

# PREA Facility Audit Report: Final

**Name of Facility:** Fannie M. Lewis Community Corrections & Treatment Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/10/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Kayleen Murray

**Date of Signature:** 11/10/2025

## AUDITOR INFORMATION

**Auditor name:** Murray, Kayleen

**Email:** kmurray.prea@yahoo.com

**Start Date of On-Site Audit:** 09/25/2025

**End Date of On-Site Audit:** 09/26/2025

## FACILITY INFORMATION

**Facility name:** Fannie M. Lewis Community Corrections & Treatment Center

**Facility physical address:** 1829 East 55th Street, Cleveland, Ohio - 44103

**Facility mailing address:**

## Primary Contact

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

Facility Director	
<b>Name:</b>	Rebecca Krzeminski
<b>Email Address:</b>	RebeccaJKrzeminski@orianahouse.org
<b>Telephone Number:</b>	216-881-7882 ext. 45

Facility PREA Compliance Manager	
<b>Name:</b>	Lori Toth
<b>Email Address:</b>	loritoth@orianahouse.org
<b>Telephone Number:</b>	216-881-7882x4525

Facility Characteristics	
<b>Designed facility capacity:</b>	183
<b>Current population of facility:</b>	139
<b>Average daily population for the past 12 months:</b>	128
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	20-79
<b>Facility security levels/resident custody levels:</b>	Minimum/Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	43
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	94
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	6

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	James Lawrence
<b>Email Address:</b>	JamesLawrence@orianahouse.org
<b>Telephone Number:</b>	3305358116

Agency-Wide PREA Coordinator Information
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<b>Name:</b>	Lori McGrady	<b>Email Address:</b>	lorimcgrady@orianahouse.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

41

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

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

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-25
2. End date of the onsite portion of the audit:	2025-09-26

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	183
15. Average daily population for the past 12 months:	128
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	147
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	8
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	22
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3

<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	The facility provided the auditor with a list of current residents. The list also identified residents that fit a targeted category.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	42
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	6

38. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	94
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
40. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	14
41. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	The facility provided the auditor with a list of current residents. The list also identified residents that fit a targeted category.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No



<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2

<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	2

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

<b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	2
<b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The facility does not have single cells or segregated housing. This was confirmed during the tour portion of the onsite visit.
<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

**58. Enter the total number of RANDOM STAFF who were interviewed:**

8

**59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)**

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☐ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

**60. Were you able to conduct the minimum number of RANDOM STAFF interviews?**

- ☐ Yes
- ☒ No

**a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)**

- ☐ Too many staff declined to participate in interviews.
- ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).
- ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.
- ☐ Other

<b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Resident Supervisor staff from all shifts were interviewed.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	7
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No volunteers were available during the onsite visit.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

0

**a. Explain why you were unable to review any sexual abuse investigation files:**

The facility only had one allegation. The allegation was prior to the 12 month look back period. The allegation was resident on resident sexual harassment that was determined to be substantiated.

<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



**Staff-on-inmate sexual harassment investigation files**

**98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

0

**99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

The facility only had one allegation. The allegation was prior to the 12 month look back period. The allegation was resident on resident sexual harassment that was determined to be substantiated.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## Non-certified Support Staff

**103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Oriana House has an agency wide zero tolerance policy. Policy 1080 mandates zero tolerance on all forms of sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003 Community Confinement Standards. The policy requires each facility under the Oriana House umbrella to implement a systematic means of monitoring, identifying, reporting, and investigating employee and resident sexual misconduct in an effort to provide a safe environment. The policy includes definitions of prohibited behavior, sanctions for those found to have participated in sexual abuse or sexual harassment, and appropriate strategies to prevent, detect, and respond to allegations. These strategies include having adequate staffing levels, an electronic monitoring system, and educating both residents and staff on the agency's zero tolerance policy and always to report an allegation.</p> <p>According to the agency's table of organization, the agency wide PREA Coordinator is the agency's PREA and Wellness Coordinator, and reports directly to the agency's Vice President of Administration and Legal Counsel. During the onsite interview, she</p>

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

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

The job description for the PREA and Wellness Coordinator states her PREA responsibilities include:

- Develops and maintains Agency-wide PREA operating procedures; monitors responsibilities of each facility's PREA Manager; provides technical guidance, assistance, and feedback agency-wide to ensure compliance is met
- Serves as the primary contact and resource for management on PREA-related inquiries and procedural questions
- Monitors and provides PREA-related program services, educational material, and training to facility PREA Managers and staff. Oversees the development of educational materials, staff guides, and education to residents regarding PREA procedures and reporting.
- Assist the VP of Administration and Legal Counsel with responding and submitting PREA reports to regulatory bodies regarding PREA-related issues
- Reports to the State's Intelligrants System regarding PREA incidents in an accurate and timely manner
- Submits annual reports to the Ohio Department of Rehabilitation and Correction (ODRC) in an accurate and timely manner
- Assists facilities' PREA Managers with PREA audit preparation including, but not limited to: completing facility walkthroughs, conducting employee and resident interviews and training, completing PREA assessments and questionnaire, and submitting audit documentation and assessments to the PREA auditor assigned to the facility

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

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

- Conducting quality assurance monitoring for PREA standards

	<ul style="list-style-type: none"> <li>• Ensuring facility walkthroughs in order to address any safety issues</li> <li>• Overseeing the day-to-day PREA facility issues</li> <li>• Ensures staff meet PREA training requirements</li> </ul> <p>The auditor interviewed the PREA Manager during the onsite visit. She states that each referral source (State and Federal clients) have their own Program Administrator or assist her in managing PREA responsibilities. She reports that her responsibilities as related to the PREA standards include:</p> <ul style="list-style-type: none"> <li>• Ensuring increased whereabouts and observation logs are implemented and maintained for high risk residents</li> <li>• Ensures monitoring and retaliation protection</li> <li>• Oversees reporting to other confinement facilities</li> <li>• Reviewing housing, programming, and supervision plans for residents with identified risk</li> <li>• Participates in coordinated responses to PREA allegations</li> <li>• Conducts facility walkthroughs to check for safety, sanitation, and maintenance issues</li> <li>• Supervises staff and manages resident incidents</li> <li>• Attend weekly team meetings to review resident status, risk, and PREA screening updates</li> </ul> <p>The Program Manager and Program Administrators ensure oversight, quality assurance, policy and standard compliance, and coordination of PREA reporting, documentation, and safety measures.</p> <p>Review:</p> <p>Review:</p> <p>Policy 1080</p> <p>Program Administrator job description</p> <p>PREA and Wellness Coordinator job description</p> <p>Agency table of organization</p> <p>Interview with PREA Coordinator</p> <p>Interview with VP of Administration and Legal Counsel</p> <p>Interview with Program Administrators</p> <p>Interview with Program Manager</p>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A: The PREA Coordinator reports to the auditor that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf of the Oriana House.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1080 requires each Oriana House facility to develop a staffing plan that addresses the physical layout of the facility, adequate staffing levels, composition of resident population, prevalence of substantiated and unsubstantiated allegations of sexual abuse, other relevant factors, and deviations to the staffing plan. The policy requires the plan to be reviewed on an annual basis and assess the effectiveness of the plan, prevailing staffing patterns, the deployment of monitoring systems and other monitoring technologies, and resources to ensure adequate staffing levels.</p> <p>The agency provided the auditor with its most recent staffing plan for the facility, along with the annual review report. The staffing plan includes:</p> <p><b>Physical layout:</b></p> <p>The Fannie Mae Lewis Community Corrections and Treatment Center (CCTC) is a two-story plus basement building located in Cleveland, Ohio. The facility is designed to house 218 male and female offenders. 183 beds are designated for men and 35 for female. The living space is divided into four separate housing units (A,B,C, and D). Area A is the largest area on the first floor and houses up to 74 male residents. Area B is designated for female residents and is also located on the first floor. The male and female residents have separate entrances into the building on this level. Area C is located on the second floor and houses up to 80 male residents. Area D is also located on the second floor and houses 29 male residents. At this time, Area D is not in use. The facility has a total of 16 dorms between the housing units, with each housing unit having identified dorms and beds that have been identified as being appropriate for housing residents that have been classified as being at risk of being vulnerable to abuse or at risk to being abusive.</p> <p><b>Composition of Resident Population:</b></p> <p>The facility's current staffing plan is based on housing a capacity of 218 residents. The average length of stay is 158 days, with the average age range between 20-76 years old. The total number of residents admitted in 2024 was 803, with the</p>

average daily population of 127 residents. The facility houses residents with placements that include: Halfway House, Federal, Employment, Work Release, Parolee, Transitional Shelter Program, Transitional Control, Treatment Transfer, and Electronic Monitoring.

**Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse:**

During calendar year 2024, the facility had one unsubstantiated and zero substantiated incidents of sexual abuse. No trends were established to warrant any facility or programmatic changes to the staffing plan.

**Any Other Relevant Factors:**

Hiring issues are still prevalent.

**Adequate Staffing:**

The CCTC facility has created a set staffing pattern to allow appropriate staff coverage and client supervision. Each shift has a minimum staffing requirement that needs to be met in order for the prior shift to leave their designated posts.

Minimum staffing numbers include both Resident Supervisors and Shift Supervisor are required to work post positions to ensure that minimum staffing levels are maintained. The minimum staffing requirements are as follows:

- 1st shift - 6am to 2pm: 4 Resident Supervisors
- 2nd shift - 2pm to 10pm: 4 Resident Supervisors
- 3rd shift - 10pm to 6am: 4 Resident Supervisors

It is the policy of Oriana House (policy 3002), that facilities be staffed to maximize the use of personnel in conjunction with the needs of the residents, including how best to protect residents against sexual abuse. This includes staffing treatment personnel. Caseworker staff work one weekday evening shift from 12pm to 8pm or 1 pm to 9pm. Caseworkers rotate Saturday coverage.

**Video Monitoring and Other Monitoring Technologies:**

The facility has 46 cameras strategically placed throughout the interior and exterior of the facility: 41 interior cameras and 5 exterior cameras. The facility has two cameras that monitor all enhanced pat searches. These cameras are only visible to Oriana House Internal Affairs staff and facility leadership. Resident Supervisor staff monitor cameras daily on each shift. All cameras are controlled and viewed from the Main Post area. The Program Administrator and facility leadership can access the system remotely as well.

There are 4 microphones attached to the DVR's located at the main post desk, Area A longe, female unit post desk, and Area C post desk.

Observation mirrors are included in specific areas to minimize blind spots. CCTC has

	<p>a total of 67 mirrors throughout the facility.</p> <p>Each staff office and group room have a window for clear line of site views.</p> <p>Security checks, also known as whereabouts and circulations, are conducted by Resident Supervisor staff. Whereabouts are conducted 3 times per shift on all three shifts. Increased whereabouts are documented at 6 times per shift on residents who have an identified PREA status of either Highly Abusive or Highly Susceptible.</p> <p>Increase of circulation is conducted in problem areas or if there are resident concerns such as behavior issues and/or mental health issues.</p> <p>The staffing plan was reviewed April 2025. During the review, no changes to staffing levels or electronic monitoring. The facility has the appropriate resources to commit to ensure adequate staffing levels.</p> <p>Review:</p> <p>Policy 1080</p> <p>Policy 3002</p> <p>Staffing plan for 2024 and 2025</p> <p>Floor plan</p> <p>Camera monitors</p> <p>Building tour</p> <p>Interview with agency investigators</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Administrators</p> <p>Interview with Program Manager</p> <p>Interview with Lead Resident Supervisor</p>
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115.215	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency's search procedures are outlined in agency policy 8089. The policy states that strip searches and body cavity searches for residents will only be



conducted with the prior approval of the President/Chief Executive Officer or designee. The searches are limited to the staff member conducting the search and the resident being searched. Should a search be authorized, the following conditions will apply:

- A body cavity search must only be conducted under sanitary conditions by medical personnel. A strip search must only be conducted by same gender staff and with two staff members present. A resident who is under the jurisdiction of the FBOP can only have a strip or body cavity search by medical personnel or law enforcement.
- The strip search and/or body cavity search must be conducted in a manner and in a location that permits only the person or person who are physically conducting the search and the person who is being searched to observe the search.
- A strip search and/or body cavity search must be conducted in a professional manner that preserves the dignity of the person searched to the highest degree possible.
- At the completion of a strip search and/or body cavity search, the staff member who conducted the search must document in the client log the date and time of the approval, the authorized person who granted the approval, the time and time of the search and all the findings.

The policy states the facility has the right to conduct reasonable searches of persons, packages, and property. A pat search will be conducted on all residents entering the facility and whenever a resident is suspected of possessing contraband in the facility. A pat search will only be conducted by a staff member of the same gender in a professional and respectful manner. Searches will be conducted in the line of the security camera, if searches in front of a camera are not possible, a witness must be present and documentation is ORION is required. When conducted a pat search, staff must:

- Allow only one resident in the designated pat search area at a time
- Verbally describe the pat down search steps to the resident using a firm, fair, and empathetic tone of voice
- Instruct the resident to remove all outer clothing to be searched so that the resident is wearing one layer of street clothes
- Instruct the resident to empty all pockets in clothing and place the contents in a designated area
- Instruct the resident to untuck his/her shirt
- Conduct an inspection of the resident's mouth, looking above and below the tongue and in the cheeks. Instruct the resident to open wide and move their tongue around to ensure that no contraband is located within their mouth
- Complete a metal detection search on the resident. Have the resident stand with legs open and arms up. With the metal detector, swipe the back of the neck area, across both arms, down the back, under both arms, down both sides, down the outside of each leg and inside of each leg. Step to either

side of the resident and follow the same procedure for the front of the body. Continue the search and pat down until the resident is able to be screened with a metal detector without an alert

- Instruct the resident to place his/her hands on the wall, and to spread feet on the floor more than shoulder-width apart. Instruct the resident to take a step backwards while keeping their hand on the wall. The resident's feet should be far enough back from the wall to make them off balance if they did not use the wall for support
- Position yourself in a protective stance with your dominant foot positioned inside the resident's foot and reposition your body throughout the pat down process to ensure you are always in a protective stance
- Start at the wrist, using both hands with thumbs touching, run your hands down the arm, over the resident's shoulder, around the collar, underneath the arm and down the side of the torso. Repeat the process on the other side
- Run your hands thoroughly and carefully over the resident's back
- Run your hand over the chest, abdomen, and stomach area
- Move your hands using your thumbs in between underwear and other layer around the resident's waistband
- Using the back of your hands, swipe horizontally across the resident's lower waistline
- Using both hands in a blade-like manner, vertically run your inside hand up the inside of the resident's leg up to the groin area. Using both hands, run your hands down the pant legs searching the entire the leg down to the ankle
- Ask the resident to sit down in a chair and remove their shoes and socks. Ask the resident to turn socks inside out and hand both shoes and socks to staff. Search both shoes and socks

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

- Conducted by two staff members of the same gender as the resident
- Searches are conducted in a designed area that maintains the appropriate level of privacy
- Verbally describe the enhanced search steps to the resident using a firm, fair, and empathetic tone of voice
- Direct the resident to remove their clothing, one article at a time, via staff verbal cues in the following order- shoes, socks, shirts, pants, skirts, dresses (all clothing down to one layer of undergarments) and have the resident hand it to the staff member
- Direct the resident NOT to remove their undergarments
- Do not physically touch the resident when they are in their undergarments or their underwear

- Direct a resident to utilize their thumbs and go around the inside of the waistband and then show the inside of the waistband by flipping it outward without exposing their genitals
- Direct the resident to conduct a self-pat down of the genital and breast area. Observe and listen to this process for purposes of detecting hidden contraband
- Direct the resident to jump up and down several times and/or shake out each leg of the undergarment
- Direct the resident to show the bottoms of their feet and in between their toes

Oriana House policy 1080 specifies the pat search procedures for transgender and intersex residents. The policy does not allow for transgender/intersex residents to be searched for the sole purpose of determining a resident's genital status. Searches are to be conducted in a professional and respectful manner and in the least intrusive manner possible. The agency will meet with a transgender/ intersex resident before placement and determine the gender of the staff that will conduct searches. Each determination will be done on a case-by case basis. A dual search (one male staff and one female staff) of a transgender/intersex resident is strictly prohibited. All searches of a transgender resident are required to be documented in the agency's resident database system.

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

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

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

The auditor also reviewed staff training completions sheets for searches.

The auditor interviewed Resident Supervisor and Supervisory staff during the onsite visit. The staff report that all new security staff receive pat search training during Academy. The staff state this training included enhanced pat search training, cross-gender, and transgender searches. The staff report that refresher or booster training occurs in staff meetings and through online modules. The agency has produced its own agency specific training videos that demonstrate proper search technique. Supervisors report that during on-the-job training or hands-on training,

staff are taught professionalism, consistency, gender appropriate, and trauma informed procedures. All staff report that the facility does not allow cross gender, strip, or body cavity searches.

During the onsite visit, the residents report to the auditor that most pat searches are done professionally and without problem. However, there were a few residents who expressed discomfort with specific identified staff members who the residents assumed were gay and/or transgender. Some of the comments included:

- “They shouldn't be allowed to conduct strip searches if they're homosexual males”
- “When I first got here, at times, I'm like, well, you're getting a little too close, brother.”
- “I just felt like he was kind of grabbing himself while I was being searched”
- “Homosexuals shouldn't be allowed to conduct searches. I think the whole thing is inappropriate.”

The auditor clarified that orientation does not prohibit someone from conducting searches, only behavior matters. One resident felt like the behavior was inappropriate and described it as sexual harassment. The auditor documented all information from this resident, and reported it to the PREA Coordinator so that an investigation could be initiated.

The auditor interviewed the staff identified in the complaint. The staff report that despite complaints, they continue to conduct pat searches as trained. The staff noted that all searches are conducted on camera, and that Internal Affairs and/or supervisors are able to monitor their searches at any time. Not all residents interviewed had complaints about the identified staff members. Most male residents stated that they “no issues” or “its fine” when asked about their experiences pat and enhanced pat searches.

Female residents noted that searches were limited to female staff, and professional. No female resident reported being prohibited from participating in programming or community access due to no female staff available for pat searches. They report that a female staff is always on duty, and that male staff on the female unit is a rarity.

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

The facility is using three distinct housing units (state offenders, federal offenders, and female offenders). There is a restroom in each of the housing units for residents to be able to shower and use the toilets. The bathroom on the female wing has a

solid door at the entrance. To the right of the entrance are seven toilets with 1/3 custom doors and to the left are nine sinks with mirrors above. To the back to the bathroom is the shower area. There is a curtain at the entrance to this area. There is a changing area and six individual showers with curtains. The bathroom in the federal male wing has a solid door at the entrance that is usually propped open. There is a ½ wall at the entrance that blocks views into the bathroom. The front part of the bathroom has a sink area with mirrors above, across from this sink area is the shower room. The shower room has an open entrance to the changing area with thirteen (13) individual showers around the perimeter of the room. Each shower has a shower curtain. The back of the bathroom has a toilet/urinal (toilets have custom 1/3 doors) area to the left and resident laundry to the right. The bathroom in the state housing unit has a solid door at the entrance that is propped open. At the entrance is a sink area. Further back to the right is a sink area and to the left is the shower room. The shower room has an open entrance with seven showers with curtains. At the back of the bathroom are seven toilets with custom 1/3 stall doors. Across from the toilets is the resident laundry area.

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

During resident interviews, they report that all opposite gender staff announce themselves with "man on the floor" or "female staff" before enter the housing unit, bathroom, dorm rooms, or shower areas. The residents report that at no time have they had an incident of incidental viewing from a staff member while in a state of undress unrelated to official duties. The female residents report that male staff that come into the female housing unit usually staff at the post desk, and do not come into the dorms or bathrooms. Male staff report that female staff will announce prior to coming into the dorms, and that female staff usually announce then stay at the bathroom doorway.

Staff report they are trained to ensure they make clear, loud announcements prior to entering into area where residents of the opposite gender could be changing, showering, or using the toilet. They report that this procedure is reviewed annually during one of the monthly refresher trainings.

The PREA Coordinator reports that upon request, transgender and intersex residents will be given the opportunity to shower separately from other residents. This means that staff will accomodate private shower access whenever a transgender or intersex residents request it. This is done either through scheduling separate shower times or providing an alternative space. The faciity has the ability to use AREA D as a private area for transgender residents to shower.

The PREA Coordinator state the agency will convene the Transgender Review Committee before placement in order to identify which Oriana House operated facility will be best for the safety, security, and manageability of the residents. The committee will provide options for providing private shower times, dorm and bed placement, and an appropriate case manager. The PREA Coordinator states that all

	<p>staff will be given refresher training on how to complete a pat and enhanced pat search of a transgender individual whenever a transgender resident is placed at the facility. The Program Administrator states that the facility has identified specific dorms and beds for high risk residents.</p> <p>The facility's policy, procedures, practice, training, and physical layout ensure that all residents are provided an appropriate, professional, and respectful pat or enhanced pat search, as well as providing them areas where they can privately shower, perform bodily functions, and change clothing.</p> <p>Review:</p> <p>Policy 1080</p> <p>Policy 8089</p> <p>Policy 8091</p> <p>Facility tour</p> <p>Interview of residents</p> <p>Interview of staff</p> <p>Interview of PREA Coordinator</p> <p>Interview of Program Manager</p> <p>Interview of Program Administrator</p> <p>Interview of Lead Resident Supervisor</p> <p>Training Curriculum</p> <p>Posters of pat search, enhanced search, and UDS expectations</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 8004 states that Oriana House facilities must ensure that all residents understand the program rules, regulations, and guidelines. This includes ensuring that residents who have disabilities and are limited English proficient have equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The agency provided the auditor with the PREA Plan to Assist Residents with</p>

Disabilities. The plan states that at intake a resident will be asked to indicate how he/she communicates most effectively, if he/she has a language barrier, literacy issue, and/or sensory impairment. If such barrier exists, assistance shall be provided to the resident by a staff member or other qualified person. The assistance shall be provided at no cost to the resident. Assistance can take the form of closed caption videos, closed caption videos in Spanish, auxiliary items for residents who may be deaf/hard of hearing or blind/seeing impaired, and interpreter services. Staff are required to read the agency's Guide for Client Sexual Abuse and Sexual Harassment Prevention to each resident at intake.

The policy also states:

- Telecommunications device for the deaf (TDD), shall be provided as needed with no cost to residents, family members, and/or significant others. Mobile units are stationed at the Administrative Office and the Detox facility. The Admissions Manager, or designee, will coordinate with the Communications Specialist to install the unit at the requested facility
- If an interpreter is needed for continuing case management services, the Program Manager or designee should utilize the contact list for these services
- When a translator (i.e., Spanish, Vietnamese, etc.) is needed for prospective residents, the Admissions Manager or designee will make arrangements through The International Institute
- Once a resident is placed in a program, a Program Manager or designee should arrange for ongoing services
- The Program Manager/designee in the facility where the resident is placed can utilize the contact list during standard business hours and off-hours
- There are no fees to residents, family members, and/or significant others with regard to language barrier/literacy services. The Agency has signed agreements and/or billing guidelines set up with the contacts listed
- Should an employee offer/be directed to provide in-house services, his/her supervisor must authorize him/her to leave his/her regular duties during the time in which he/she is interpreting
- Any request by a resident to have a family member or friend interpret, following the Agency's offer to provide an interpreter, must be documented in the resident's file. The resident's request will be honored unless the Admissions Manager and/or facility's Program Manager feels the person the resident is requesting is not sufficiently qualified and, in such cases, must provide the resident an interpreter from the contact list. Documentation must include a written statement signed by the resident

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

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

Throughout the facility, PREA information is posted in both in English and Spanish.

Staff, interviewed during the onsite visit, report that the need for assistance is identified during the intake process. The Resident Supervisor staff that conduct intake of new residents report that if a resident indicates that they cannot read or understand the information, the Resident Supervisor will read the resident the information and check for understanding. The staff report that Spanish is the most common language other than English that residents that identify as limited English proficient speak. The facility has two staff members that speak Spanish available to residents, as well as materials translated to Spanish. One of these staff members is a case manager. Residents will be assigned to her case load, and she will ensure the resident is able to understand and benefit from all aspects of the facility's program.

Staff report that during training, they are trained to ensure comprehension and ask clarifying questions to confirm understanding, and use educational videos with closed captions. Staff provide guided, one-on-one assistance, and offer extra time when needed. During the onsite visit, a deaf resident was admitted to the facility. The auditor was able to interview the resident, who is able to read lips and read/write, as his preferred method of communication. The resident will be assessed and housed in a manner that keeps him safe.

Any special communication or accessibility needs are logged in Orion and communicated to supervisors to ensure consistency across shifts. PREA education accommodations are documented in the resident's file and reviewed by the Program Administrator for compliance.

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

Review:

Policy 8004

PREA Plan to Assist Residents with Disabilities

Resident intake materials

Interviewed target residents

Interviewed Program Administrators



	Interviewed PREA resident educator
	Interviewed RS staff
	Interviewed bilingual case manager

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Oriana House policy 1080 prohibits hiring or promoting anyone who may have contact with the residents and prohibits the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent.</p> <p>Policy 3006 requires the agency to conduct a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks are completed every five years. The auditor interviewed the Director of Human Resources during the onsite visit. The Director reports that Oriana House now owns and operates its own fingerprint machines and are capable of conducting their own background checks. She states that background rechecks are completed every five years by building, and the agency uses an online third party vendor to complete these checks.</p> <p>All employees, independent contractors, volunteers, and interns are required by policy 3009 to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations. All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.</p> <p>The Director also reports the Human Resource Department conducts referral checks for all new hires and specifically documents whether or not a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.</p> <p>When reviewing the promotion process, the Director of Human Resources reports that the Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion. The agency has developed a form that indicates in red that the Human Resource Department must</p>

check discipline records for anything related to PREA. This form is then placed in the employee's file. This information is reported to the hiring/promotion committee before a decision is made.

The agency documents any request from outside confinement facilities requesting PREA reference checks on potential employees.

During the onsite visit, the Human Resources Director reviewed the hiring and promotion process. The Director states that during the hiring process, applicants are questioned about criminal or administrative sexual misconduct allegations on the application, during the telephone interview, and during the in person interview.

Once hired, all new employees are provided the agency's zero tolerance policy 1080 and continued affirmation policy 3009 to disclose misconduct. Employees document their acknowledgment of this annually. The Director reports that to be eligible for a promotion, all interested employees must submit a letter of interest to the Human Resource Department. The department will review the employees file, including disciplinary actions. Employees with disciplinary action that includes sexual misconduct are not eligible for promotion.

She reports that while there are no new changes to the hiring process, she has a new supervisor. She reports that the change allows her to attend executive meetings, have a seat at the table for decision-making, and provide input on major policies. The Director states that these changes allows her to voice concerns in areas related to PREA such as trends in staffing levels, training, and staff sexual misconduct allegations.

The auditor was able to review documentation that demonstrated compliance with each provision of the standard.

Review:

Policy 1080

Policy 3004

Policy 3006

Policy 3009

Employee files

Continued affirmation

Prior institutional referral

Applicant interview questions

Employee Background checks

Contractor background checks

	Promotion documentation
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has not acquired any new facility, nor is it planning any substantial expansion or modification to the facility.</p> <p>The facility has not enhanced, changed, or added to the electronic monitoring system or other monitoring technology since the last PREA audit. The PREA Coordinator reports that the agency is working on a plan to add tour guards to all its facilities in the near future. The tour guard will assist the facility in ensuring circulations and rounds are completed as written in policy. Thus providing appropriate supervision and security of residents.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Facility tour</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator states that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary, criminally investigated by the agency with legal authority to conduct such investigation. The agency has provided the auditor with certificates for the administrative investigator training for all three agency investigators. The agency has shown the auditor a request to enter into a formal MOU with the Cuyahoga County Police Department to investigate any allegation of criminal sexual abuse and/or sexual harassment at CCTC.</p> <p>The facility has provided a documented request for the Cuyahoga County Police Department to investigate all criminal incidents of sexual abuse or sexual harassment at the facility. The department responded by stating that do not enter into MOU's but will answer calls of any issues as required. The agency has requested the criminally investigative agency to:</p>

- Use a uniform evidence protocol that, if necessary, has been adapted from or based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011
- Investigators shall have specialized training in conducting investigations in confinement settings
- Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data
- Investigators shall interview victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrators
- Polygraph examination or other truth-telling device shall not be required as a condition for proceeding with the investigation of such an allegation
- Investigation shall be documented in a written report that contains a through description of physical testimonial and documentary evidence with attached copies of all evidence where feasible.
- Substantiate allegations of conduct that appears to be criminal shall be referred to prosecution
- The departure of the alleged victim or abuser from Oriana House facilities shall not provide a basis for terminating an investigation

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

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

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

The auditor contacted the Cleveland Rape Crisis Center during the onsite visit

	<p>through the resident phone system. The advocate was able to confirm the MOU and that the services are provided free of charge. She states that the agency is able to provide the following services:</p> <ul style="list-style-type: none"> <li>• 24-hour crisis and support hotline</li> <li>• advocacy during the criminal justice process</li> <li>• individual counseling for survivors</li> <li>• support groups</li> <li>• hospital support</li> <li>• support for Spanish-speaking victims, as well as deaf or hard of hearing victims</li> </ul> <p>The facility will provide a victim advocate from the Cleveland Rape Crisis Center to any resident victim. The facility also has the ability to provide an emotional support staff person at the victim's request. The auditor interviewed the Crisis Counselor who acts as the victim support person during the onsite visit. She reports that her duties as a victim support person includes responding to residents in crisis-including those expressing suicidal thoughts, emotional distress, or fear of retaliation. She will provide immediate emotional support and counseling following an allegation.</p> <p>She will meet with the victim weekly and provide external advocacy if requested. In addition to individual support, the Crisis Counselor runs trauma focused groups.</p> <p>Review:</p> <p>Policy 1080</p> <p>Cleveland Rape Crisis Center MOU</p> <p>Email to Cuyahoga County Police Department</p> <p>Cleveland Metro Health Hospital website</p> <p>Administrative investigation report</p> <p>Interview with administrative investigators</p> <p>Interview with Crisis Counselor</p> <p>Telephone interview with Cleveland Rape Crisis Center</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Oriana House policy 1080 requires the Sexual Abuse Response Team to refer all

	<p>allegations of sexual abuse to law enforcement promptly. An administrative investigation will be conducted at the conclusion of a criminal investigation.</p> <p>The auditor reviewed the agency's website (<a href="http://www.orianahouse.org/accreditations/prea/prea.php">www.orianahouse.org/accreditations/prea/prea.php</a>) to ensure that the investigative policy for PREA allegations was posted. The website advises that all allegations of sexual abuse will be referred to the local legal authority for a criminal investigation. The website also gives notice that all allegations (criminal or not) will have an administrative investigation conducted by a trained investigator. Sexual abuse allegations will receive an administrative investigation at the conclusion of a criminal investigation. The criminal investigatory agency will make referral to the local prosecutor for any allegation deemed appropriate according to their agency policy.</p> <p>The facility's administrative investigators reviewed the following investigations with the auditor:</p> <p>Investigation #1: The facility received a verbal report from a resident that another resident took a picture of her topless and posted the photo on social media. The facility initiated an administrative investigation and determined that the allegation was substantiated. The facility referred the allegation to local law enforcement. The law enforcement agency reclassified the charge to a misdemeanor, and later dismissed. The victim did not follow up with the police department, so the case effectively ended without conviction or further action.</p> <p>Review:</p> <p>Policy 1080</p> <p>Agency website</p> <p>Investigation reports</p> <p>Interview with administrative investigators</p>
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115.231	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Agency policy 1080 requires all staff to be trained on the agency's zero tolerance policies and procedures relative to resident sexual abuse and sexual harassment. This training is required to be given to all employees every two years and provide refresher information on the current sexual harassment and abuse policies and procedures during the year full training is not offered.</p> <p>The agency provided training prior to starting at the facility and again annually on:</p>

- Monitoring for safety
- Client privacy
- Client support services
- Completing an incident report
- Encouraging a client report
- Effects of abuse
- First responder duties
- Helping clients who primarily speak another language
- Investigations
- PREA basics
- Professional communication and boundaries
- Reporting knowledge, suspicion, or information
- Ways resident can report
- Gender specific training

The training sufficiently covers section a.1-10 of standard 115.231. After completing training, the staff member documents their training by signing a sign-in sheet.

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

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

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

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

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

	<ul style="list-style-type: none"> <li>• Staffing plan</li> <li>• Logging cross-gender views</li> </ul> <p>During the onsite visit, many staff described receiving PREA training as part of a two-week onboarding period combining classroom instruction, online modules, and hands-on observation. When asked to explain PREA, staff consistently described it as about safety, reporting, and respect for all residents regardless of race, gender, or sexuality. They emphasized that reporting and protection are automatic once an allegation has been made. Several staff stated that regular meetings and policy reviews regarding PREA are completed monthly and that it is their job to create a culture of zero tolerance and accountability.</p> <p>The staff report that after initial PREA training, they receive monthly training online through the agency's Learning Management System (LMS). The Program Administrator is able to run reports to ensure all staff have completed the monthly refresher training. She also reports that during staff meetings, PREA topics can be discussed if issues or concerns arise.</p> <p>The auditor was provided training sign-in sheets to verify training - onboarding and monthly refresher.</p> <p>Review:</p> <p>Policy 1080</p> <p>PREA training PowerPoint</p> <p>Training records</p> <p>Interview with Human Resource Director</p> <p>Interview with Program Administrators</p> <p>Interview with Program Manager</p> <p>Interview with staff</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Oriana House policy 1080 requires all contractors and volunteers who have contact with residents receive training on the agency's policies and procedures relating to sexual abuse and sexual harassment. The level and type of training provided will be based on the services provided and amount of contact with the residents. Minimally, all contractors and volunteers will be informed of the agency's policies and how to</p>



report allegations.

The PREA Coordinator discussed the agency's system for determining the type of training required of a contractor or volunteer.

Level 1: Requires a 3-hour training. For non-Oriana House employees who are in the residential facility daily and have unsupervised daily contact with clients. Example: ARAMARK maintenance and kitchen staff in Cleveland. They are issued a Level 1 Training Verification Card and must check the "Training Verification Card" box and circle "Level 1" when signing in.

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

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

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

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

The facility has a new electronic signature system. The system will alert the staff member working the post desk the level assigned to each contractor or volunteer.

The facility provided the auditor with documentation of the training provided to contractors and volunteers, an explanation of the level system, and signed acknowledgments of contractors receiving the training.

Review:

Policy 1080

Contractor/volunteer training material

PREA acknowledgment form

Interview with PREA Coordinator

115.233	<b>Resident education</b>
	<p data-bbox="280 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 331 1441 533">Policy 8004 states that Oriana House facilities must ensure that all clients understand the program rules, regulations, and guidelines. This includes ensuring that clients who have disabilities and are limited English proficient have equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="280 571 1481 728">Residents at CCTC receive PREA information immediately during the facility intake process. The Resident Supervisor staff provide a handbook which includes PREA prevention guide, and each resident signs a verification form confirming receipt. The handbook informs residents that:</p> <ul data-bbox="352 801 1465 1216" style="list-style-type: none"> <li>• Sexual activity between residents or between residents and staff are always prohibited</li> <li>• There are multiple ways to report abuse</li> <li>• False reporting may result in a sanction for falsification</li> <li>• Crisis support is available and staff must assist residents who request rape crisis services</li> <li>• Residents privacy rights are respected but subject to mandatory reporting laws</li> <li>• Anti-discrimination protections apply, including based on actual or perceived gender identity</li> </ul> <p data-bbox="280 1254 1476 1328">All residents, new or transfer, attend a mandatory orientation group. The orientation education includes:</p> <ul data-bbox="352 1402 874 2063" style="list-style-type: none"> <li>• Agency zero tolerance policy</li> <li>• Definitions</li> <li>• Reporting options <ul style="list-style-type: none"> <li>◦ verbal to any staff</li> <li>◦ Internal PREA hotline</li> <li>◦ External ODRC hotline</li> <li>◦ Submitting a PREA form</li> <li>◦ Written letter</li> <li>◦ Email</li> </ul> </li> <li>• Third-party reporting</li> <li>• Retaliation protections</li> <li>• Bad faith reporting</li> <li>• Access to support services</li> <li>• Special Considerations <ul style="list-style-type: none"> <li>◦ Limited English proficiency</li> <li>◦ Deaf/hard of hearing</li> </ul> </li> </ul>

- Blind/low vision
- Cognitive/physical disabilities
- Search and security procedures

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

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

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

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

Staff report providing residents with information about PREA at intake that is reinforced during new client orientation. They state that the residents will watch a video, review rules, and staff will ensure the residents understand the reporting process. The RS staff members report:

- “We show them the PREA video during intake”
- “They get it when they first come in. We make sure they sign off that they've seen the video and know how to report.”
- “We explain zero tolerance and how to use the hotline. Every client hears that when they come through.”

The case manager that conducts orientation group reports that she reviews the PREA reporting forms, hotline numbers, the address, and how to report anonymously if they want. She states that if residents do not understand any part of the information, we will go back and review it with them. If a resident cannot read or has other disabilities or language barriers, she will read and explain the information to the resident or translate the information in a language the resident understands. She states that reporting information and numbers are available in posters throughout the facility and in the resident handbook.

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

During resident interviews, they verified that they have seen the PREA video and received reporting information during orientation. The residents were capable of

	<p>discussing the information provided to them by the facility at intake and during orientation group. Most of the residents also reported receiving reporting information and protection measures from their case managers. The residents report that they are very familiar with PREA and know the location of reporting posters for more information if they needed it.</p> <p>No resident reported confusion or lack of PREA education. Oriana House facilities provide comprehensive, multi-format PREA education to all residents at intake and orientation. Residents receive verbal, written, and video instruction covering every PREA requirement, and staff ensure that those with disabilities or language barriers receive individualized support. Documentation of completion is maintained for compliance.</p> <p>Review:</p> <p>Policy 1080</p> <p>Policy 8004</p> <p>Resident intake packet</p> <p>Resident handbook</p> <p>PREA posters</p> <p>PREA reporting phone numbers</p> <p>Resident PREA education video</p> <p>Resident acknowledgements</p> <p>Interview with residents</p> <p>Interview with RS staff</p> <p>Interview with PREA education instructor</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1080 requires all administrative investigators to receive specialized training. The agency has three investigators as well as the PREA Coordinator. The PREA Coordinator and one investigator received in-person training from the Moss Group, while the other investigator received training from Bureau of Community Sanctions. The training from both agencies provided includes:</p>

	<ul style="list-style-type: none"> <li>• techniques for interviewing sexual abuse victims,</li> <li>• proper use of Miranda and Garrity warnings,</li> <li>• evidence collection in a confinement setting,</li> <li>• required evidence to substantiate a case for administrative action or criminal referral</li> </ul> <p>The agency retains completion of training certificates as proof of training. The investigators receive refresher training on specialized investigator training.</p> <p>The auditor was able to review the curriculum and training material provided by the Moss Group and the Ohio Bureau of Community Sanctions. The training was appropriate to the requirements of this standard.</p> <p>The auditor interviewed the administrative investigator and the PREA Coordinator. All were able to discuss their training, and the PREA Coordinator participated in delivering training (she has a train the trainer certificate for administrative investigations) to new administrative investigators during the Ohio Bureau of Community Sanctions training. The investigator has received the proper training and understands his role and responsibilities as an investigator. The investigators understand Garrity; however, this is a private non-profit organization and Garrity warnings do not apply.</p> <p>The agency policy prohibits administrative investigators from conducting a criminal investigation. All criminal investigations will be conducted by the local legal authority.</p> <p>Review:</p> <p>Policy 1080</p> <p>Training curriculum and material</p> <p>Training certificates</p> <p>Interview with administrative investigator</p>
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115.235	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 1080 requires specialized training for medical and mental health practitioners. These employees or contractors are also required by this policy to receive the same training mandated for employees or the same training mandated for contractors/volunteers.

	<p>The facility does not have onsite medical practitioners. All residents would be seen by a SANE at Cleveland Metro Health.</p> <p>The Crisis Counselor at the facility states that while she does not provide mental health services for the residents at CCTC, she will provide crisis counseling and will meet with residents after an incident of sexual abuse. She has completed the specialized training for Medical and Mental Health Professionals provided by NIC. The counselor states that residents will go into the community for mental health services and for residents that are not eligible for community access, professionals from Recovery Resources will meet with the residents at the facility.</p> <p>Review:</p> <p>Policy 1080</p> <p>Interview with Crisis Counselor</p> <p>Training certificate</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 1080 states that all residents will be assessed for risk of victimization or abusiveness within 72-hours of arrival at the facility. This includes new intake or transfer residents. The Resident Supervisor will administer the screening instrument and considers the following:</p> <ul style="list-style-type: none"> <li>• a. Whether the resident has a mental, physical, or developmental disability</li> <li>• b. The age of the resident</li> <li>• c. The physical build of the resident</li> <li>• d. Whether the resident has a prior conviction for sex offenses against an adult or child</li> <li>• e. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, gender non-conforming, or intersex</li> <li>• f. Whether resident has previously experienced sexual victimization</li> <li>• g. The residents own perception of vulnerability</li> <li>• h. Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse</li> </ul> <p>The policy does not allow for residents to be disciplined for refusing to answer or not disclosing complete information to questions a, d, f, or g. The staff member is required to mark those responses as “refused to answer.”</p> <p>The auditor was given a copy of the risk assessment instrument. The assessment</p>

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

The Resident Supervisor staff will screen all residents within 72 hours of arrival at the facility. The assigned case manager will conduct the 15-30 rescreen or when warranted due to a referral, request, or incident of sexual victimization, or when new relevant information becomes available.

The Resident Supervisors interviewed during the onsite visit state that every resident is screened when they first come in. "We do the ORAS and the PREA assessments together in the first couple of days." "The risk assessment is done at intake to see if they're at risk of being victimized or being abusive. That helps us decide where to put them and how to monitor them." The Resident Supervisor staff state that the information that is collected during the screen is limited and that they will check a box in ORION (resident database system) that shows whether they are susceptible or abusive. That will be the only information that is provided to staff.

The case managers interviewed report completing a rescreening between 15-30 days after admission, or when new information is provided. The case managers report they are trained on how to ask the PREA questions respectfully, "they're personal, so you have to be professional about it." They report trying to use trauma informed language/practices during the rescreen.

The information is reviewed during Behavioral Management System (BMS) or team meetings so that caseworkers, counselors, and security are aware of resident risk levels. Changes in risk status (e.g., after an incident) are documented in Orion.

The Program Administrators and Program Manager reports reviewing risk screens to ensure timeliness and accuracy.

The facility provided the auditor with a risk assessment report. The report details:

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

	<p>During the onsite visit, residents reporting completing a PREA screening during intake. Most residents interviewed clearly recalled that they were asked personal questions about their background, sexual history, and victimization as part of their intake paperwork. Most residents stated that their case manager or intake staff walked them through the screening, “They go over it with you when you come in- they tell you it's about safety and keeping people separate.” Another stated, “They explained that it's to make sure no one gets put in a bad situation.” The residents state that staff discussed the personal and private topic of the screen in a professional manner.</p> <p>One resident that is ESL stated that her case manager spoke Spanish, which helped her understand the risk assessment and what the intake forms in general were asking. The case manager explained her interview process and that she would read the questions out loud (non readers/cognitive delay) or write them down (deaf) in order to obtain a correct assessment.</p> <p>The assessments are kept in the agency’s ORION database system, and access to this information is limited to clinical staff.</p> <p>Review:</p> <p>Policy 1080</p> <p>Risk assessments (initial and reassessments)</p> <p>Resident files</p> <p>Risk Assessment Report</p> <p>Interview with RS Intake staff members</p> <p>Interview with Case managers</p> <p>Interview with Program Manager</p> <p>Interview with Program Administrator</p> <p>Interview with residents</p>
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115.242	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policy 1080 states that the screening information will be made available to appropriate staff to ensure that all housing, programming, and community assignments are given in a way to minimize the risk of the resident being sexually victimized. The facility has specifically assigned dorms and beds for residents that</p>



have been identified as being highly susceptible or highly abusive. These specific beds are located in areas that are easily visible from the doorway of each room.

Programming staff will make every effort when scheduling groups not to place residents with opposing PREA statuses in the same group. The policy states when that is not possible, that the staff will monitor appearance and behavior and report any significant changes.

The policy states that residents with a highly susceptible or highly abusive PREA status will have increased whereabouts checks. Residents with no status or a status of susceptible or abusive receive three whereabouts checks per shift while residents with highly PREA statuses will receive six whereabouts checks per shift. Only the Program Manager or the Lead Resident Supervisor can remove a resident from the increased whereabouts checks.

During the onsite visit, the auditor was shown the whereabouts check sheet and verification of increased checks for those with PREA statuses. The auditor was also able to view the designated PREA rooms/beds. All residents entering the facility are on increased whereabouts watch during their first 48-hours in the facility. This allows the facility to monitor residents' acclimation to the facility, to adjust accommodation methods if necessary.

Oriana House policy 1080 also requires the facility to address the underlying reasons and motivations for susceptibility or abusiveness. The information from the screening will be used to develop targeted Individual Program Plan (IPP) goals and objectives to address the identified risk and needs assessment indications.

The staff report to the auditor:

- "If they're high risk - we don't put them with certain people. We tell management, and they decide the bed assignment"
- "If someone is flagged as high risk, they get more whereabouts and observation logs"
- "We let the caseworker and management know right away if the score is high, because they have to adjust bed assignments"
- "It affects their programming and how close we keep an eye on them"

When a resident is identified as highly susceptible or highly abusive, the information is:

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

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

The agency has developed a plan to ensure the safety of transgender/intersex

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

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

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

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

The facility has a plan to provide appropriate accommodations and have trained the staff to treat transgender residents respectfully. The Program Administrators and Program Manager report that the facility has housed transgender residents before, and that there were no problems. They state they, as a team, will meet to discuss and approve dorm and shower accommodations, and decisions are documented in ORION. Case managers and resident supervisors are briefed on the accommodations during team meetings.

Oriana House has zero tolerance for discrimination/harassment of clients by staff, and of staff by clients, based on actual or perceived gender identity, and bars any demeaning or inappropriate conduct. The auditor interviewed any resident that identified as lesbian or bisexual. All residents interviewed stated that they have not experienced any discrimination and did not feel as if they were placed in a housing unit or dorm based on their status. The residents reported feeling safe and being able to go directly to the Program Administrator if they felt threatened sexually or otherwise.

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

	Review:  Policy 1080  Policy 8091  Facility tour  Transgender Client Review Summary  Whereabout checklist  Risk Screens  Web search  Interview with residents  Interview with Program Administrators  Interview with Program Manager  Interview with caseworkers  Interview with Program Coordinator  Interview with Operations Coordinator  Interview with RS staff
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115.251	Resident reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1080 requires Oriana House to provide residents with the opportunity to report sexual abuse and sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. The policy allows for residents to report anonymously and lists the following as ways a resident can report:</p> <ul style="list-style-type: none"> <li>• Verbally telling any Oriana House employee</li> <li>• Completing a Client Sexual Abuse/Harassment Reporting form (located in the resident handbook)</li> <li>• Oriana House website at <a href="http://www.orianahouse.org/contactus">www.orianahouse.org/contactus</a></li> <li>• Calling the Oriana House Client Sexual Abuse Hotline 330-258-1271 free of charge</li> </ul>

- Emailing SexualAbuseReporting@orianahouse.org
- Calling an outside third party hotline at 614-728-3399 free of charge

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

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

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

The agency provided the auditor with a Voice Configuration screenshot of resident phone set up. The following numbers are listed as "not billed" and "not recorded":

- Oriana House PREA hotline
- ODRC
- PREA hotline
- Cleveland rape crisis
- Summit rape crisis
- NCO Sexual violence hotline
- SWO sexual assault support hotline

During the tour, the auditor noticed several postings in conspicuous places that listed reporting information for local, state, and national organizations. The information includes the name, phone number, and address for all organizations listed.

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

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

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

Most residents clearly knew that reporting staff or residents for inappropriate conduct was allowed and part of the PREA process. The residents could explain how to report- verbally, in writing, or through hotlines, and what would happen next:

- "Yeah, if staff was crossing lines, I could report it. You can tell a supervisor or call the PREA hotline."
- "I know how to report something like that. You go to the supervisor."
- "If it's something serious, they separate people right away and call the higher-ups."

During interviews in the female unit, a few residents reported allegations about a specific staff member and a former resident. Residents report that they have made reports to the ODRC hotline and made reports to the Department of Justice, but have some concerns about retaliation:

- "There is a staff member who is paying and sleeping with inmates. The resident is no longer here. It caused such a big ruckus and scene that I had to make a report to the Department of Justice about it. They (the staff member) told the girls to pressure her to change her story so nobody would look into what really happened."
- "She (the staff member) woke us up at 10 o'clock one night and had a meeting with all the women, saying, 'I don't have a relationship with an inmate. I don't know why you guys keep saying that.'"
- "The staff got somebody to fight for it. Like this girl got jumped by two girls. They let this happen because you're dating the girl who did it."

- “She (the staff member) have given out her Instagram and phone number, and a couple other girls here have it. They can just text her and tell her, 'Hey, I want food today, make sure that happens' She's even been bought off by people.”
- “One of the girls paid her a hundred dollars so she would sign off on everything. It was kind of like extortion.”

The auditor informed all residents prior to the start of the interview, and again later when the residents began to make reports, that all allegations would be reported to an investigator who would be required to initiate an investigation. Only one resident requested to remain anonymous. The auditor also informed the residents how to report retaliation.

The auditor spoke to the PREA Coordinator about the allegations. The auditor provided the information reported during the interviews. The information was documented and passed on to the agency's administrative investigator. The PREA Coordinator reported to the auditor that after discussing the allegations with Internal Affairs, the agency has already begun an investigation into this staff member. The facility received reports about staff misconduct, but it was not specifically PREA related. The PREA Coordinator confirms that the investigation will now expand to investigate the PREA allegations.

In the past twelve months, the facility has received one allegation that was reported by a resident. The allegation was verbally reported directly to staff, investigated, and determined to be substantiated.

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

Review:

Policy 1080

Client Sexual Abuse and Sexual Harassment Reporting Form

Resident handbook

Resident intake packet PREA information sheet

Staff training curriculum

Resident PREA videos PREA posters

Agency website

Reporting hotline numbers

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

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Oriana House policy 1080 requires each facility to provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential manner as possible. Policy requires staff to notify residents, prior to giving them access, of the extent to which the communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>The facility has placed posters in English and Spanish around the building in conspicuous places that provide the telephone number and address to the local</p>

victim advocate and emotional supportive services agency. A review of the resident handbook shows a listing of the addresses and telephone numbers to local, state and national victim advocate agencies.

CCTC has a MOU with Cleveland Rape Crisis Center for its Cuyahoga County locations. The MOU was provided to the auditor. The agreement permits the agency to:

- Provide posters with the Cleveland Rape Crisis Center's address and telephone number for emotional support
- A telephone number and address any resident can use to anonymously report sexual assault

The auditor received confirmation from an office worker of the center that they have provided their address and phone number to residents of Oriana House and will provide emotional supportive services free of charge. The officer states that at the initiation of services, advocates inform residents that all information reported is confidential except in a case where they are mandated to report. The officer stated that the agency cannot report if they provided services to any resident victim from MCCBCF due to confidentiality.

The agency provided the auditor with a Voice Configuration screenshot of resident phone set up. The following numbers are listed as “not billed” and “not recorded”:

- Oriana House PREA hotline
- ODRC
- PREA hotline
- Cleveland rape crisis
- Summit rape crisis
- NCO Sexual violence hotline
- SWO sexual assault support hotline

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

- Residents have the right to privacy when making a report of sexual abuse to outside agencies. Resident telephone calls will not be listened to and will be private. There are rules about resident privacy, but there are Federal, State, and local laws for reporting. Resident information will be kept as private as possible, but the facility may have to tell based on the requirements under these laws.

Case managers are required to have role clarification meeting where residents are given information on the limits to confidentiality. Residents are informed that their discussions with staff are private except when there is a risk of harm to self or



	<p>others (mandatory reporting limits). The residents are informed that all information provided to a staff member, contractor, or volunteer would be immediately reported to proper authorities.</p> <p>During the tour portion of the onsite visit, the auditor used a phone in the housing unit. When first picking up the phone, the message prompts for language selection. After the language selection, the next option is for PREA. Once a resident selects the PREA option, the message then has the following prompts:</p> <ul style="list-style-type: none"> <li>• Option #2 = Oriana House reporting</li> <li>• Option #3 = ODRC reporting</li> <li>• Option #4 = Cleveland Rape Crisis Center</li> <li>• Option #5 = Hope and Healing</li> <li>• Option #6 = SARNCO Rape Crisis</li> <li>• Option #7 = Sexual Support Hotline</li> </ul> <p>The call to the rape crisis hotline has selectable options for what type of support the caller needs, the auditor selected an office worker in order to discuss the services provided to the residents, if the services are free of charge, confidentiality of the information, and any mandated reporting responsibilities.</p> <p>During the interview with the Crisis Counselor, she confirmed that she informs all residents prior to the beginning of services of the limits of confidentiality and the agency's mandatory reporting requirement for all incidents, reports, or suspicions of sexual abuse and sexual harassment.</p> <p>*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.</p> <p>Review:</p> <p>Policy 1080</p> <p>PREA Postings</p> <p>Cleveland Rape Crisis Center MOU</p> <p>Resident Handbook</p> <p>Onsite phone call with Rape Crisis Center representative</p> <p>Staff interviews</p> <p>Resident interviews</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<b>Auditor Discussion</b>
	<p>Agency policy 1080 requires the posting of information on how a third party can report sexual abuse or sexual harassment on behalf of a resident on the agency website. The auditor reviewed the agency website, <a href="https://www.orianahouse.org/about/accreditations/prea/">https://www.orianahouse.org/about/accreditations/prea/</a>, and was able to see the posted information on how to report an allegation.</p> <p>The auditor called the hotline numbers for both the agency and outside reporting agency. The agency hotline is answered by an answering machine. The message on the machine reminds callers of the obligation of the facility to investigate all allegations and that there is no retaliation for reporting any incidents. The message request callers to leave as much detailed information about the incident, but if the caller wishes, they can remain anonymous. The outside reporting agency's hotline number is also answered by a machine. The message also requests the caller leave detailed information about the incident and that if they so choose, they can remain anonymous. The auditor received a return phone call from an agency administrative investigator on the same day the call was placed. The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a call back from the Assistant Bureau Chief, Sonya Dunlap. She reports that she ensures all reports to the hotline are reported to the agency.</p> <p>The facility has posted in conspicuous places, including areas where visitors would frequent, notices on how a person can make a third-party report of sexual abuse or sexual harassment on behalf of a resident. The notices include toll-free hotline numbers and the email address that is listed on the agency website.</p> <p>The auditor provided the facility with a third-party report from the residents during onsite interviews. No other third party reports were reported during the past twelve months.</p> <p>Review:</p> <p>Policy 1080</p> <p>Agency website</p> <p>Investigation reports</p> <p>PREA notices</p> <p>PREA hotline number</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Oriana House policy 1080 requires all employees, including medical and mental health staff, to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment including third-party and anonymous reports to the Client Sexual Abuse Response Team via email. This includes allegations of retaliation for reporting incidents of sexual abuse or sexual harassment or cooperating in an investigation concerning an allegation of sexual abuse or sexual harassment and any knowledge, suspicion, or information regarding staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.

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

Policy 1005 requires states staff, without reservation, must report to the appropriate supervisor any corrupt or unethical behavior, including sexual misconduct or sexual abuse as defined by the Prison Rape Elimination Act that could affect a resident or the integrity of the Agency.

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

- Immediately email the Client Sexual Abuse Response Team
- Report any sexual abuse allegation between staff and a federal resident to the Federal Bureau of Prison's Residential Reentry Manager
- Documenting the allegation, including verbal reports to management staff
- Limit the number of people who have knowledge of the allegation to designated officials who are responsible for making treatment, investigation, and other security decisions
- Perform any first responder duties as needed

A review of the PREA Staff Guide Book provides instructions to staff on how to report resident sexual abuse or harassment. The guide speaks to the agency's responsibility of creating a culture where residents feel safe to report sexual abuse or sexual harassment without the fear of retaliation. The book provides a phone number, email address, and required reporting form.

Staff are also required to sign and date an acknowledgement of receiving the following information:

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

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

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

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

Across all interviews, staff consistently describe mandatory reporting, emphasizing that they are required to report immediately to their supervisor or directly to the PREA Coordinator.

- "If somebody reports something, we have to tell a supervisor right away- no waiting."
- "If a client tells us anything about sexual harassment or abuse, we separate them, call the supervisor, and write it up."
- "We don't handle it ourselves. We report it and follow the chain of command."
- "They tell us in PREA training, if you even think about crossing a line or not reporting something, you'll lose your job."

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

Review:

Policy 1080

Policy 1005

Employee files

Resident files

PREA staff guide book

Interview with staff

Interview with PREA Coordinator

115.262	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1080 requires the agency to take immediate action to protect a resident when the facility learns of a substantial risk of imminent sexual abuse. The PREA Coordinator states that the agency can take action to protect any resident by moving the alleged victim or abuser to a different dorm or phase. The agency can also move an alleged staff abuser to another facility or place on administrative leave during an investigation.</p> <p>The facility did not have a report of imminent sexual abuse; however, the facility had one allegation where the facility initiated the imminent sexual abuse protocol. The protocol steps included:</p> <ul style="list-style-type: none"> <li>• Separating the victim and alleged abuser</li> <li>• Increasing whereabouts checks for both residents</li> <li>• Place the alleged victim on retaliation monitoring</li> </ul> <p>Facility staff were also able to provide examples of how they provided a safety environment for residents that make allegations of possible imminent sexual abuse. The examples included moving residents to different dorms, different floors, increase whereabouts checks, or if necessary a move to a different facility. The staff report that at the time of any allegation, the first response is to ensure residents feel safe, and to take the necessary precautions to ensure that safety.</p> <p>Staff repeatedly stated that protecting resident's safety comes before anything else, and that it is a part of their core duties:</p> <ul style="list-style-type: none"> <li>• "Our job is to make sure everybody's safe- that's number one."</li> <li>• "If someone says something happened, we separate them and make sure they're okay. We don't leave them together, not even for a minute."</li> <li>• We don't just write it down, we act right away. We move the victim, call a supervisor, and start checking on them."</li> <li>• "We protect the resident first, and then we report. That's how we're trained."</li> </ul> <p>The Program Administrators both emphasize that the duty to protect extends beyond the initial incident. It includes monitoring for retaliation against victims and witnesses. The Administrators described several protective measures:</p> <ul style="list-style-type: none"> <li>• Separating victims and alleged abusers immediately</li> <li>• Increasing supervision or whereabouts checks</li> <li>• Referring residents to medical or counseling staff</li> <li>• Relocating if needed</li> </ul>

	<p>The facility did not have a report of imminent sexual abuse during this audit cycle.</p> <p>Review:</p> <p>Policy 1080</p> <p>Safety plan email</p> <p>Investigation reports</p> <p>Interview with staff</p> <p>Interview with administrative investigators</p> <p>Interview with Program Administrator</p>
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115.263	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Agency policy 1080 states that upon receiving an allegation that a resident was sexually abused while confined at another confinement facility, the Program Director or Program Administrator shall notify in writing the head of that facility or appropriate central office of the agency where the abuse occurred. The policy mandates that the notification shall be provided as soon as possible, but no later than 72-hours after receiving the allegation.</p> <p>The auditor interviewed agency investigators. The investigators reviewed all allegations from the past twelve months with the auditor. There were no investigations that were conducted based on an allegation reported from another confinement facility.</p> <p>Policy 1080 also mandates an administrative investigation into any allegation that is made to the facility, including investigations reported to the facility by another confinement facility. Should the investigation reveal criminal activity, the allegation will be referred to the local legal authority.</p> <p>The Program Manager reports that the facility has not received an allegation from another confinement facility on behalf of a former resident. She reports, and the PREA Coordinator confirms, that any allegation reported to the facility from another confinement facility or if a resident makes a report about another confinement facility is required to be reported to the PREA Coordinator.</p> <p>Review:</p> <p>Policy 1080</p>

	Reporting to other facilities template
	Investigation reports

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Oriana House policy 1080 outlines first responder duties for any allegation of sexual abuse. The policy instructs first responders to:</p> <ul style="list-style-type: none"> <li>• Separate the alleged victim and abuser</li> <li>• If there is a crime scene, preserve and protect it by clearing all residents and unnecessary staff from the area until law enforcement can assume responsibility of the crime scene</li> <li>• If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</li> <li>• If the abuse occurred within a time period that still allows for the collection of physical evidence, do not allow the alleged abuser to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating</li> <li>• Staff shall not collect evidence or disturb the crime scene as much as possible</li> </ul> <p>In addition, the required first responder steps mandated by this standard, the policy also requires first responders to:</p> <ul style="list-style-type: none"> <li>• Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director.</li> <li>• Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email.</li> <li>• If the Clinical Director is on the premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed.</li> <li>• Residents who request to talk with a counselor immediately will be referred</li> </ul>

	<p>to emergency mental health services (Rape Crisis Center of Medina and Summit Counties). Residents who request to see a mental health counselor but state their need is not immediate will be seen by the facility crisis counselor the following business day and referred for appropriate services.</p> <p>During the onsite visit, the auditor was able to review the PREA Staff Guide Book that is located at all main post. The book contains:</p> <ul style="list-style-type: none"> <li>• First responder duties</li> <li>• Reporting duties</li> <li>• Coordinated respond plan with contact names and phone numbers</li> <li>• PREA policies and procedures</li> <li>• Assisting residents with disabilities</li> <li>• Transgender safety plans</li> <li>• Medical response plan</li> <li>• PREA definitions</li> <li>• Staffing plan</li> <li>• Logging cross-gender views</li> </ul> <p>All staff are trained on first responder duties (security and non-security staff) including role-playing potential situations. The training is given during onboarding training, and again during the monthly training. The auditor was given a copy of the training curriculum and sign-in sheets.</p> <p>The facility had one allegation. The allegation was resident to resident sexual harassment where a resident was separated from another resident after reporting. The allegation was determined to be substantiated; however, no other protection or first responder duty steps were necessary.</p> <p>Review:</p> <p>Policy 1080</p> <p>First Responder Duties SOP</p> <p>Interview with staff</p> <p>Investigation reports</p> <p>PREA book</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>Policy 1080 list the coordinated response plan as the following:</p> <ul style="list-style-type: none"><li>• Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director.</li><li>• Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email.</li><li>• If the Clinical Director is on the premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed.</li><li>• Residents who request to talk with a counselor immediately will be referred to emergency mental health services (Cleveland Rape Crisis Center).</li><li>• Residents who request to see a mental health counselor but state their need is not immediate will be seen by the facility crisis counselor the following business day and referred for appropriate services.</li></ul> <p>The coordinated response plan is contained in the PREA Staff Guide Book that is at each main post. During onboarding and monthly back to basic training, staff learn the coordinated response plan and the location of the posted plan.</p> <p>The Coordinated Response to an Incident of Client Sexual Abuse Plan:</p> <ul style="list-style-type: none"><li>• Enact first-responder duties</li><li>• Management staff shall contact law enforcement</li><li>• First responders will notify in-house mental health staff if available and call 9-1-1 to arrange for immediate access to emergency medical and/or mental health services</li><li>• Offer to contact rape crisis services, at 216-619-6192, for victim advocate services</li><li>• Document incident as a violation report</li><li>• Follow all directives of law enforcement</li></ul> <p>The auditor was given a copy of the coordinated response plan and viewed the posted plan during the onsite visit. Staff interviewed could note the location of the plan.</p> <p>Review:</p> <p>Policy 1080 PREA Book</p> <p>Coordinated Response to an Incident of Client Sexual Abuse- CCTC</p>
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	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>N/A: The Human Resource Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. The agency is an “At Will” employer. Staff members sign an “At Will” employer acknowledgement during onboarding.</p> <p>Review:</p> <p>Interview with Human Resources Director</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1080 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees. The facility does this by employing multiple ways to protect, such as dorm changes, housing unit changes, transfer to another facility, or if applicable placed on electronic monitoring. The facility can also transfer staff members to a different facility or place on administrative leave.</p> <p>The report will include periodic status checks, and a review of the resident’s disciplinary records, housing, program changes, or negative performance reviews and reassignments of staff. The report will be sent to the appropriate facility and administrative team members. Residents that are on 90-day retaliation monitoring will also be placed on the facility “whereabout” checklist at an increased rate. The auditor was shown the process and the facility whereabouts checklist and identified high risk residents with increased whereabouts checks.</p> <p>The Program Administrator or Manager assigns a designated Victim Support Person or supervisory employee to conduct weekly check-ins with the victim and, when appropriate, the reporter. These check-ins assess for:</p> <ul style="list-style-type: none"> <li>• Signs of retaliation or threats</li> <li>• Emotional well-being and physical appearance</li> <li>• Safety concerns in housing, work assignments, or peer interactions</li> </ul> <p>Each contact is documented on an Activity Report for Victim or Activity Report for Reporter form and sent via email to the Program Manager, Program Administrator,</p>

and the Client Sexual Abuse Response Team for the region. The Program Administrator stated, "The report shall indicate whether the client is experiencing any retaliation or threats of retaliation from staff or clients. An offer of outside counseling will again be made to the client and the client's response noted in the report."

The Crisis Counselor reports that she will meet with the resident weekly and will complete the retaliation monitoring form. The monitoring will occur for 90-days and can be extended if necessary. She reports that she will meet with the resident even if the resident declines services, if at any time, retaliation is suspected or reported, the facility will act immediately to ensure safety. The staff report that protection measures can include, moving dorms, housing, change in work details, and increasing monitoring to make sure the resident feels safe.

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

The Program Manager and Program Administrators report that the facility will take immediate protective action once abuse or harassment is suspected or reported. They emphasize that the duty to protect includes monitoring for retaliation against victims or witnesses. If there is retaliation, management steps in and makes changes right away. They report their protective measures include:

- Separating victims and alleged abuser immediately
- Increasing supervision or whereabouts checks
- Documenting emotional state and safety checks
- Referring residents to medical or counseling
- Relocating residents

The Program Manager reports that no resident has reported an incident of retaliation. The allegation reviewed documented retaliation monitoring until the resident was released from the program.

Review:

Policy 1080

Whereabout checklist

Investigation reports

Interview with Program Administrator

Interview with Program Manager

Interview with Crisis Counselor

115.271	Criminal and administrative agency investigations
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1476 745">Policy 1080 requires an administrative investigation on any allegation of sexual harassment and sexual abuse. This includes allegations received through third-parties or anonymous reports. If the allegation is of sexual abuse/assault or appears to be criminal in nature, the Sexual Abuse Response Team will promptly refer the allegation to the Akron City Police Department. In instances of sexual abuse or sexual harassment that are not criminal in nature, the facility shall gather and preserve direct and circumstantial evidence, including any physical and electronic data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints, and reports of sexual abuse/sexual harassment involving the suspected perpetrator.</p> <p data-bbox="279 790 1476 902">The policy requires the facility to document the investigation in a written report that is retained by the administrative investigators for as long as the alleged abuser is an Oriana House resident, or is employed by Oriana House, plus five years.</p> <p data-bbox="279 947 1295 981">The Oriana House investigative form includes the following information:</p> <ul data-bbox="352 1048 1300 1921" style="list-style-type: none"> <li>• Name of all victim, witnesses, and abusers</li> <li>• Names of staff working during incident</li> <li>• Date, time, and location of incident</li> <li>• Type of incident</li> <li>• How the incident was reported</li> <li>• Description of incident</li> <li>• Medical and/or counseling treatment (SANE services/Rape crisis)</li> <li>• Statements from all available sources</li> <li>• Separation from abuser</li> <li>• Increased supervision</li> <li>• Transfer to another facility</li> <li>• LGBTI status</li> <li>• Gang affiliation</li> <li>• PREA Screening Status</li> <li>• Law enforcement referral</li> <li>• Parent agency notification</li> <li>• Interpreter services</li> <li>• Video evidence available</li> <li>• Physical barriers</li> <li>• Investigation determination</li> <li>• Disciplinary action</li> </ul> <p data-bbox="279 1955 1449 2067">The auditor reviewed the training curriculum and certificates of completion for all administrative investigators. The PREA Coordinator and VP of Administration and Legal Counsel have also received administrative investigator training. The training</p>

was conducted by the Moss Group and included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

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

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

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

Review:

Policy 1080

Investigation Report

Interview with PREA Coordinator

Interview with Administrative Investigators

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1080 states that the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.</p> <p>The auditor interviewed the facility's administrative investigator on the standard of proof used when making allegation determinations. He reports using 51% as the measure to substantiate an allegation. The VP of Administration and Legal Counsel will make the final outcome determination.</p> <p>The auditor reviewed the investigation report from the past audit cycle to verify the standard of proof used. The allegation was determined with that standard.</p> <p>Review:</p> <p>Policy 1080</p> <p>Investigation reports</p> <p>Interview with administrative investigator</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1080 states that following an investigation into a resident's allegation of sexual abuse, the facility will inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, the facility will request the information from the investigatory agency in order to inform the resident. The facility will also notify the resident whenever:</p> <ul style="list-style-type: none"> <li>• The employee is no longer working at the resident's assigned facility</li> <li>• The employee is no longer employed by the agency</li> <li>• The agency learns the employee has been convicted on a charge related to sexual abuse within the agency</li> <li>• The agency learns the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• The agency learns that the alleged resident abuser has been convicted on a charge related to sexual abuse in the facility</li> </ul>

	<p>All such notifications or attempted notification are documented in the agency's resident database system. The obligation to make such report under this standard shall terminate if the resident is release from the agency prior to an investigation determination.</p> <p>The facility did not have an allegation in the past twelve months. The auditor reviewed the last investigation the facility conducted. The allegation was determined to be substantiated. The Program Administrator provided the resident notification of the investigation outcome. The facility documents this on the PREA Sexual Abuse Victimization Notification report, and the resident signs and dates acknowledgement of the notification.</p> <p>The PREA Coordinator tracks all investigations to ensure each requirement of the PREA standards have been completed after the report of an allegation. The checklist includes:</p> <ul style="list-style-type: none"> <li>• Date allegation was received</li> <li>• Allegation type</li> <li>• Confirmation of first responder duties</li> <li>• Type of investigation initiated</li> <li>• Victim support person notified</li> <li>• Notification to Ohio Department of Rehabilitation and Correction</li> <li>• Completion of rescreening</li> <li>• Investigation completed</li> <li>• Victim Notification Sent</li> <li>• Incident Review Completed/date</li> <li>• 90-day Retaliation Monitoring</li> </ul> <p>The checklist ensures the process of notifying the resident is not forgotten. The PREA Coordinator documents when the notification was given to the resident or if the notification could not be delivered due to the victim no long residing in the facility.</p> <p>Review:</p> <p>Policy 1080</p> <p>PREA Sexual Abuse Victimization Notification report</p> <p>PREA Coordinator checklist</p> <p>Interview with administrative investigators</p> <p>Interview with PREA Coordinator</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Policy 1080 states that employees shall be subject to disciplinary action up to and including termination for violating the Resident Sexual Abuse and Sexual Harassment Prevention policy. Policy 3037 specifically outlines employee discipline. This policy states disciplinary action may take the following steps:

- Formal verbal warning
- Written warning
- Disciplinary probation
- Disciplinary suspension
- Disciplinary discharge
- Suspension pending investigation

Policy 3037 also states that disciplinary action may not always be progressive. The agency reserves the right to take whatever disciplinary action it deems appropriate for employee misconduct, including termination of employment for a first offense.

The agency outlines its progressive disciplinary plan in its employee handbook. A review of the handbook states that any staff member found to have engaged in sexual abuse will be terminated. Termination or resignation by a staff member who otherwise would have been terminated for violations of the Client Sexual Abuse and Sexual Harassment Prevention, will be reported to law enforcement agencies and any relevant licensing bodies. The handbook also states that employees who have knowledge of resident victimization and do not report it will be terminated.

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

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

During staff interviews, they report to the auditor that any staff member found to have violated the agency's zero tolerance policy will be terminated. They report that they are informed of the consequences for violating the zero tolerance policy



	<p>during onboarding, and it is reinforced during monthly refresher training. Staff report that they can be disciplined if they fail to report, intervene, or protect against acts of sexual abuse or sexual harassment. The staff report that allegations can also be reported to law enforcement and any licensing board.</p> <p>The facility did not have any allegations against a staff member in the last twelve months.</p> <p>A summary of the allegation can be found in standard 115.222.</p> <p>Review:</p> <p>Policy 1080</p> <p>Policy 3037</p> <p>Employee handbook</p> <p>Investigation reports</p> <p>Interview with Human Resource Director</p> <p>Interview with staff</p> <p>Interview with administrative investigators</p>
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115.277	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 1080 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency will take appropriate remedial measure, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The agency ensures that interns, contractors, and vendors are informed of the agency's zero tolerance policy. The notification states that the contracting agency agrees to comply with the PREA standards and that if at any time the facility becomes aware that the intern, contractor, or vendor is no longer in compliance with any part of the PREA standards, the facility reserves the right to deny admittance into its facility. The notification goes on to say that the agency has the right to terminate the agreement.</p> <p>The Human Resources Director reports that any contractor that engages in sexual</p>

	<p>abuse or sexual harassment will immediately be blocked from contact with residents.</p> <p>During the onsite visit, the auditor reviewed all allegations reported within the past audit cycle. There have been no allegations against a contractor or volunteer.</p> <p>Review:</p> <p>Policy 1080</p> <p>Investigation report</p> <p>Interview with Human Resource Director</p>
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115.278	Disciplinary sanctions for residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Oriana House policy 1080 requires all residents to face disciplinary action up to and including termination from the program following a substantiated allegation of resident to resident sexual abuse and sexual harassment or a criminal finding of guilt for resident to resident sexual abuse. The policy requires the agency to consider whether a resident's mental disabilities or mental illness contributed to his/her behavior, the resident's disciplinary history and sanctions imposed for comparable offense by other residents with similar histories, when determining what type of sanction, if any should be imposed.</p> <p>Agency policy does not allow for the disciplining of a resident for a good faith report of sexual abuse when there is a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>The policy does not allow for offenders to have consensual sexual contact; however, such conduct will not be defined as resident sexual abuse. The policy also does not allow for the discipline of offenders for resident sexual contact with staff unless the staff member did not consent to such contact.</p> <p>In the resident handbook, the facility has listed Physical assaults/sexual assaults by residents or threats of assault and sexual harassment are not tolerated. The handbook also states that the agency prohibits all sexual activity between residents, which includes hugging, kissing, or touching any body part. Specifically, under the Client sexual abuse and Sexual Harassment Prevention Guide in the handbook, the agency details what is considered sexual abuse, sexual harassment, and retaliation. The handbook states that violations of the zero tolerance policy will result in disciplinary sanctions and/or criminal charges.</p>

	<p>The PREA information sheet given to residents during orientation group. The sheet gives the residents a clear understanding of what is a good faith report of sexual abuse or sexual harassment versus a bad faith or false/misleading report. The sheet states that residents can be charged with a level three sanctions for falsification.</p> <p>The auditor was able to review signed and dated acknowledgements of receiving a handbook and PREA education.</p> <p>The PREA orientation form further distinguishes between good faith and bad faith reports, stating that residents who knowingly make false or misleading allegations may receive a Level 3 sanction for falsification or withholding information. Residents interviewed expressed understanding that any substantiated sexual misconduct will result in termination from the program.</p> <p>During resident interviews, all residents consistently demonstrated a clear understanding of Oriana House's zero-tolerance policy regarding sexual abuse and sexual harassment. Every resident reported receiving a client handbook during intake and participating in an orientation group, where staff reviewed the facility's rules, including the PREA standards and reporting procedures. When asked about the consequences for violating the policy, residents uniformly responded that termination from the facility would result from a PREA violation. Several residents recalled being informed that sexual behavior, harassment, or boundary violations are taken seriously and immediately addressed by staff.</p> <p>The facility had one sexual harassment allegation that was determined to be substantiated. The resident abuser was disciplined according to the facility's disciplinary policies.</p> <p>Review:</p> <p>Policy 1080</p> <p>Resident handbook</p> <p>Investigation report</p> <p>PREA Information sheet</p> <p>PREA what to expect forms</p> <p>Interview with residents</p> <p>Interview with administrative investigator</p> <p>Interview with PREA Coordinator</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Policy 1080 mandates the offering of timely, unimpeded access to emergency medical treatment and crisis intervention services free of charge to an alleged victim of sexual assault. The treatment offered also includes timely information about and timely access to sexually transmitted infection prophylaxis and emergency contraception.

The PREA Coordinator reports that residents who experience sexual victimization would be offered services provided by the agency's crisis counselor. The counselor would be available for immediate crisis intervention or to complete weekly status checks. The agency would refer sexual abuse victims to community rape crisis counseling or other appropriate community resources.

The auditor interviewed the facility's Crisis Counselor, who serves as the facility's victim support person. She states that she acts as a trauma-informed responder for the residents in crisis or those impacted by sexual abuse or harassment. She states that she runs a trauma focused group for residents with mental health or trauma histories. Should a resident report an allegation of sexual abuse or sexual harassment, or have a history of sexual victimization, the Crisis Counselor will meet with the person and offer to contact the local rape crisis center. Should an advocate from rape crisis not be immediately available or at the resident request, the support person will accompany and support through:

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

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

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

- In the event a resident is a victim of sexual abuse in our facility, the resident will be provided with unimpeded access to both emergency and ongoing medical and mental health care at no cost to the resident
- Once staff become aware of an incident involving the sexual abuse of a resident, they will follow the initial staff first responder duties

	<ul style="list-style-type: none"> <li>• The alleged victim will be afforded unimpeded and timely access to emergency medical and/or mental health services</li> <li>• The alleged victim will be taken (if necessary) to a hospital that provides SAFE/SANE services. Services will be at no cost to the resident</li> <li>• The name, address, and telephone number for local medical, mental health, and SANE providers must be listed in the facility's binder that contains emergency phone numbers</li> <li>• Ongoing medical and/or mental health services that are related to incidents of sexual abuse, will be provided to the resident at no cost</li> </ul> <p>The Coordinator states that the facility is responsible for reviewing the PREA Medical Response Plan annually to ensure that all service provider information is current and that the range of services are still available. Residents are informed of the rights to these services free of charge during PREA education at intake.</p> <p>The facility offers medical, mental health, and victim support services to all residents that allege sexual abuse. The facility had one resident accept victim support services from the Clinical Coordinator after an allegation of resident-to-resident sexual harassment. The facility provided documentation of those services, and the Clinical Coordinator confirmed that she met with the resident weekly.</p> <p>Review:</p> <p>Policy 1080</p> <p>Medical Response Plan</p> <p>Victim Support Person Activity Report</p> <p>Interview with PREA Coordinator</p> <p>Interview with Clinical Coordinator</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility offers community medical and mental health counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility.</p> <p>Policy 1080 states that all treatment including testing for sexually transmitted disease and treatment within sixty-days to all known resident-on-resident abusers be offered free of charge.</p>

	<p>Should the facility become aware that a resident has previously abused another resident, the Crisis Counselor would meet with the resident to assess how to address any underlying issues. The facility does not provide treatment for known abusers. Any available services would be provided by community agencies.</p> <p>Staff are notified of the agency's PREA Medical Response Plan. The auditor reviewed the Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. The PREA Coordinator states that all ongoing medical or mental health care will be at the discretion of the medical provider and is at no cost to the resident. The facility is responsible for reviewing the plan annually to ensure that all service provider information is current and that the range of services are still available. To see the details of the plan, please see standard 115.282.</p> <p>The auditor spoke to the Clinical Coordinator, who acts as the facility's emotional support person and counselor. She states she will provide counseling services for any resident that has experienced past sexual violence, or the resident can be referred to community services. The Crisis Counselor confirms she has offered services to residents after receiving a report of a resident being sexual abused while in a jail, lockup, or juvenile facility prior to intake at this facility during this audit cycle.</p> <p>The PREA Coordinator has confirmed the process and practice of the agency's Medical Response Plan.</p> <p>Review:</p> <p>Policy 1080</p> <p>Medical Response Plan</p> <p>Interview with PREA Coordinator</p> <p>Interview with Crisis Counselor</p>
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115.286	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Oriana House policy 1080 states that the PREA Coordinator will activate a Client Sexual Abuse Review of all substantiated or unsubstantiated allegations of sexual abuse within thirty days of the conclusion of the investigation. The review team shall include an upper management designee, compliance/accreditation manager, admissions manager, and input from a designated resident supervisor and/or caseworker, administrative investigator, and mental and/or medical practitioner.</p>

According to agency policy and as well as the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

The team is then tasked with preparing a report of its findings and any recommendations for improvement and submit the final report to the Vice President of Administration and Legal Counsel, who will be responsible to distribute the final report to the Executive Team. The Executive Team will review and determine (with the input of the PREA Coordinator) which recommendations will be implemented or will document the reasons for not doing so. The regional Vice President of Corrections will be responsible for distribution the report to facility management and overseeing the implementation of the approved recommendations.

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

The auditor was able to interview members of the SART and the Executive Committee. The members report that their main goals is to review any contributing factors that lead to the abuse so that they can implement procedures that will prevent the abuse from happening again.

The facility had one allegation of sexual harassment and no allegations of sexual abuse. While there was no official SART committee review, the auditor inquired about any recommendations the facility has made based on the allegations. The Program Manager and PREA Coordinator report there were no recommendations or changes to facility/agency policy, procedure, or practice based on a PREA investigation.

Review:

Policy 1080

	<p>Client Sexual Abuse/Harassment Review</p> <p>Investigation reports</p> <p>Interview with Program Administrator</p> <p>Interview with Program Manager</p> <p>Interview with PREA Coordinator</p> <p>Interview with Human Resources Director</p> <p>Interview with Administrative Investigators</p>
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115.287	Data collection																																			
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>																																			
	<p><b>Auditor Discussion</b></p> <p>Agency policy 1080 requires the tracking of accurate, uniform data for every allegation of sexual abuse in all Oriana House facilities and that information will be aggregated at least annually. The PREA Coordinator reports that the information is collected, reviewed, and retained from all PREA related reports. The agency is using Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument, as well as completing the Department of Justice’s SSV Form.</p> <p>The auditor reviewed the forms used to collect the data and confirmed that the information collected is appropriate enough to complete the Survey of Sexual Victimization for all Oriana House facilities.</p> <table><tr><th>Determination</th><th>Year</th><th>Resident-Resident</th><th>Staff-Resident</th><th>Contractor/Volunteer-Resident</th></tr><tr><td>unfounded</td><td>2022</td><td>9</td><td>5</td><td>0</td></tr><tr><td>Substantiated</td><td>2022</td><td>3</td><td>3</td><td>0</td></tr><tr><td>Unsubstantiated</td><td>2022</td><td>2</td><td>3</td><td>0</td></tr><tr><td>Unfounded</td><td>2023</td><td>2</td><td>2</td><td>0</td></tr><tr><td>Substantiated</td><td>2023</td><td>1</td><td>5</td><td>0</td></tr><tr><td>Unsubstantiated</td><td>2023</td><td>4</td><td>3</td><td>0</td></tr></table> <p>The information on the form is aggregated and listed in the agency’s annual PREA report. The report is posted on the agency’s website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.orianahouse.org/assets/-</p>	Determination	Year	Resident-Resident	Staff-Resident	Contractor/Volunteer-Resident	unfounded	2022	9	5	0	Substantiated	2022	3	3	0	Unsubstantiated	2022	2	3	0	Unfounded	2023	2	2	0	Substantiated	2023	1	5	0	Unsubstantiated	2023	4	3	0
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Substantiated	2023	1	5	0																																
Unsubstantiated	2023	4	3	0																																



	<p><a href="https://cms/l2xdt0lxpjhb/1uFQ24bh1ZjBgKDKrtf7XU/cbd8a0436d8a46a2ebf11ae34c7f1587/2023_annual_report.pdf">cms/l2xdt0lxpjhb/1uFQ24bh1ZjBgKDKrtf7XU/cbd8a0436d8a46a2ebf11ae34c7f1587/2023_annual_report.pdf</a>.</p> <p>The auditor accessed the agency's website and reviewed the 2023 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Oriana House, Inc. operated facilities. The PREA Coordinator reports that the 2024 report is not complete due to ongoing investigations.</p> <p>The Coordinator reports that the Department of Justice has not made a request for this information.</p> <p>Review:</p> <p>Policy 1080</p> <p>Sexual Victimization report form</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p>
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115.288	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Oriana House policy 1080 states that the agency will use the information collected in standard 115.287 to assess and improve the effectiveness of the agency's resident sexual abuse prevention, detection, and response policies, practices, and training, which includes:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Taking corrective action on an ongoing basis</li> <li>• Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole</li> </ul> <p>The auditor reviewed the report and ensured that the report compares the current year's data with those of previous years and includes updates made from previous year's reports. The report states that the agency has:</p> <ul style="list-style-type: none"> <li>• There were 17 reported incidents of sexual abuse during 2023 calendar year</li> <li>• The number of allegations reported in 2023 was less than in 2022; however, the percentage of substantiated allegations in 2023 increased over the previous year</li> <li>• 58% of reports were submitted by a third-party (in some capacity)</li> <li>• Mandated monthly staff training on various PREA topics</li> </ul>

	<ul style="list-style-type: none"> <li>• Executive staff ensure policy and procedure are regularly reviewed and updated</li> <li>• PREA incidents are viewed by a multidisciplinary committee, and recommendations are reviewed for feasibility</li> <li>• Preventative measures include <ul style="list-style-type: none"> <li>◦ re-evaluated camera angles and made adjustments to ensure better coverage of identified blind spot areas</li> <li>◦ reviewed the quality assurance process for PREA Screening Tool</li> <li>◦ updated and reassign gender specific PREA training</li> <li>◦ increase red flag, manipulation, and vulnerability identification training</li> <li>◦ adjust placement decisions for those scoring highly abusive and highly susceptible to ensure separation in bathroom assignments in coordination with the dorm assignments</li> </ul> </li> </ul> <p>The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p>The information in the report has been reviewed and approved by the agency's President and CEO. The report is posted on the agency's website at: <a href="http://www.orianahouse.org/docs/prea/2017%20Annual%20Report.pdf">http://www.orianahouse.org/docs/prea/2017%20Annual%20Report.pdf</a></p> <p>Review:</p> <p>Policy 1080</p> <p>PREA Annual Report 2023</p> <p>Oriana House website</p>
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115.289	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Agency policy 1080 requires the agency to collect data requested in standard 115.287 and that this information will be aggregated, and made available to the public through the agency's website. The information posted to the agency's website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p>The auditor accessed the agency's website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.orianahouse.org/assets/-cms/I2xdt0lxpjhb/1uFQ24bh1ZjBgKDKrtf7XU/cbd8a0436d8a46a2ebf11ae34c7f1587/</p>

	<p>2023_annual_report.pdf, to ensure that the agency has posted its annual report. The annual reports are completed based on a calendar year and the agency has posted statistical reporting information for all years dating back to 2014 to the present report (2023) The information in the report is collected by each facility's PREA Manager and is then submitted to the agency's PREA Coordinator. The agency PREA Coordinator aggregates the information and prepares the information for the annual report. The report is then submitted to the President/CEO for approval.</p> <p>The PREA Coordinator reports that all information is only accessible to approved staff members and that she retains control of all information. The information is kept for ten-years as per policy 1080.</p> <p>The information collected in standard 115.287 is made available to the public through the agency website.</p> <p>The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p>Review:</p> <p>Policy 1080</p> <p>Oriana House website</p> <p>PREA annual reports 2014-2023</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The agency post all final PREA reports for each of its facilities on the agency website. The auditor reviewed the agency website to ensure that during the previous audit cycle, all Oriana House facilities have been audited and reports posted. The agency will have 1/3 of facilities audited each year of the three-year cycle.</p> <p>The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. Residents and facility staff were interviewed during the onsite visit, and agency staff were interviewed as well.</p> <p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms,</p>

	<p>bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk through and saw how staff interacted with residents.</p> <p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA OAS web based audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views and ORION resident database system.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. These places included areas resident, staff, and visitors would frequent. The notices included the auditors mailing and email addresses. The PREA Coordinator emailed the auditor photos of audit notice postings. The auditor received a request to be interviewed by a resident via email prior to the onsite audit. The auditor spoke with the resident during the onsite visit, and discuss the concerns of the resident with the PREA Coordinator and facility management.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has published on its agency website, <a href="http://www.orianahouse.org/accreditations/prea/prea.php">www.orianahouse.org/accreditations/prea/prea.php</a>, the final PREA reports for all Oriana House operated facilities. The auditor reviewed the agency website and verified that all the facilities that were audited during the previous audit cycle had their final audit report posted. The PREA Coordinator states that she understands the requirement of having all final reports posted.</p>

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes



	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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



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

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

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes