. Any resident who uses a grievance form to report an allegation will have the form removed from the grievance process and it will be handled like any other reporting method. The organization's grievance policy does not include administrative remedies for sexual abuse or sexual harassment allegations. The organization has a separate policy and practice (Policy # 1700-08) for addressing sexual abuse and sexual harassment allegations.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

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

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

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The facility has a MOU with SANE of Butler County to provide victim advocate services or emotional support services related to sexual abuse. The agency collaborates with University Hospital and together they provided residents with their address and hotline number in order to obtain these services or make a sexual abuse or sexual harassment report. The facility also has a MOU with YWCA Rape Crisis to provide advocacy services.

The facility informs residents the limits of confidentiality when using these services during orientation group.

Interviews with residents indicate that they have received the phone number and address of YWCA Rape Crisis and SANE of Butler County and understand that reporting an allegation to the center could result in a mandatory reporting of the allegation.

Review:

Policy and Procedure

Posters

MOU with SANE of Butler County

MOU with YWCA Rape Crisis

Interview with residents

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

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The agency has posted on its website ways that anyone can report sexual abuse or sexual harassment on behalf of a resident. Residents are also educated that they may make a third party report on behalf of another resident. The information on how to make a third party report is also posted in the visitation area.

All official visitors that come into the facility must sign a PREA Zero Tolerance Acknowledgment form. The form includes information on how to report an allegation.

All three allegations during this audit cycle were third-party reports.

Review:

Policy and procedure

Agency website

Facility tour

PREA postings

Investigation report

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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The agency has a policy that requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third party and anonymous reports. The staff have been given instruction on how to document the report in the SecurManage system, which limits access to that information, and to only share that information with staff in order to make treatment, investigation, or other security decisions. All allegations of sexual abuse or harassment are referred to the PREA Coordinator for investigation.

Staff interviewed, including line staff and facility leadership, understood their duty to report and were trained appropriately on the agency's PREA reporting policies. Staff indicated that they would have no trouble reporting any allegation or suspicion of sexual abuse, sexual harassment, or retaliation even if it was against another staff member.

All staff members who have licensure are required to inform residents of their status and the limits of confidentiality. These staff members maintain their duty to report any allegation made to them.

The facility does not accept any resident that is 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 of Ohio in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services (Chapter 5101:2-20 and 5101:2-20-01).

Review:
Policy and procedure
Interviews with staff

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The facility has a plan to protect residents from imminent sexual abuse. The facility has several dorm units that a resident can be moved to in order to facilitate protection. If necessary, Volunteers of America of Greater Ohio has several facilities throughout Ohio. The facility could utilize one of the other facilities if necessary to protect a resident from imminent sexual abuse. The facility also has the ability to place a staff member on administrative leave if a staff is involved in the investigation.

An interview with the PREA Coordinator and Program Director discussed the process for ensuring resident safety and making a move to another facility if necessary. The facility has not had to move a resident for safety or protection during this audit cycle. The dorms in the facility have cameras and vulnerable clients would be placed in a bed with clear views from the camera.

The facility has terminated two staff members after substantiated allegations. These staff members were placed on administrative leave during the investigation and terminated at the conclusion. The facility also denied access to a contract employee during an administrative investigation. That contract employee was not allowed back into the facility after the allegation was determined to be substantiated. Later the facility made the determination to no longer use that agency for contract employees.

The auditor was left with the impression from the interviews that resident safety was paramount to the staff at Cincinnati VOAGO and that any necessary changes that would not jeopardize the safety and security of the facility would be made.

Review:

Policy and procedure
Investigation reports
Interview with PREA coordinator
Interview with Program Director

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy that requires the Program Director to report to the head of another facility any allegation made against that facility within 72 hours of receiving the allegation. The Program Director is responsible for documenting the report.

Should a report be made to the facility that a resident at another facility is making an allegation toward someone in their agency; the Program Director shall ensure that the allegation is fully investigated.

The facility did not receive any allegations that they would need to report to other agencies, nor did they receive a report from another agency.

Review:

Policy and procedure

Interview with Program Director

Investigation reports

Interview with PREA Coordinator

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy requiring all staff be trained on first responder duties. The duties vary from non-security staff to security staff. All staff are supplied the required first responder training. The facility has a detailed response plan and evidence protocol for any incident of sexual abuse. This plan is posted at the staff main post. The protocol includes where to place an alleged abuser when separating from the victim so that the abuse cannot destroy any evidence, preserving evidence until the local legal authority can collect the evidence, requesting that the alleged victim not do anything to destroy evidence including washing, brushing teeth changing clothes, performing bodily functions, smoking, drinking, or eating, reporting allegation to the local authorities and to the Program Director or the manager on call if the Program Director cannot be reached.

Non-security staff are required per policy to contact a security staff member and make a request that the alleged victim not take any action that could destroy evidence.

During staff interviews, both security and non-security staff have acknowledged their training of the first responder duties. The staff was able to specifically identify the steps they are to take as a security or non-security staff (non-security staff also knew all the required steps for security staff) and knew the location of the response plan and evidence protocol.

Review:

Policy and procedure

Agency's response plan and evidence protocol

Investigation reports

Interviews with staff

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The agency has developed a response plan and evidence protocol for any incident of sexual abuse. The plan is listed in required steps and is posted at the security posts. The steps listed are specific and detailed enough for staff to follow in the event of a sexual abuse/sexual assault incident. The list starts with the first responder duties and refers the staff member to call the local authorities and the Program Director or Manager on Call. The Program Director (the administrative investigator) will follow up with the local authorities until completion of the investigation. An administrative investigation will not take place until after the criminal investigation is completed or in conjunction with the local legal authority.

The staff will offer the victim access to a forensic medical exam at University Hospital, victim advocate services from SANE of Butler County or YWCA Rape Crisis, and if the advocate services are not readily available a qualified staff member who has been trained as an emotional support person will assist. The advocate will accompany the victim to the medical exam and any investigative interviews. The Program Director or designee will be responsible for the 90-day retaliation monitoring.

The facility has offered supportive services to residents after receiving an allegation. None of the residents felt they needed services but agreed to seek help if their situation changed.

- Review:
- Policy and procedure
 - Response plan and evidence protocol
 - Interview with PREA Coordinator
 - Interview with Program Director
 - Interview with staff
 - Investigation reports

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

N/A: The PREA Coordinator reports that the facility does not have a union or enter into any collective bargaining agreement with employees.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy designed to protect residents and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation from other residents or staff. The protection measures include bed moves, dorm moves, facility moves, and administrative leaves for staff. Should a resident or staff member make a request, an emotional support person will be available for services.

The Program Director or designee would be responsible for monitoring the conduct, and treatment of residents or staff who report sexual abuse. The monitoring of residents who report abuse would also include periodic status checks and resident disciplinary records, housing, program changes, or negative performance reviews or reassignments of staff. The monitoring would continue past 90 days if a need is indicated. Monitoring would cease if the allegation has been determined to be unfounded.

The staff at Cincinnati VOAOG will place residents on increased observations, retaliation watch and supply emotional supportive services to residents during and after allegation investigations.

The auditor was able to interview the Program Director to confirm the retaliation monitoring process and the measures the facility would employ to insure that a resident or staff member would be protected from retaliation.

Review:

Policy and Procedure

Interview with Program Director

Interview with PREA Coordinator

Investigation reports

Retaliation watch reports

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

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

115.271 (c)

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

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The facility conducts administrative investigations but does not conduct criminal investigations. Criminal investigations would be completed by Cincinnati Police Department - District 1. The facility has completed three administrative investigations for sexual harassment and two being referred for criminal investigation.

Investigation #1: This was a written third-party report of staff-to-resident sexual abuse. The administrative investigation determined that the allegation was substantiated. All information concerning the allegation was reported to the Cincinnati police for a criminal investigation. The police department declined to investigate or press any charges. The staff member was terminated from the facility.

Investigation #2: This was a written third-party report of staff-to-resident sexual abuse. The administrative investigation determined that the allegation was substantiated. Based on the evidence collected, the facility called the Cincinnati police department; however, the police only collected basic information and refused to investigate further because they did not feel a crime had taken place. The staff member was terminated from the facility.

Investigation #3: This was a verbal third-party report of contract staff-to-resident sexual harassment. The administrative investigation determined the allegation to be substantiated. There was no evidence of criminal activity; therefore, no referral for a criminal investigation was necessary. The contract worker will no longer be allowed to work at the Cincinnati VOAGO facility.

The facility has four trained administrative investigators and the agency has a total of twenty-one. The administrative investigators' training was developed and facilitated by the Moss Group.

The auditor sat with the PREA Investigator to review the process for how the investigator completes an investigation. The investigator discussed the review of any camera footage if available, interviewing the alleged victim, witness, and abuser, and review if there has been previous complaints made against the suspected abuser. At no time does the investigator use the resident's status as a resident or staff member to determine credibility. The facility does not use a polygraph examination as part of an administrative investigation. All allegations will receive an administrative investigation regardless of whether the alleged victim or abuser is no longer employed or in the control of the agency.

All allegations are documented on the facility's Unusual Incident Report. The report is comprehensive in the information it collects from the beginning to the disposition of the allegation. If a Sexual Abuse Review Team meeting and retaliation monitoring is necessary, the investigator will denote the time of the SART meeting and who is responsible for retaliation monitoring.

The PREA Coordinator confirmed the retention schedule of for as long as the person is incarcerated or employed with the agency plus five years. The Program Director is responsible for maintaining contact with the legal local authority when the investigation has been referred for criminal investigation.

Review:
Policy and Procedure

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Agency policy states that the facility will use preponderance of evidence or lower for determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed with the PREA investigator and PREA coordinator.

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

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy for notifying a resident of the outcome of an investigation with the options being substantiated, unsubstantiated, or unfounded. The standard only calls for the notification in the case of sexual abuse, however the agency will make the notification any time there is an allegation if possible.

The Unusual Incident Report denotes whether a resident was notified and the date of notification or if there was no notification given. If the facility was unable to notify the resident, the reason is noted on the form.

The alleged victim in the allegation will receive notification on the disposition and if applicable, notify the resident if the staff member is no longer posted within the facility; the staff member has been indicted on a charge related to the sexual abuse within the facility; or if the staff member has been convicted on a charge related to sexual abuse within the facility. If the abuser is another resident, the facility will notify the alleged victim if the abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the abuser has been convicted on charges related to sexual abuse within the facility. The resident will sign the document and been given a copy.

The auditor reviewed notification forms from the various administrative investigations.

Review:

Policy and procedure

Investigation reports

PREA investigation outcome notification form

Interview with PREA Investigator

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

The agency has a policy that subjects employees to discipline up to and including termination for violating the agency's sexual abuse and sexual harassment policies with termination being the discipline for employees who engage in sexual abuse. The facility had one allegation of sexual abuse and two allegations of sexual harassment. The sexual harassment allegations were against the same staff member and determined to be unsubstantiated. The sexual abuse allegation was determined to be substantiated but the staff member resigned in the middle of the investigation.

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

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

The facility terminated two employees and one contract worker for substantiated allegations of sexual abuse and sexual harassment. Two of those allegations were referred to the Cincinnati Police Department for a criminal investigation.

Review:

Policy and procedure

Investigation report

Interview with PREA Coordinator

Interview with Human Resource Generalist

Interview with random staff

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has had a report of sexual harassment against a contractor during this audit cycle. The facility initiated an administrative investigation and determined the allegation to be substantiated. The contract worker was no longer permitted to work at VOAGO facilities.

The agency’s policy states that any allegation of sexual abuse would be reported to law enforcement and any relevant licensing body. The facility would prohibit any further interaction between contractors or volunteers with residents if there is a violation of the agency’s sexual abuse or sexual harassment policies. All contractors and volunteers sign an acknowledgement of the policies.

Review:

Policy and Procedure

Investigation reports

Interview with PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

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

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has an appropriate policy that disciplines residents for a substantiated allegation of sexual abuse or sexual harassment or for a criminal finding of guilt for sexual abuse or harassment. The facility has had no allegations against resident during this audit cycle.

The resident handbook clearly defines the agency’s rule violations and the possible sanctions. Each resident is given a handbook at intake and staff reviews the handbook, specifically the disciplinary policies, with each resident. The Resident Operations Manager and the Resident Supportive Services Manager also reviews these policies with residents during orientation group.

During resident interviews, all residents stated that they received a handbook at intake and that staff reviewed the disciplinary policies with them. Each resident was able to identify the sanctions that accompany a substantiated allegation of sexual abuse or sexual harassment or a criminal finding of guilt.

Review:

Policy and procedure

Resident handbook

Orientation curriculum

Interview with Resident Operations Manager

Interview with Resident Supportive Services Manager

Interview with residents

Investigation reports

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

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

115.282 (c)

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

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy requiring the facility to have a MOU with a medical and mental health facility to ensure that 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 medical judgement. The facility is also required to provide timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. All services are to be provided to the resident free of charge.

The facility will send resident to University Hospital who will provide emergency medical services to any sexual abuse victim in the facility and SANE of Butler County or YWCA Rape Crisis to provide Crisis Intervention services to victims of sexual abuse. These services have been verified to be free of charge to the resident. A trained emotional support employee will take preliminary steps to help the victim if no qualified medical or mental health practitioners are on duty at the time of the report.

The facility has not used University Hospital or SANE of Butler County for forensic medical examination during this audit cycle. The facility has not had any resident request any of these services.

Review:

Policy and procedure
MOU with SANE of Butler County
MOU with YWCA Rape Crisis
Interview with PREA Coordinator
Interview with Program Director

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

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

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

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy to offer medical and mental health evaluations and treatment if needed to residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. If needed, the resident will receive follow up services, treatment plans, and continued care upon a transfer or placement in another facility or released from custody.

All victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections. The facility will also offer timely and comprehensive information about timely and lawful pregnancy related medical services to the female residents.

These services would be provided by University Hospital and SANE of Butler County, both community facilities. These services will be offered free of charge to the victim regardless of whether the victim names the abuser or cooperates with the investigation.

Any known resident on resident abuser will be offered treatment when deemed appropriate by a mental health practitioner within 60 days of learning of such history.

The facility has not had a resident who was victimized while in a prison, jail, lockup, or juvenile facility. The facility has not had any known resident on resident abusers.

Review:

Policy and procedure
MOU with SANE of Butler County
MOU with YWCA Rape Crisis
SANE of Butler County website
University Hospital website
Interview with PREA Coordinator

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy requiring a Sexual Abuse Review Team review all substantiated and unsubstantiated allegations of sexual abuse within 30 days from the conclusion of the investigation. The team will include the PREA Coordinator, Program Director, Director of Program Operations, and PREA investigator. Other staff members will be asked to provide input include line staff.

The team will review whether there needs to be a change to policy or practice in order to better prevent, detect, or respond to sexual abuse; consider if the sexual abuse was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, or any other group dynamics; any physical barriers that enabled the abuse; adequacy of staffing levels; and need for augmented monitoring technology.

The team will document their findings in a report and make any recommendations for improvement. The report will be submitted to the facility head and PREA compliance manager.

The facility will document how they implemented the recommendations or reasons for not doing so.

The auditor reviewed the SART report for the sexual abuse administrative investigations. The form reviewed all the required areas and address areas for improvement. From the investigations, the SART team made a recommendation for an increase in the number of trained administrative investigators and victim support personnel. The facility has arranged for staff to attend training for victim support personnel. The team also made a recommendation for an increase in training on PREA related issues and boundaries. Additionally, the facility will no longer use the contracting agency for security personnel. The facility will hire its own security staff.

The Program Director is responsible for implementing these recommendations.

Review:

Policy and procedure

SART checklist

SART team debriefing

Interview with PREA Coordinator

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

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

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The Program Director and PREA Coordinator are responsible for collecting data for every allegation of sexual abuse at the facility. The facility is using a standardized instrument and includes definitions. The information is aggregated annually and documented in an annual report which is posted on the agency's website. The data collected is enough to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator will retain all information collected for at least 10 years.

Review:

Policy and procedure

Annual report

Agency website

Standardized data collection report

Interview with PREA Coordinator

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy for developing an annual PREA report which documents how the facility assesses and improves the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report identifies problem areas and corrective action taken. The report has relevant information for the facility and the agency as a whole.

A review of the report shows that the facility documented this information as well as a comparison of the current year's data and corrective actions with those from prior years and includes an assessment of the agency's progress in addressing sexual abuse.

The report is posted on the agency's website and does not include any identifying information that could jeopardize the safety and security of the facility.

Review:

Policy and procedure

PREA annual report

Interview with PREA Coordinator

Interview with Director of Program Operations

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Coordinator is responsible for the collection and secure retention of all data collected pursuant to standard 115.287. The data collected will be retained for 10 years. The Coordinator takes all collected information from each facility under the Volunteers of America of Greater Ohio umbrella and creates an annual report which is published on the agency's website after approval from the Executive Vice President.

The report does not contain any personal identifiers or any information that could jeopardize the safety and security of any

facility.

Review:

Policy and procedure

PREA annual report

Agency website

Interview with PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

March 5, 2018

Auditor Signature

Date

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

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.