

PREA Facility Audit Report: Final

Name of Facility: Dunning Hall

Facility Type: Community Confinement

Date Interim Report Submitted: 09/20/2018

Date Final Report Submitted: 09/27/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 09/27/2018

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Address:	
Email:	mkayleen@cbcf41.org
Telephone number:	
Start Date of On-Site Audit:	07/30/2018
End Date of On-Site Audit:	08/03/2018

FACILITY INFORMATION	
Facility name:	Dunning Hall
Facility physical address:	868 Bryden Road, Columbus, Ohio - 43205
Facility Phone	614-252-1788
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
Name:	Katelyn McKinley	Title:	Program Director
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Facility Director			
Name:	Katelyn McKinley	Title:	Program Director
Email Address:	katelyn.mckinley@alvis180.org	Telephone Number:	614-252-1788

Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
Name:		Title:	
Email Address:		Telephone Number:	

Facility Characteristics			
Designed facility capacity:		34	
Current population of facility:		37	
Age Range	<i>Adults: 24-56</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
Facility security level/resident custody levels:		low - moderate	
Number of staff currently employed at the facility who may have contact with residents:		8	

AGENCY INFORMATION	
Name of agency:	Alvis, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	100 Stella Ct, Columbus, Ohio - 43215
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Ramona Swayne	Email Address:	ramona.swayne@alvis180.org

AUDIT FINDINGS

Narrative:

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

The PREA onsite visit for Dunning Hall Halfway House, 868 Bryden Road, Columbus, Ohio, was conducted on July 24 - August 1, 2018. The facility is a part of Alvis, Inc. operated community confinement programs. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act standards for community confinement facilities. Dunning Hall is receiving this audit in conjunction with another Alvis, Inc. operated halfway house (Price Hall) which is run by the same facility director and is located at the opposite end of the same block.

The facility elected to use the PREA Resource Center's Online Audit System to upload documentation relevant to showing compliance with each standard as well as sending documentation to the auditor through email. Four weeks prior to the audit the auditor received the pre-audit questionnaire, policy and procedures, facility floor plan with camera views, MOU's, facility staffing plan, table of organization, job descriptions, and photographic proof of the audit notice postings. The auditor also met with the agency PREA coordinator prior to the onsite visit in order to discuss the audit schedule and additional documentation needed by the auditor. The auditor has conducted audits for this agency in the past, including this facility's initial audit in August of 2015. The auditor reviewed the prior final audit report and previous documentation for comparison to the current audit.

The PREA Coordinator sent the auditor photos of the audit notices posted in conspicuous places in the facility. The notices announced the dates of the onsite visit and the name, address, and email address of the auditor. The notice encouraged staff and clients to contact the auditor with any information or concerns or request to speak with the auditor during the onsite visit, and that all correspondence is confidential. The auditor did not receive any correspondence prior to the onsite visit nor did anyone request to speak to the auditor.

In addition to the documentation sent prior to the onsite visit, the auditor reviewed ten (10) client files, nine (9) staff files, staff training curriculum, staff and client training rosters, incident reports, grievances, risk for victimization and/or abusiveness screenings, acknowledgement forms, posters, brochures, camera views, volunteer/contractor information, and other relevant materials during the onsite visit. After the onsite visit, the PREA Coordinator continued to submit requested documentation or corrective action plans.

The onsite visit was conducted over three days where the auditor received a complete tour of the facility and perimeter areas. The facility is a converted Victorian style home that can house a maximum of thirty-four (34) female offenders. The tour observations included the housing units, main post, two client lounge areas, kitchen, dining/multipurpose room, staff offices, laundry room, property storage areas, bathrooms, pantry, closets/storage rooms, group room, and outdoor recreation area. During the walk through, the auditor was able to have informal conversations to both staff and clients. The auditor noted cameras, security mirrors, SecurManage scan tags, blind spots, and staff/client interaction. The auditor was given

the ability to move about the facility unaccompanied to revisit areas or to talk with staff and clients. The auditor was provided a private office to conduct formal interviews with clients and staff.

The auditor selected ten (10) clients based on the population of thirty-one (31) at the time of the onsite visit. The clients were selected based on the requirements of the PREA Resource Center's Auditor's Handbook. The clients were selected based on their housing unit, targeted interview status, risk assessment screening, intake date, and commitment status. The auditor conducted the following client interviews:

Random = 7

Targeted = 3

The breakdown of the number of targeted client interviews is as follows:

Clients that identify as lesbian, gay, or bisexual = 3

Clients that have a physical disability = 1

Clients that have a mental health disability = 1

*Only one client that identified as lesbian, gay, or bisexual is being counted as a targeted interview. The other clients who identified as lesbian, gay, or bisexual were counted as random client interviews.

The facility did not house clients who identified as transgender or intersex; who are blind, deaf, or hard of hearing; who reported victimization during the risk screening; who are limited English proficient; or have a cognitive disability. The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for effective strategies for interviewing staff and clients. Clients were asked to discuss their experience with PREA education, allegation reporting requirements, communication with staff, knock and announcements, grievance procedures, searches including pat, strip, cross-gender, and body cavity, housing unit concerns, limits to confidentiality, outside supportive services, safety, retaliation, disciplinary sanctions,

The facility has a total of eight (8) staff members plus a Facility Director who is the head of three facilities in the area. The auditor was able to talk to agency leadership during the onsite visit which includes:

Mr. Phil Nunes, Chief Operating Officer

Ms. Ramona Swayne, PREA Coordinator

Mr. Gerald Lowe Sr., Managing Director of Agency Programs

The auditor conducted the following specialized interviews:

Facility Director (PREA Compliance Manager)

Human Resource Compliance Specialist

Administrative Investigators

SART team members

Risk of victimization or abusiveness screener

Retaliation monitor

First Responder (security and non-security)

PREA education facilitators

Intern

The four (4) random staff interviews included Community Reentry Specialist (CRS) who serve as security monitors and the Cognitive Skills Specialist. The auditor interviewed two first shift CRS staff, one second shift CRS staff, and one third shift CRS staff. Due to the the facility only having a total of eight (8) employees, the auditor was unable to interview the required twelve (12) random staff members. All other staff members were included in the required specialized staff members. Beyond agency leadership, the facility does not have any male staff workers. The facility does not have medical or mental health staff.

Clients that would be in need of these services, would be referred to community resources.

Several staff members including the Facility Director were responsible for more than one specialized area. All staff interviews, random and specialized, were conducted using the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's effective strategies for interviewing staff and client guide. The auditor was able to ask questions on the agency's zero tolerance policy, training, reporting protocols, first responder duties, coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies and procedures, data collection, annual reports, staffing plans. electronic surveillance, reporting to other confinement facilities, disciplinary procedures, searches, knock and announcements, cross-gender supervision policies.

The facility had one intern during the onsite visit. The auditor was able to interview the intern and discuss the interns training, understanding of the agency's zero tolerance policy, and reporting procedures. The intern received the same training an new staff during the onboarding process, understood first responder duties, and the requirement to report all allegations of sexual abuse and sexual harassment.

The auditor reached out to community resources via phone or email to confirm MOU's and scope of services. These community partners include the SANE Charge Nurse at Ohio State University Hospital East, The Director at the Sexual Assault Response Network of Central Ohio, the Affiliate Coordinator at RAINN, and Lieutenant Long from the City of Columbus Police Department.

On the final day of the audit the auditor sat down with agency leadership to review preliminary audit findings. The auditor gave feedback on standards that were fund to be in non-compliance during the onsite visit, areas of concern, and program strengths.

AUDIT FINDINGS

Facility Characteristics:

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

Dunning Hall is a halfway house facility in Columbus, Ohio that serves a maximum of thirty-four (34) adult female offenders. The offenders are referred to the agency by federal, state, or local authorities. The facility is a remodeled three story Victorian style house plus basement. Everyone must access the facility via the front door. Visitors, clients, and staff will ring a buzzer located near the door and wait for staff to open the door to a main hallway/lobby area. Directly to the left of the entrance is the main post. Visitors will be required to sign-in while clients will be entered into the client database system. Clients will also receive a pat search or an enhanced pat search (see standard 115.215 for a detailed description of a pat and enhanced pat search) in front of the main post. This area will allow the search to be captured on video surveillance. The main post is staffed 24/7.

The main floor of the facility also has the dining/multipurpose room to the right of the main entrance/lobby area, a kitchen, staff office, lounge, staff bathroom (where urine screens are conducted) one dorm room, and resident bathroom. Inside the dining room/multipurpose room is a bulletin board with PREA related information, access to grievance form and staff request forms, and a computer and a phone to which clients can access the PREA hotline or other rape crisis agencies free of charge. The information on the bulletin board includes notices on how to report a PREA allegation (verbal, written, or anonymous), state and national toll free phone numbers and addresses for rape crisis agencies, rules and regulations, grievance procedures, and client rights.

There is a solid door at the entrance of the lounge area. This door is always open. The clients can assess the outdoor recreation yard through this lounge area. The door to this area is unlocked and alarmed between the hours of 9:30 p.m. and 8:30 a.m. The yard is surrounded by a 6ft wooden fence. The outdoor area is surveilled by camera and CRS staff.

The dorm room on the first floor consist of three single beds and right next to the dorm room is a multi-use bathroom (see standard 115.215 to see detailed description of bathroom. Across the hall from the bathroom is access to the basement. The basement stair landing has a door that is locked and alarmed that gives access to the outdoor recreation area. This door is locked at all times and will set off an alarm if opened. At the bottom of the stairs to the basement, is a large day room area. This area has a tv, exercise equipment, and access to client laundry and client property storage. Clients do not have access to the basement day room/lounge area until after 2 p.m. There is a security camera covering the lounge area, a security mirror that allows for clear line of site views into the laundry room, and the entrance to the property storage room is locked. Residents do not enter this area. The basement is divided by the property room. Access to the other side of the basement is through the stairwell located in the kitchen. This entrance to the basement also has a outside access door on the first landing that is locked and alarmed. The floor landing has access to the recreation yard; however, the door is locked and alarmed and on one is to access the yard through this egress. The entrance to the group room was a solid door at the time of the onsite visit. The auditor made a recommendation to install a window in the door in order to have clear line of site views into the room. The agency has submitted pictures to the auditor of the

completed work. The cognitive skills specialist's office is also inside the group room. The door that will provide access to the property storage room is locked.

The second floor is also divided into two separate halves. At the top of the main staircase next to the main post is the access point to one half of the second floor. This side has one single use bathroom and two dorm rooms. One dorm room can house up to three clients while the other can house two. On the second floor landing is access to the third floor. The other half of the second floor houses three staff offices and five dorm rooms. There is another single use bathroom on this side. All of the doors on the second floor (dorms and offices) have a window in the door that is covered by a blind. Staff are required to have the blinds open when clients are inside. The dorm rooms have open closets and other areas that make clear line of site views into the room from the entrance difficult. The facility has placed SecurScan tags in these blind spot areas that required CRS staff to enter into the room and cross into blind spot areas during circulations and head counts.

Across from a staff office on the second side of the second floor is another access point to the third floor. The rooms on this floor are interconnected. One will have to enter into one room in order to access another. The rooms are set up dorm style but there is one room that is single occupancy. Just like on the second floor, there are open closets and no clear line of site views into the room from the entrance. The SecureScan tags have also been placed in areas that make CRS staff enter into areas that would be considered blind spots.

The facility has ten (10) surveillance cameras which can record and playback up to thirty (30) days. There are four (4) perimeter cameras and six (6) interior cameras. The CRS staff at the main post are required to monitor the cameras. The auditor was able to view the monitoring station and see the camera views. The camera views cover most of the main floor, lounge area, and recreation yard. There is one camera on each of the second floor landings; however there are no cameras on the third floor due to the open dorm room set up. CRS staff conduct extra rounds in the areas that have been identified as having blind spots. CRS staff report conducting four (4) head counts and four (4) circulations per shift.

Clients are required to out of their rooms by 9:00 a.m. and remain on the main floor until 2:00 p.m. Clients spend a majority of client time is spent in programming or at employment opportunities. Clients must have prior approval to leave the facility and all moves are documented in the SecurManage resident database system.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	1
Number of standards met:	40
Number of standards not met:	0

This is a final report for Price Hall Halfway House operated by Alvis, Inc. The facility has completed corrective action for standards 115.211, 115.217, 115.241, 115.242, 115.252, and 115.261. Please refer to specific standard for details. The auditor has reviewed all corrective action and has determined that the facility is now in compliance with all PREA standards.

Standards exceeded: 115.286

Standards met: 115.111, 115.212, 115.213, 115.215, 115.216, 115.217, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.287, 115.288, 115.289, 115.401, 115.403

Standards not met: N/A

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dunning Hall operates under the Alvis, Inc. policies and procedures. The agency has developed a policy (1300.05) that mandates zero tolerance towards all forms of sexual abuse and sexual harassment in all facilities that it operates. The policy was developed in March of 2014 and revised in 2011. The policy specifically address how the agency implements procedures on how employees will prevent, detect, respond, and report allegations of sexual abuse and sexual harassment, and the possible sanctions for anyone found to have violated the zero tolerance policy. The agency has a separate policy (2100.04) that defines sexual abuse and sexual harassment.</p> <p>The agency's Managing Director of Social Enterprise serves as the agency's PREA Coordinator and reports directly to the President/CEO. The agency submitted a job description for the Managing Director which includes the responsibilities as the agency PREA Coordinator. A policy review and interview with the PREA Coordinator verified that the responsibilities include overseeing development and implementation of policy and procedures which contribute to the elimination of client sexual harassment, sexual abuse, assault, and/or retaliation related to allegations of such. The PREA Coordinator works directly with the human resource department, staff development, and facility management to ensure the implementation of the agency's efforts to comply with the PREA standards. The Coordinator states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its community confinement facilities. The agency's Chief Operating Officer confirmed the PREA Coordinator's latitude toward implementing appropriate PREA policy, procedures, and strategies.</p> <p>Dunning Hall's Program Director serves as the facility head and the PREA Compliance Manager. The Compliance Manager works hand-in-hand with the PREA Coordinator to ensure that the facility is following all agency policy, procedures, and guidelines in an effort to comply with the PREA standards. The Compliance Manager reports directly to the agency's Managing Director of Agency Programs (who reports directly to the Chief Operating Officer). A review of the Program Director's job description requires her to oversee activities such as quality assurance and accreditation, along with implementing and evaluating compliance with program policies and procedures. The Program Director is responsible for three facilities located within a few blocks of each other. The Director is also serving as Dunning Hall's Program Manager. This additional responsibility is compounded by her being in the midst of training a new program manager at another facility. Dunning Hall along with the other two programs the Program Director is responsible for are also experiencing a high turnover rate in key positions (case management, cognitive specialist, program manager), along with high turn over with Community Reentry Specialist (CRS) who serve as client monitors. This has led to the director serving multiple roles in each facility. The increased workload does not allow sufficient time for the Program Director to ensure compliance with the PREA standards. This was reflective in several non-compliant standards. An interview with the compliance manager confirmed her increased job responsibilities have left her with little time to ensure facility compliance.</p>

Based on the PREA Compliance Manager's inability to have ample time to ensure compliance with the standards, the auditor has found the facility in non-compliance.

CORRECTIVE ACTION:

The PREA Compliance Manager must have some amount of time allotted specifically for the completion of PREA responsibilities.

FACILITY RESPONSE:

The agency has hired a program manager for the Price Hall facility. The PREA Coordinator and Facility Director will train the Facility Manager to take on the role as PREA Compliance Manager. The hiring of a facility manager for this facility will allow all three buildings that the Facility Director oversees to have a PREA Compliance Manager onsite that is able to ensure compliance with the PREA Standards. This will also free up time for the Facility Director who was performing several open position duties. The PREA Coordinator states that she and the Facility Director will be able to complete more quality assurance on the facility to ensure that the facility compliance managers are following all agency policies, procedures, and practices. This will allow for the Facility Director to have more time to complete other tasks related to PREA compliance including employee onsite training, grievance review, and risk screening review.

The new staff will allow for ample time to ensure compliance. The auditor is in agreement with the corrective action and the facility is now in compliance with this standard.

Review:

Policy and procedure

Managing Director of Social Enterprise/PREA Coordinator's job description

Program Director/PREA Compliance Manager's job description

PREA Coordinator interview

PREA Compliance Manager interview

Managing Director of Agency Programs interview

Chief Operating Officer interview

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The operating entity of Dunning Hall is a private non-profit organization and does not contract with other agencies for the confinement of clients.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility submitted a PREA Compliance Staffing Plan report that included a floor plan, camera placement and site lines, population, and other monitoring equipment. The staffing plan indicates that the facility has eight (8) cameras located on the interior and perimeter of the building. The facility recently received a grant from the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions to increase the total number of cameras to ten (10). This will give the facility four (4) perimeter cameras and six (6) interior. The increase in cameras will allow for Community Reentry Specialist (CRS) to effectively monitor previously blind spot areas. Camera coverage includes the lobby/front hallway area, dining/mp room, back hallway, lounge/day room, basement lounge, and the second floor main hallway on the interior, and the front porch, back recreation yard (2 cameras), and side of building near street on perimeter. The auditor was able to view all the camera angles in the main post. In addition to cameras, the facility uses SecurScan, a bar code reader program that will track areas of the facility and the residents located in these areas that CRS staff have circulated through. Facility staff can get a report that will generate a current headcount, location of client, clients that are currently scheduled to be out of the building, and the time/location of circulations. The plan addresses blind spot areas that are documented on the facility's floor plan and how these areas are covered.</p> <p>The facility is designed to house a maximum of thirty-four (34) female clients. All clients receive an initial PREA risk for vulnerability or abusiveness assessment that staff use to ensure proper housing/bed placement. The facility program manager or director is responsible for reviewing client room/bed assignments and ensuring clients that identify as LGBTI or gender non-conforming are housed safely. The facility identified to the auditor designated rooms that minimized the opportunity for sexual victimization. During the onsite visit, the auditor was able to inspect all rooms for safety.</p> <p>As documented in the agency's PREA Allegation Summary Report and Assessment, the facility has had one allegation of client to client sexual harassment since the last audit in August of 2015. The allegation occurred in October of 2016, was administratively investigated and determined to be unsubstantiated. The PREA Coordinator says that no policies, practices, or procedures, including staffing levels, were changed based on the investigation into the allegation. The PREA Coordinator also confirmed that no other allegations have been reported at this facility.</p> <p>The facility has reported that it has not deviated from the staffing plan and therefore has not produced any documentation. Documentation of any deviation would be recorded in the shift log in the facility's online database system. The current staffing plan mandates two CRS staff during the first (6:30 am to 2:30 pm) and second (2:30 pm to 10:30 pm) shifts and one during third (9:00 pm to 7:00 pm) shift. The facility works with the two other facilities in the area or offers overtime to current employees to ensure proper coverage for each shift. The auditor interviewed CRS staff from each shift to verify that there have been no deviations to the staffing plan. All CRS staff interviewed stated that the minimum staff requirement for each shift is met and that staff from Price Hall or Breslin Hall will provide assistance with coverage or</p>

transportation when necessary.

The staffing plan is reviewed annually by the program director and updated as necessary. The review documents the number of incidents, number of cameras, and adequate staffing levels. It also list any request for increases to the staffing or electronic monitoring budget. The most current review states that the maximum staffing level is adequate; however, requested two (2) additional cameras. The cameras have since been installed and will be reflected on the next staffing plan (due to be completed in December of 2018).

CRS are required to complete a headcount every other hour on an irregular schedule and security circulations on the in between hour. Staff make more circulations in the identified blind spot areas according to the staffing plan documentation and staff interviews. The auditor requested a SecurScan report to verify the rounds. During the onsite visit the auditor noticed a group room door that provided no site lines into the room. The auditor also noted that several of the SecurScan tags were in locations that did not ensure staff were monitoring blind spot areas. The auditor address concerns with the Managing Director of Agency Programs and the PREA Coordinator.

RECOMMENDATIONS:

1. Facility should devise a plan that would not allow staff members to be behind closed doors with clients that do not have line of site views into the room.
2. Facility should place SecurScan tags in locations that force CRS staff to effectively monitor blind spot areas, including client dorm rooms.

FACILITY RESPONSE:

1. The Managing Director of Agency Programs placed a work order with agency maintenance staff to cup an appropriate size window into the door in group room. Maintenance staff visited the facility while the auditor was onsite and measured the door for window placement. The auditor received an email from the PREA Coordinator with pictures of the new door with a window on August 21, 2018.

Review:

Facility staffing plan

PREA Allegation Summary Report and Assessment 2016

PREA Allegation Summary Report and Assessment 2017

SecurScan report

Facility floor plan

Facility tour

PREA Coordinator interview

PREA Compliance Manager interview

Managing Director of Agency Programs

CRS interviews (all three shifts)

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. has an agency policy that does not allow for strip searches (policy 600.06), nor does it allow for body cavity searches with or without an instrument (policy 600.05). Dunning Hall is an all female halfway house and all staff at the facility is female. Policy 600.02 states that female clients may only undergo a pat search or enhanced pat search by a female staff member. A pat search includes having the client empty all pockets, remove socks, shoes, coats, hats, and any other like items. The staff member, while wearing gloves, will check under the client's arm, sleeve cuffs, pant legs, and clothing pockets. An enhanced pat search includes the basics of a pat search plus a visual inspection of the client's mouth, hair, and instruct the client to lift shirt just above the level of their waistband while staff run their hands around the waistband, and female clients will be instructed to shake out the bottom their bra and staff will run their hands around the bra straps. All searches are conducted within camera view for visual documentation and security purposes. The auditor viewed both a pat and enhanced pat search. Both searches were conducted within agency policy. Interviews with ten (10) clients affirmed that they have only received a pat or enhanced pat search.</p> <p>Policy 1300.03 stipulates that clients must have the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policy requires staff of the opposite gender to knock and announce their presence when entering an area where clients are likely to be sleeping, performing bodily functions, or changing clothing. While the facility does not have male staff, occasionally male maintenance workers or vendors may be present in the facility. An interview with the facility director revealed the facility's practice of escorting males to their destination while making the appropriate cross-gender announcements. If possible, the female staff member will remain with the male. Should the female staff member no be able to remain with the male worker, all female clients will be removed from the area until the male leaves. During the onsite visit, the auditor was able to witness the practice as male maintenance workers were at the facility. The staff announced their presence and they were escorted to their designated area.</p> <p>During the onsite visit, the auditor noted one multi-use bathroom on the first floor. The main door to this bathroom remains open. At the bathroom entrance, there are three (3) sinks against the wall and directly across from the sinks, but not in view of the entrance are two single use showers. The showers are covered by a shower curtain with clear tops and bottoms. Toward the back of the bathroom and against the same wall as the sinks, there are two toilets with half-wall dividers on either side. The toilet stalls do not have doors but do not have visuals into this area unless standing in front of the toilet. Directly across from the toilets is a single use shower that is covered by a shower curtain with a clear top and bottom. There are two bathrooms located on the second floor, one is a single use restroom with a tub/shower combo that is covered by a shower curtain and the other is a single use bathroom with a shower that has a frosted glass door for covering. Both doors on the bathrooms on the second floor can be shut for privacy.</p> <p>Alvis, Inc. has a policy (300.14) that is designed to enhance the safety of transgender/intersex</p>

clients. Clients that are identified prior to placement through entrance interviews, PSI reports, or other medical documentation available to the agency, will be placed in a facility that is best equipped to meet any specific needs. Should a client identify after placement, the PREA Coordinator will be notified and gather information for review. At no time does this policy allow for staff to search or physically examine a transgender client for the sole purpose of determining genital status. This policy also mandates appropriate training for the pat search of transgender/intersex clients. The policy requires the facility to instruct staff on how to conduct searches professionally and respectfully and in the least intrusive manner possible consistent with security needs.

The interviews of CRS staff verified that staff received on-boarding training that included policies and procedures specific to transgender and intersex populations. Staff indicated that they have never and are specifically prohibited by agency policy to perform strip and body cavity searches. Consistent with agency practice, staff indicated that they will escort males throughout the facility and ensure that proper cross-gender announcements are made. Pat and enhanced pat search training included how to conduct an appropriate search on all clients including transgender/intersex clients. The auditor was able to review the training curriculum for this training and verify its appropriateness.

Ten (10) clients (targeted and random) were interviewed. Clients reported that staff have never conducted strip or body cavity searches on them, and that pat or enhanced pat searches were conducted professionally. Clients also reported that staff make cross-gender announcements in addition to escorting males throughout the facility. Most of the clients could not remember having males in the facility. At no time did any client interviewed formally or informally report staff viewing them while showering, changing, or using the toilet.

Review:

Policy and procedure

Training curriculum

Training rosters

CRS staff interviews

Client interviews

Facility tour

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Clients receive written orientation materials, including information on the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy 800.05b ensures that this material is provided to clients in their primary language, and if a literacy problem exist, staff will assist the client in understanding the material. During the intake process, any identified communication/language barrier will be addressed with the use of staff that is proficient in that language, family member communication assistance, or local community resources. The policy prohibits the use of resident interpreters, readers, and any other resident assistance except in circumstances in which a delay in effective communication could compromise the resident's safety, the performance of first response duties, or the investigation of an allegation. During the onsite visit, the auditor observed PREA related postings in both English and Spanish. Should a literacy problem exist, the policy instructs staff to read aloud the rules and regulations to the client, and ensure the client understands the information.</p> <p>Clients that have been identified as having some sensory impairment, including the blind and hearing impaired with be assisted through the use of auxiliary aids. Policy 800.08 ensures clients will be afforded the opportunity to use aids and services that could maximize their involvement in the program.</p> <p>An interview with the PREA Coordinator detailed how the facility would use community resources to ensure all clients had meaningful access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has not needed the use of language interpreters or interpreters for the hard of hearing. Nor have they had to use auxiliary aids for the blind or low vision clients. The case manager, who reviews the agency's zero tolerance policy with clients at intake states that there have been zero (0) instances of the use of interpreters or readers during this audit cycle.</p> <p>During the onsite visit, the auditor interviewed clients that had a physical disability and a medical disability. The clients stated that they have received all information on how to report allegations of sexual abuse or sexual harassment, how to access emotional supportive services, and the facility's rules and regulations including the grievance process. No client reported needing interpreter services, reading services, or auxiliary aids. The facility did not house a client that identified as limited English proficient or having a cognitive disability or sensory impairment during the onsite visit.</p> <p>The ten (10) clients that were interviewed reported they received and understood the agency's zero tolerance policy and protections against sexual abuse, sexual harassment, and retaliation. The auditor reviewed the intake packet and verified the agency had the ability to print material in various languages through the use of Google Translate.</p> <p>Reviewed: Policy and Procedure Client orientation material</p>

PREA postings in English and Spanish
Case Manager interview
PREA Coordinator interview
Client interviews

115.217	Hiring and promotion decisions
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1453 618">Alvis, Inc. has an agency policy (1800.04) that prohibits the hiring, promotion, or selection of services from applicants, current employees, or contractors/volunteers that have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility; nor will they hire promote, or select anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse in the community. The policy also makes clear that any material omissions or false information provided related to past PREA violations, investigations, or allegations is grounds to immediate termination.</p> <p data-bbox="252 667 1481 1391">Currently, the facility staffing level is eight (8) total employees including the Program Director. The auditor reviewed the personnel files of all eight (8) employees. The job application of all employees who applied since August of 2014 required applicants to affirm or deny any substantiated allegations of sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility, or other institution; any conviction for 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; and any civil or administrative adjudicated to have engaged in the activity described above. Employees also had reference check documents in their files. Employees who applied after August of 2014 included checks where the Human Resource Department made its best efforts to contact prior correctional institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse. An interview the the Human Resource Audit Specialist made clear that a HR Generalist will document not just the answers to the questions of sexual abuse, but also if the attempt to contact the previous employer were unsuccessful. Annually during an employee's evaluation, each employee is required to affirm their obligation to disclose any such conduct. All eight (8) employee files had this affirmation for the prior three years.</p> <p data-bbox="252 1440 1481 1944">Policy 1800.04 requires all staff, including contractors and volunteers, working directly with clients to have a criminal background check before hire along with reference checks to ascertain whether the applicant was named in any PREA allegations, whether substantiated or unsubstantiated during employment. The agency conducts Ohio Bureau of Criminal Investigation and NCIC/NLEAD background checks on all potential employees and contractors/volunteers. Employees that work in facilities that house Bureau of Prison offenders will have background checks conducted by the FBI every five years as required by contact. The HR Audit Specialist states that at the beginning of each calendar year, a report is run for each employee that will list the date of their last background check. Any employee that is due to an updated check that year will be put into a database that will give a monthly report of who is due that month for a background check. The auditor was able to review both reports and ensure that all background checks were up to date.</p> <p data-bbox="252 1993 1481 2157">Promotions within the agency are based on merit. Policy 1800.04 disqualified any employee in active disciplinary status, or have received a written reprimand (or high level discipline) within 180 days of submitting a letter of interest. The HR Audit Specialist states that a HR Generalist will review any person's letter of interest for an open position and will alert the hiring manager</p>

if this person has been disqualified based on disciplinary action. The auditor's file review included a review of the disciplinary files and promotion documentation. Any employee that was promoted did not have any disciplinary action against them that included allegations of sexual abuse or sexual harassment.

The HR Audit Specialist also provided documentation of how they respond to institutional request for information on a prior employee, and whether that employee had any substantiated allegation of sexual abuse or resignation during an investigation into an allegation of sexual abuse.

During the employee file review, it was noted by the auditor that the form the HR department completes for reference checks, references only correctional institutions and not just institutions as defined by 42 U.S.C. section 1997. This allows for opportunities that potential applicants are not being screened appropriately for past instances of sexual abuse or sexual harassment while employed at another institution.

CORRECTIVE ACTION:

1. The agency must document conducting reference checks with the required PREA related questions on sexual abuse allegations to any potential employee that has worked at a prior institution as defined by 42 U.S.C. section 1997.
2. The agency must train the HR department on what types of institutions are included in the list of required reference checks.

FACILITY RESPONSE:

The Human Resource Compliance Coordinator sent the auditor an updated reference check form on September 25, 2018 that includes the term "institutions" as required by the standard. The list of included institutions will now be used when conducting reference checks.

The auditor agreed that the new form and included institution definitions will bring the agency into compliance with this standard.

Review:

Policy and Procedure
Employee zero tolerance acknowledgement
Employee continued affirmation acknowledgement
Employee background checks
Employee evaluations
Employee disciplinary files
Employee applicaitons
Employee reference checks
Contactor/volunteer background checks
Applicant interview questions
Background report database
Human Resource Audit Specialist interview

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Managing Director of Agency Programs reports that the facility has not acquired any new facility nor is it planning any substantial expansion or modification to the current facility. Facility management, during its annual staffing plan review, assesses the needs to its video monitoring system. This includes taking into consideration how such technology may enhance its ability to protect from sexual abuse. The auditor reviewed the most recent staffing plan and was able to see how the facility addresses their monitoring needs.</p> <p>The annual staffing plan for 2017 made a request for two (2) additional cameras. The agency applied for and received a grant from the Ohio Department of Rehabilitation and Correction, Bureau of Community Sanctions for the additional cameras. The cameras would be placed in locations that are currently not easily visible to staff. The additional camera coverage helps in the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility will conduct a staffing plan review in December of 2018. This plan will address any additional needs for electronic monitoring or staffing levels.</p> <p>Review: Staffing plan review ODRC, BCS grant summary Facility tour Interview with Managing Director of Agency Programs</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a states that any allegation of sexual abuse of sexual 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 a Memorandum of Understanding (MOU) with the City of Columbus Police Department to investigate any allegation of criminal sexual abuse and/or sexual harassment at all Alvis facilities located within its jurisdiction. Dunning Hall is included in that jurisdiction. The auditor has reviewed the MOU and ensured that it outlines the responsibilities of each of the agencies, and that it request the criminally investigative agency use an uniform evidence protocol that , if necessary, has been adapted from or based on the most resent edition of the U.S. Department of Justice's Office on Violence Against Women protocols. The auditor has a phone interview with Lt. Long from the City of Columbus Police Department who confirmed the MOU and scope of services. The lieutenant is a member of the Crisis Intervention Team and has been trained in Trauma Informed Policing training.</p> <p>The auditor reviewed the training curriculum provided by the Moss Group and the documentation of training received that verifies the PREA Coordinator and Facility Director have been appropriately trained on how to conduct administrative investigations. The PREA Coordinator reviewed the process for administrative investigation and the process for referral if at anytime the allegation looks criminal in nature. Once an allegation has been received, whether through client reporting, third-party reporting, or staff report, an administrative investigation begins and the PREA Coordinator is notified. The PREA Coordinator becomes the primary investigator if the allegation involves a staff member or the allegation is sexual assault. If the allegation is assault, the police will immediately called and at no time will any staff member collect any physical evidence without the expressed authorization of the legal authority. For all other allegations, if at anytime during the administrative investigation it appears that criminal activity took place, the administrative investigation will immediately cease and the City of Columbus Police Department will be called for a criminal investigation. The administrative investigation will not resume until the criminal investigation is complete or the legal authority gives prior approval.</p> <p>Client that are in need of a forensic medical exam will be taken to Ohio University Hospital East. The auditor spoke with the Charge SANE Nurse who stated that the hospital does not enter into MOUs with any entity, but will provide SANE examinations at no cost to any person brought into the hospital. She states that a Sexual Assault Nurse Examiners are on duty for most shifts; however, should there not be one, the hospital has a scheduled on call examiner available. She also states these nurses have received sufficient training to be considered for expert witnesses during court proceedings. They provide a patient quality care and evidence collection, and work in conjunction with advocacy groups to help clients in the restoration process.</p> <p>A MOU is in place with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide victim advocacy services. The MOU outlines the services provided and also the availability of a sexual assault helpline that is manned 24-hours a day. Services in the MOU</p>

include the use of emergency room advocates, emotional support, crisis intervention, community resource referrals, aftercare, assistance during law enforcement interviews, safety planning, and recovery reading materials. An interview with SARNCO's director confirms these services and that they are available free of charge to clients of Dunning Hall.

The PREA Coordinator states that every attempt is made to provide a victim advocate from SARNCO. If for any reason an advocate is not available, the agency has trained emotional support staff that can be available at the clients request. The agency has several trained emotional support staff members at other facilities in the Columbus area. A support person, if necessary, would be brought in from one of the other facilities under the Alvis, Inc. umbrella. During the interview with the training coordinator and employee file review, the auditor verified the emotional support training provided by the Ohio Bureau of Community Corrections and the completion certificates.

During interviews with random and targets staff, all employees were able to identify the investigative process and demonstrate how to perform their first responder duties to keep clients safe without actually acting as an investigator.

There have been one reported allegation of sexual harassment since the last audit in August 2015. The allegation was a client verbal report of client-to client sexual harassment. The allegation was investigated administratively but there was no need for a criminal investigation referral. No victim was in need of victim advocate services.

Review:

Policy and procedure

SARNCO MOU

City of Columbus Police Department MOU

Emotional Support training certificates

Emotional Support training curriculum

PREA Coordinator interview

Facility Director interview

Training Coordinator interview

Staff interviews

SARNCO Director interview

City of Columbus Police Department Lieutenant

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05 outlines the agency's responsibilities to conduct administrative investigations into all allegations of sexual abuse or sexual harassment. The policy also stipulates that at any time during the investigation criminal activity is suspected, the local legal authority will be notified by agency staff. A review of the agency website (https://alvis180.org/prea/) shows the agency policy concerning administrative and criminal investigations, the responsibilities of the administrative investigative agency (Alvis, Inc.) and the criminal investigative agency (City of Columbus Police Department), and the outcome reporting of all investigations.</p> <p>The PREA Coordinator reports that there have been zero (0) allegations of sexual abuse and one (1) allegation of sexual harassment since the facility's last audit in August of 2015.</p> <p>Investigation #1: A verbal report from a client of client-to-client sexual harassment. The allegation was administratively investigated by a trained investigator. The alleged abuser made a counter claim of sexual harassment against the alleged victim. There was no witnesses or video evidence to either claim. The investigator made the determination that the allegation and counter allegation are both unsubstantiated and each client was retrained on the agency's zero tolerance policy.</p> <p>Lt. Long from the City of Columbus Police Department reports that there have been zero (0) referrals for a criminal investigation at Dunning Hall.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Coordinator interview City of Columbus Police lieutenant interview</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. has a policy (1800.17) that requires all new employees to receive training on sexual abuse and sexual harassment during orientation and annually thereafter. The PREA specific training will include:</p> <ul style="list-style-type: none"> *Agency zero tolerance policy *How to prevent, detect, report, and respond to sexual abuse and sexual harassment *Rights of clients in reporting allegations and to remain free from retaliation *Dynamics of sexual abuse and harassment in confinement *How to detect and respond to signs of threatened and actual abuse *How to avoid inappropriate relationships with clients *Appropriate communication with clients including clients who identify as gay, lesbian, bisexual, transgender, or intersex *How to comply with relevant regulations, policies, and procedures regarding reporting sexual abuse <p>Alvis, Inc. also trains on gender specific PREA topics including cross-gender pat searches and searches of transgender/intersex clients. Gender specific training is offered again to staff who may transfer to a different gender specific facility.</p> <p>Employees at each of Alvis, Inc. facilities receive monthly training on a designated PREA compliance topic after their initial orientation PREA training. The monthly topics include:</p> <ul style="list-style-type: none"> *Sexual harassment *Dynamics of abuse and common reactions *Access to care *Code of ethics *Client rights *Zero tolerance policy *Effects of abuse *Reporting requirements *Effective communications with LGBTI clients Boundaries and professional communication *Cross-gender announcements *Privacy during showering and changing *Pat searches *Third-party reporting *Mandated reporting *Rape crisis agencies/Sexual Assault Response Network of Central Ohio (SARNCO) *Transgender/intersex policy and procedures *Access to free medical and mental health services *Staff reporting requirements *First responder duties *Investigations and client notifications *Misuse of PREA and discipline procedures *Limited English proficient clients

The auditor was able to interview the agency Training Coordinator and review training curriculum and training rosters. The training coordinator talked about the mandated orientation training process and how employees must have PREA related training and sign the zero tolerance acknowledgment before working with clients. PREA related training that is offered at the facility is verified through a training roster which is forwarded to the training department and entered into a compliance database. Documentation of training and zero tolerance acknowledgment is placed in the employee's personnel file. The training coordinator reviewed the training curriculum with the auditor and how the onsite training is tailored to the gender of clients at the facility. Show showed the process for retraining staff members who may moved to a different gender specific facility. Recently the agency assigned specific senior staff members at each facility to orientate new/transferred employees to the facility's coordinated response plan. Facility trainers are required to use the curriculum developed by the training department and each facility will train on the same topic each month.

The auditor reviewed all nine (9) employee's training files. All training records were up to date. The auditor was able to verify that all employees received their initial PREA training either during their orientation period, or if they were hired before August of 2014, they received PREA training that year. Rather than provide a refresher training on the agency's zero tolerance policy during the off year of the required bi-annual training, the agency provides monthly training on the topics listed above. These topics comprise the list of topics as required by the standard as well as other needed training that aids in the prevention, detection, response, and reporting of sexual abuse and sexual harassment. Orientation training last approximately three hours and monthly training last thirty (30) minutes.

Staff targeted and random interviews confirmed the agency's PREA training program and monthly training schedule. Staff were able to discuss the training topics and how it directly applies to their jobs. All staff were comfortable with the level of training and did not think it needed to be improved.

Review:

Policy and procedure

Training curriculum

Staff training records

Interview with Training Coordinator

Interview with staff (targeted and random)

115.232	Volunteer and contractor training
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1473 400">Policy 1800.18 requires PREA training for all contractors, volunteers, and interns. The training will include at a minimum:</p> <ul data-bbox="252 412 1406 701" style="list-style-type: none"> *Agency zero tolerance policy *How to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, and/or retaliation *Code of ethics *Client populations *Services and programs *Operational procedures <p data-bbox="252 757 1465 875">Once a contractor, volunteer, or intern is assigned to a specific facility, the facility manager or designee will provide additional orientation/on the job training that will include the facility's coordinated response plan.</p> <p data-bbox="252 927 1473 1256">The auditor was able to interview the agency training coordinator and reviewed the curriculum for contractors and volunteers. The Training Coordinator verified that all contractors and volunteers receive PREA training through a power-point presentation before being allowed to interact with clients at any facility. The training is not as extensive as employee training; however, ensures that they understand the basics of how to prevent, detect, respond, and report suspicions or reports of sexual harassment, sexual abuses, and retaliation. The curriculum is commiserate with the level of interaction between the contractor/volunteer and the clients.</p> <p data-bbox="252 1312 1473 1386">The auditor reviewed the training sign-in sheets for previous contractors and volunteers. The also signed an acknowledgement of their understanding of the agency's zero tolerance policy.</p> <p data-bbox="252 1442 1481 1688">During the onsite visit, the auditor was able to speak to an intern that was assigned to Dunning Hall. The intern was able to describe her training during orientation and attendance at the monthly Back to Basics training. The intern attended orientation training developed for new employees over the abbreviated training developed for contractors and volunteers. The intern was able to discuss the training topics and explain her responsibility in preventing, detecting, reporting, and responding to allegations of sexual abuse and sexual harassment.</p> <p data-bbox="252 1744 355 1778">Review:</p> <ul data-bbox="252 1789 962 2029" style="list-style-type: none"> Policy and procedure Contractor/volunteer training curriculum Contractor/volunteer training roster Contractor/volunteer zero tolerance acknowledgement Interview with Training Coordinator Interview with intern

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 800.05b makes clear that all clients are to receive written orientation materials containing the agency's zero tolerance policy in their primary language at intake and if a literacy; sensory; or physical, mental, or cognitive impairment exists, assistance will be made available to ensure all clients fully understand the facility's efforts to prevent, detect, respond, and report to allegations of sexual abuse, sexual harassment, and retaliation. Clients sign an acknowledgment form that they have received and understand this information and the form is kept in each resident's file.</p> <p>Clients also receive a more formal PREA training conducted by the agency's PREA Coordinator. During an interview, the PREA Coordinator reviewed the training curriculum and discussed her method for ensuring all clients understand their rights and protections under the agency's zero tolerance policy. The coordinator will ask questions, discuss definitions, and give scenarios of what constitutes sexual abuse, sexual harassment, and retaliation. The coordinator also discusses the limits of confidentiality with staff and outside reporting entities. Disciplinary action against clients who participate in sexual abuse, sexual harassment, and retaliation is also discussed. Clients sign a training roster to verify their attendance to his training. All training records are kept by the facility manager.</p> <p>The client handbook that is given to clients at intake, also covers the information reviewed at intake. Clients are required to sign that they have read and understand the handbook. This verification form is kept in the client's file. The auditor reviewed ten (10) client files and verified that the clients have documented their receipt of the handbook and acknowledgment of the zero tolerance policy.</p> <p>The auditor interviewed ten (10) clients during the onsite visit. All ten (10) clients were able to verify their PREA training at intake and during orientation group. Clients felt comfortable about approaching staff with questions and concerns and would go to staff if they felt they were being sexually harassed or abused. All clients interviewed stated that the environment of the facility does not lend to sexual abuse or sexual harassment. They knew the locations of the PREA postings, PREA hotline phone, and grievance forms. Clients stated they understood the ways they could report including anonymously and possible sanctions for violations of the zero tolerance policy. Clients also discussed the availability of free medical and mental health services related to sexual harassment and sexual abuse.</p> <p>During the onsite visit, the auditor inspected posted notices of how clients can report allegations of sexual abuse and sexual harassment; phone numbers and addresses to local and national victim advocates; and their right to be free from retaliation for reporting such incidents. The posters were in highly visible locations throughout the facility in both English and Spanish. The auditor received a copy of the written intake information that is given to each resident upon their arrival at the facility. The paperwork includes practical and statutory definitions of sexual abuse, sexual harassment, and inappropriate staff misconduct; clients right to be free from sexual assault; confidentiality; what to do if the client is sexually assaulted; seeking medical and mental health help free of charge; understanding the</p>

investigation process; ways to protect from sexual assault; and ways to report sexual abuse or sexual harassment (verbally to any staff member, contractor or volunteer; written and given to any staff member or through use of the grievance system; and /or using the various hotline numbers) and how they can report anonymously.

During interviews with Dunning Hall staff all indicated that they have been trained on how to review the PREA material given at intake with clients. That when clients show signs of not being able to read or understand the material, that they will read the information or provide a staff member who can ensure the client understands the material. Staff also know to contact the facility manager/director to procure community services for clients who are limited English proficient or need auxiliary aids.

At the time of the audit, the facility did not have a client that needed assistance with understanding the PREA training provided by the agency. The Coordinator reviewed with the auditor the process for how the facility would provide assistance to any client needing a translator, auxiliary aids, or reading/comprehension help. The assistance include using community resources for interpreter services (or the use of family communication assistance), having staff members read the material and ask questions to ensure the client understood the material, and providing auxiliary aids such as appropriate communication devises for clients that are deaf/hard of hearing or blind/low vision. The coordinator states that as of this date, no client as needed a translator or auxiliary aid, but has in the past used staff to assist clients in reading and understanding the material.

Review:

Policy and procedure

PREA postings

Client PREA material

Client handbook

Client PREA acknowledgment

Client PREA training roster

Interview with PREA Coordinator

Interview with Community Resource Specialist

Interview with case manager

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a total of ten (10) trained PREA administrative investigators including the agency PREA Coordinator. The training was facilitated by the Moss Group and includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warning, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative or criminal investigation referral. The PREA Coordinator received train-the-trainer training also provided by the Moss Group. She uses the Moss Group training curriculum to provide refresher training to Alvis, Inc. administrative investigators. Training certificates for completion were verified during the employee file review.</p> <p>The auditor reviewed the training curriculum for both the initial administrative investigator training and the curriculum for the train-the-trainer administrative training. Both training curricula provide appropriate material for proper training. The auditor interview the Facility Director who serves as the administrative investigator for Dunning Hall and the PREA Coordinator who serves as the agency administrative investigator. Both the facility director and PREA coordinator were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. The coordinator states the facility director is not allowed to conduct a PREA administrative investigation if the allegation is against a staff member currently working in the facility. A trained investigator from another facility with the assistance of the agency PREA investigator would conduct the investigation. The investigators understood Garity; however, this is a private non-profit organization and Garity warnings do not apply.</p> <p>The PREA Coordinator states that any allegation that appears to be criminal in nature will be referred to the City of Columbus Police for a criminal investigation. The agency has a signed Memorandum of Understanding (MOU) with this agency to conduct criminal investigation into allegations of sexual abuse.</p> <p>Review: Administrative investigative curriculum Administrative train-the-trainer curriculum Administrative investigator training certificates Columbus City Police MOU Interview with PREA Coordinator Interview with Facility Director</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not use the services of medical or mental health practitioners at the facility. All clients requesting these services would be referred to community resources. Medical services would be provided to clients by Ohio State University Hospital East while advocate services would be provided by Sexual Assault Response Network of Central Ohio (SARNCO).</p> <p>The auditor spoke with Kim Plants, Charge SANE Nurse at Ohio University Hospital East, who state that Sexual Assault Nurse Examiners at this hospital have completed forty (40) hours of coursework, twelve (12) exams witnessed by a physician, and three (3) sexual assault exams with over site by an experienced sexual assault nurse. SANEs must be able to testify as expert witnesses in rape cases.</p> <p>The Director as SARNCO states that the agency has trained volunteers and staff advocates that provide emotional support, crisis intervention, and community resource information to victims of sexual assault at the Ohio University Hospital East. They also work with Deaf World Against Violence Everywhere should a client victim form Dunning hall need these services.</p> <p>Review: SARNCO MOU Interview with Charge SANE Nurse Interview with SARNCO Director</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. has a policy (1300.14 that requires all clients to be screened to determine their risk of sexual victimization or to be sexual abusive. Case managers have access to the screening tool that is in the SecurManage database system. Through this system, the program manager is able to limit the ability of unauthorized staff from viewing completed risk screens. The SecurManage system puts out task alerts to the case manager notifying them of the requirement to complete the 72-hour risk screen and the 30-day re-screen. The Program Director states that she gets a report once a week on the tasks that were not completed which would include the risk screens.</p> <p>Case managers are trained on how to properly complete the screening tool. The training tool includes:</p> <ol style="list-style-type: none"> a. Definitions of screening tool terms b. Age c. Physical build d. Gender identity e. Sexual orientation f. Mental, physical, or developmental disability g. Prior sexual victimization or abusiveness h. Clients perception of vulnerability i. Criminal history j. Any other relevant information <p>At the end of the screening tool, the screener is also required to document their perception of the clients sexual orientation and gender identity. The screening tool also reminds the screener that the offenders cannot be disciplined for not answering or providing incomplete answers to the questions.</p> <p>The auditor reviewed ten (10) completed assessments (initial and rescreens) and found the tool to be objective and include the minimum required criteria for both risk of abusiveness and vulnerability. The auditor was allowed to witness a screening assessment to ensure the tool was administered correctly and effectively. The auditor also interviewed the case manager to assess the level of training and comfort with completing the assessment. The case manager stated that she received the training during case manager specific PREA training and feels that the training is appropriate in equipping her to complete the tool effectively. The Program Director is tasked with performing quality assurance checks on the screens to ensure consistency in the assessment. When asked how one would know that a client was a risk for victimization or to be abusive based on the screening results, the case manager stated that any yes responses would require a review by the agency clinician in order to better assess the proper housing, work, and educational assignments. During the interview with the Training Coordinator, the auditor was able to review the training curriculum for the risk screening training.</p> <p>The auditor interviewed ten (10) clients during the onsite visit. The interviewed clients stated</p>

that they received a risk screening and a rescreening but were unable to identify when the screenings took place. The clients were able to talk about the questions asked during the screening and understood the questions were meant for their safety. Clients also talked about their case manager offering free counseling services to deal with past issues of sexual abuse.

The auditor spoke to the Program Director about the facility's screening process. The Program Director states that all clients, regardless if they have been transferred from another Alvis, Inc. facility, will receive a 72-hour initial risk screening and a rescreen prior to the thirtieth day of placement. Clients will also receive a rescreen upon the receipt of new relevant information. The director states that she has a quality assurance process to not only ensure that the screenings are completed on time but also completed as designed by the agency.

The auditor requested a SecurManage report for both initial and re-screens on the PREA risk assessment tool. The auditor reviewed one hundred forty-two (142) initial screens and found fifty (50) of those screens completed after the required 72-hours. A review of eighty (80) rescreens found sixteen (16) of those screens were completed after the required 30-days. The auditor did note that the bulk of the late entries were during the early part of the twelve month review period and that the case manager responsible for those entries is no longer employed at the agency. The Program Director states that due to increasing responsibilities she has been unable to ensure that the screens are being completed on time.

Based on the risk screens not being completed on time, the auditor finds this standard in non-compliance.

CORRECTIVE ACTION:

1. The facility needs to designate a set date for the rescreen of the risk assessment. The date should be some time after the initial assessment but prior to the 30-day mark. The time frame should allow for the Program Director/Manager to take corrective action steps should the rescreen go over the set date and get the screening complete before the 30-day mark.
2. The Program Director/Manager needs to review the task due report on a more frequent basis in order to improve the compliance with completing the screenings on time.

FACILITY RESPONSE:

The PREA Coordinator reports the program Treatment Coordinator has been assigned the task of conducting all initial (72 hrs. from arrival) PREA screenings. Case management staff will conduct the 30-day follow-up risk assessment. The Task Due report, housed in the SecurManage system, will be reviewed by management on a daily basis, to ensure timely processing of this standard. The PREA Coordinator sent the auditor a training sign-in sheet where she facilitated a training on initial screenings, 30-day screenings, and circumstantial screenings. The staff was also trained on appropriately managing LGBTI clients and reporting duties. The auditor agrees that with the Facility Director no longer performing several job duties, she has more time to perform quality assurance checks on all risk screenings. The new structure for who completes the initial screening also allows for enough time to complete PREA related job duties in a timely manner.

Staff acknowledged their training and it will be reinforced through the monthly back to basics training.

Review:

Policy and procedure

Initial risk screening tool

Re-screen risk screening tool

SecurManage screening report

Program Director interview

Case Manager interview

Client interviews

Risk screening curriculum

Risk screening training roster

115.242	Use of screening information
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 750">Policy 1300.14 outlines the risk screening process and how the screening tool is to be used to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those clients at high risk to be sexually abusive. The facility has identified specific dorm rooms and beds that are for clients who have been identified through the risk screening to possible be subject to sexual victimization or be sexually abusive to other clients. These rooms are located on the first or second floor where staff offices are also located. Policy 1300.04 states that clients with a history of being sexually abusive may be denied admittance as such placement would impact the safety and/or security of the client, other clients, or the facility. Admission based upon gender identity is prohibited</p> <p data-bbox="252 795 1484 1041">As documented in this report under standard 115.241, case management staff are not completing risk assessments in a timely manner. This could possibly allow for clients who have a greater risk for potential victimization to be housed, or have work, education, or program assignments with clients who have the potential to be sexually abusive. The facility does not document how it uses the information to keep separate potential victims from potential abusers.</p> <p data-bbox="252 1086 1484 1310">Policy 1300.14 requires the agency, upon notice, to assess, review, and manage clients who are transgender/intersex on a case-by-case basis considering the clients individual circumstance. The management team will house a transgender/intersex clients in facilities that maximize client safety and privacy. The client will be placed at the facility location that offers the most appropriate resources and environment to accommodate any special needs.</p> <p data-bbox="252 1355 1460 1646">The auditor interviewed ten (10) clients and discussed housing, safety, and programming at the facility. All clients interviewed report feeling safe at the facility and not being housed in a room or floor based upon their sexual preference or perceived sexual preference. The also state that they have not been prohibited from participating in the program in any way. During risk assessments, clients report being asked about their perception of their vulnerability or if they had any concerns about their safety or privacy. No clients reported any problems or safety concerns.</p> <p data-bbox="252 1691 1476 1870">The facility is equipped with several single use bathrooms. These bathrooms allow for the bathroom door to be shut while in use. The single use bathroom is open to all clients, and is available for use to any client that identifies as transgender or intersex. Currently the facility is not housing a client that identifies as transgender or intersex.</p> <p data-bbox="252 1915 1476 2161">The agency has an appropriate policy in place that addresses the safety needs of clients identified as potential victims and transgender/intersex clients. The facility; however, is not properly following the policy and procedures to ensure maximum client safety. Because the risk screenings and rescreenings are not being completed in a timely manner, vulnerable clients can be placed in dorms or work, education, and program assignments with clients who have the potential to e sexually abusive. Therefore, the facility is found to be in non-</p>

compliance with this standard.

CORRECTIVE ACTION:

1. The facility needs to ensure that clients who have been screened as vulnerable are separated by dorm, work, education, and program assignments with clients who are at high risk of being sexually abusive.
2. The facility needs to document how it is addressing those needs.

FACILITY RESPONSE:

The PREA Coordinator facilitated training with all staff members on how to complete a risk screenings, report vulnerability issues, and how to keep safe clients who have been identified as vulnerable from clients that have been identified as abusive. The agency has restructured staff duties so that the facility can ensure that clients are receiving initial risk assessment screenings within 72-hours and a rescreening at or before the 30-day mark. This will allow staff to immediately separate clients by dorm, work assignments, education, and programming. The auditor was sent sign-in sheets as confirmation of the training.

The auditor agrees that the proper training and staff duties restructuring along with the increased quality assurance will ensure that all screenings are completed on time. The facility is now in compliance with this standard.

Review:

- Policy and procedure
- Initial risk screens
- Re-screens risk assessments
- Interview with PREA Coordinator
- Client interviews
- Facility tour

115.251	Resident reporting
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 741">Policy 1300.05 states that clients who feel subjected to sexual harassment, sexual abuse, staff sexual misconduct or retaliation for reporting sexual abuse or sexual harassment should immediately report the matter to the Facility Director or Facility Manager. If the client feels uncomfortable discussing the matter with the manager or director , and shares the information with another staff member, that staff member shall report the information to the PREA Coordinator or the Manager on Call. Clients also have the option of reporting sexual harassment and sexual abuse in a written statement, to the internal toll-free hotline number, through the use of a third-party hotline number, to an outside third-party advocacy group (locally and nationally), through friends and family, or grievance report, and that if they so choose they can report anonymously.</p> <p data-bbox="252 797 1481 1043">The auditor reviewed information given to clients at intake. This is in addition to a more formal orientation given at a later date. Clients are given information on how to report an instance of sexual abuse or sexual harassment. The written information includes the names, numbers, and addresses of agencies they can report allegations. This information is also posted throughout the facility in highly visible locations. The forms also gave clients notice to the limits of confidentiality. The auditor also reviewed the grievance forms available to clients.</p> <p data-bbox="252 1099 1481 1346">Clients are able to make unassisted free phone calls to any of the hotline agencies through the use of a facility house phone. This phone is located in the dining/mp room and is available to the clients at all hours of the day. The clients at Dunning Hall are also able to carry their own cell phone. This allows for clients to report to any entity, any where, at any time. The auditor used the house phone to call the hotline number to ensure that the information on how to report was correct.</p> <p data-bbox="252 1402 1481 1648">The auditor interviewed ten (10) clients during the onsite visit. All interviewed clients discussed the information they received at intake or during orientation in regards to the agency's zero tolerance policy. They all stated they could give a report verbally to any staff member, written, or through a third-party. The clients understood they could report anonymously and that while they could report anonymously that there where limits to confidentiality. The clients all stated that they felt safe while at the facility and would feel comfortable reporting an allegation.</p> <p data-bbox="252 1704 1465 1951">The same policy requires staff members to immediately document and report any allegations of sexual harassment or sexual abuse reported to them either verbally, written, through a third-party report, or their own suspicion. Staff members must document the information received or witnessed on the agency's PREA Report Form. All staff have been trained on the reporting protocol and have access to the PREA Coordinator where they can report an allegation privately to her directly or through a phone call or email.</p> <p data-bbox="252 2007 1469 2152">During staff interviews, all where clear on their duty to report allegations of sexual abuse, sexual harassment, staff sexual misconduct, and retaliation. Staff interviewed stated that they felt comfortable reporting an allegation to the Facility Director, but also understood that they could report directly to the PREA Coordinator privately.</p>

Review:

Policy and procedure

Client handbook

Written client PREA materials

Facility PREA postings (English and Spanish)

Staff reporting form

Client interviews

Staff interviews

Facility house phone

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.03 states that the agency does not assess a time limit for filing a grievance alleging sexual abuse or sexual harassment. According to policy, the agency will respond to any grievance within two (2) days and receive an outcome notification within five (5) days. The policy allows for several levels of appeals with the final appeal being with the Managing Director of Agency Programs. Should the facility need more time to respond to the grievance, the policy states that facility will notify the client of the extension and provide a date and time in which a decision will be made. The policy does not allow for an informal resolution or resolve the grievance with an alleged abuser if the grievance is alleging sexual abuse or sexual harassment.</p> <p>Clients are informed of the grievance process during intake. Clients are also notified that third-party sources can assist in the grievance process and that these sources can also file a grievance on behalf of a client. Clients are able to decline the grievance made on their behalf and this would be documented on the PREA Report Form. Grievance forms are made available to clients without the client having to request a form from staff. Clients may return the form to any staff member including the facility manager or director. Clients are also aware that using the grievance system to report and allegation of sexual abuse or sexual harassment is not mandatory.</p> <p>Staff have been trained on how to employ protective measures should a client file a grievance alleging the fear of imminent abuse. The facility has the ability to move a victim or the alleged abuser to another facility within the Alvis, Inc. umbrella, and when staff is the alleged abuser the agency practice is to place the staff member on administrative leave.</p> <p>During the ten (10) client interviews, each client responded that they were informed of the grievance process at intake and received a handbook which outlines the grievance process. No client interviewed has used the grievance system in order to report an allegation of sexual abuse or sexual harassment. The auditor discussed with the clients the response time to any grievance filed. The clients who did report an allegation stated that there are times when they do not get an initial reply within two (2) days nor a decision within five (5) days. The clients expressed their frustration at the grievance process and stated they shared their frustration with staff but to no avail.</p> <p>During an interview with the Facility Director, the auditor addressed the process for responding to client grievances. The facility director stated that due to the increased responsibilities, she has not been able to respond to grievances within the specified 48-hour time period. The director states that she felt overwhelmed by fulfilling the role of Facility Director and Facility Manager and being understaffed at many key positions over the past year.</p> <p>There have been zero (0) allegations filed for sexual abuse or sexual harassment using the grievance process. The PREA Coordinator assures that all allegations, regardless of how they are reported, will be investigated administratively and if necessary, criminally.</p>

Because the clients are not receiving responses to concerns addressed in filed grievances, the facility is not in compliance with this standard.

CORRECTIVE ACTION:

1. The facility needs to develop a process for ensuring that clients filing a grievance will get a response within 48-hours. The response should be documented and immediate corrective action should be noted for clients who allege a substantial risk of imminent sexual abuse.

FACILITY RESPONSE:

The agency developed a new grievance form in order to properly identify grievances that alleged imminent abuse. The PREA Coordinator sent a copy of the new form to the auditor on September 21, 2018. The new form is in compliance with the standard. The PREA Coordinator also reports that the agency has developed a new process to ensure that all grievance are reviewed and have an initial response within 48-hours. Facility management has been tasked with checking grievances daily, to improve the timeliness of responses. The PREA Coordinator also sent meeting minutes with the development of the plan and training of management staff on the new process. The Facility director now has the time to ensure this process is completed as stated in agency policy and procedure.

The auditor agrees that the new form and process along with ensuring the Facility Director has the proper time to ensure grievances are address according to agency policy will bring the facility into compliance with this standard.

Review:

Policy and procedure
Grievance reporting form
Resident handbook
Client interviews
PREA Coordinator interview
Facility Director interview
Facility tour

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has an Memorandum of Understanding (MOU) with Sexual Assault Response Network of Central Ohio (SARNCO) to provide victims of sexual abuse victim advocates for emotional supportive services. Included in the MOU is an agreement for SARNCO to provide their address and hotline number so clients can access these services privately. The director at SARNCO states that all services provided by the agency are confidential.</p> <p>Along with the MOU for emotional supportive services, Dunning Hall has posted the contact information for the agency as well as the addresses and phone numbers including toll-free numbers for other Ohio rape crisis agencies including the phone number for the Rape, Abuse, and Incest National Network (RAINN). During an interview with the director at SARNCO, she stated that the agency has not received a request for services for any client at Dunning Hall nor has the agency received a call from a client at Dunning Hall alleging sexual abuse or sexual harassment. The auditor made contact with RAINN's Affiliate Coordinator who reports that the agency does not track PREA calls since they are an anonymous hotline number. When calling RAIIN, an individual will be connected to the local RAIIN affiliate. The local affiliate in the Columbus, Ohio area is SARNCO.</p> <p>The ten (10) clients interviewed were able to identify the location of the postings should they need the number or address of an advocate agency. The clients were able to list the available services (emotional support, crisis intervention, and counseling) provided specifically by SARNCO and knew that these services were free of charge. Clients reported knowing the limits of confidentiality and that all reports including anonymous reports would be investigated.</p> <p>The auditor was able to view the locations of the various postings, verifying the information that was listed, and confirm the services listed on the MOU with SARNCO are available free of charge.</p> <p>According to the PREA Coordinator and agency's posted annual reports, Dunning Hall has never had an allegation of sexual abuse since their last PREA audit in August of 2015.</p> <p>Review: SARNCO MOU PREA intake documentation PREA postings Facility tour Client interviews PREA Coordinator interview PREA annual report</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has posted on its website, https://www.alvis180.org/prea/, ways that anyone can report allegations of sexual harassment or sexual abuse on behalf of a client. This information includes Alvis' toll-free hotline number and a link to make an online report. The auditor tested both the hotline number and the online link. The PREA Coordinator answered the phone call for the hotline number and also responded to my online allegation report on the same day. The PREA Coordinator forwarded a copy of the information she receives when someone completes the online form.</p> <p>The facility post information in locations that are accessible to visitors of Dunning Hall. These posters contain information on PREA, how anyone can report an allegation, and the phone numbers to the agency and outside reporting agencies. Clients report that at intake they are given information on how to educate their friends and family on the third-party reporting process. SARNCO's Director and RAINN's Affiliate Coordinator both report receiving zero (0) third party allegations for Dunning Hall.</p> <p>There have been zero (0) third-party allegations of sexual abuse or sexual harassment at Dunning Hall. The PREA Coordinator states that all allegations of sexual abuse or sexual harassment will be investigated administratively and criminally if necessary, regardless of how the allegation is reported.</p> <p>Review: Agency website PREA postings Facility tour Reporting agencies phone number Alvis online reporting system PREA Coordinator interview Client interviews RAINN Affiliate Coordinator interview SARNCO Director interview</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 400.09 requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third-party and anonymous reports. The policy states that staff will handle all crisis first, and then use the coordinated response plan phone tree procedure to contact appropriate administrators. Once that is complete, the staff member will document the incident on an Unusual Incident Report (UIR) using the facility internal computer system.</p> <p>The PREA Coordinator reports that the completion of this form will trigger an automatic email to the contact list based on the nature of the incident. This system allows the facility to limit the number of people who have access to the allegation information. Staff members are taught during orientation training that all communication about a reported allegation, suspicion or witness of an allegation is limited to the facility manager, facility director, PREA coordinator, or the manager on call (staff orientation training material was reviewed and verified by the auditor during the onsite visit). These administrators will decide based on the incident who else needs to know about the allegation. The facility director and PREA Coordinator are both administrative investigators and will begin the investigatory process (see standard 115.234).</p> <p>The auditor reviewed the agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Reporting Form. Staff who have knowledge about an incident or suspected incident of sexual abuse or sexual harassment or retaliation are required to complete section "A" of this form. This part of the form documents basic incident information such as date, time, witnesses, and location without requiring the staff member to perform investigatory duties. The report is then sent to the facility director, facility manager, or PREA coordinator.</p> <p>Clients interviewed report that during the intake process staff inform them of the limits to confidentiality when reporting PREA allegations. The facility director reports that staff are required to reaffirm the limits to confidentiality at the beginning of services.</p> <p>While 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, Policy 400.09 requires the reporting of allegations of sexual abuse and sexual harassment to Ohio Department of Rehabilitation and Corrections Bureau of Community Sanctions, Federal Bureau of Prisons, and the Ohio Department of Developmental Disabilities should a victim be under the supervision of one of these agencies. The PREA Coordinator reports that the facility does not accept any client that is under the age of eighteen (18) and does not have a duty to report to child protective services.</p> <p>During the onsite visit, the auditor reviewed ten (10) client files and conducted ten (10) client interviews including targeted interviews. The auditor was able to verify that clients received information on limits of confidentiality which corresponds with their intake dates. The ten clients interviews confirmed that they received this information during their orientation into the facility. Clients also stated that they were reminded of the limits of confidentiality and staff's duty to report from other staff members.</p>

The auditor reviewed all nine (9) staff member files during the onsite visit. It was noted by the auditor that the training received by staff included:

- a. How to report allegations of sexual abuse, sexual harassment, and retaliation
- b. How to properly document an allegation in the agency's internal database system
- c. How to complete section "A" of the Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form
- d. How to communicate the limits of confidentiality
- e. How to use the coordinated response plan

Staff sign as verification of training.

During staff interviews, staff stated that they understood the reporting process who they are required to report allegations of sexual abuse and sexual harassment, and that all allegations must be investigated by a trained investigator. All staff interviewed stated that they would have no problem reporting an allegation of sexual abuse or sexual harassment even if the allegation was against another staff member. During an informal conversation with staff members, the auditor heard mention of a previous co-worker who may have had an inappropriate relationship with a client. When asked if this information was reported the staff members stated it was not due to the lack of knowledge to the true nature of the relationship. No staff member had actually knowledge of any staff sexual misconduct; however it was evident to the auditor that the staff suspected at the very least staff favoritism toward this particular client. The staff reported that the staff member in question and the client are no longer at the facility.

The auditor spoke to the PREA Coordinator concerning staff members not reporting their suspicions of the former staff member. Staff members seem to be under the impression that they needed to have factual information of staff sexual misconduct before they could report an allegation. The standard calls for staff members to report all suspicions of sexual abuse and sexual harassment. Because staff members are not reporting all suspicions of sexual abuse or sexual harassment, the facility is not in non-compliance of this standard.

CORRECTIVE ACTION:

1. Staff need to be retrained on what information should be reported and include information that is considered suspicious but not verified.

FACILITY RESPONSE:

The PREA Coordinator facilitated a training to all staff on the reporting requirements of all suspicions and allegations of sexual abuse and sexual harassment. Staff were informed to report any sexual misconduct to management or the PREA Coordinator and allow a trained PREA investigator to make determinations to allegation classification. The PREA Coordinator sent the auditor a sign-in sheet verification of staff acknowledging their training. She also reports that this message will be reinforced through monthly back to basics training. Clients were also received an updated training on how to report allegations.

The auditor agrees that the training of staff and clients on the importance of reporting allegations and the ways to report will bring the facility into compliance with this standard.

	<p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form Client files Staff training files Staff interviews Client interviews
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a policy (1300.05) and a plan to protect clients from imminent sexual abuse. The facility has several dorm rooms on three separate floors that can be use to separate clients. Clients who cannot be moved within the facility in order to facilitate protection, can be moved to one of the other facilities located in the Columbus, Ohio area that are under the Alvis, Inc. umbrella. In the case of a staff alleged abuser, the PREA Coordinator reports that agency practice is to place the staff member on administrative leave. If the allegation does not warrant the staff member to be placed on leave, the coordinator reports that staff can be move to another facility during the course of the investigation.</p> <p>The facility also has the option of placing an alleged victim on electronic monitoring with the approval of the referral source. The alleged abuser could also be returned to the referral source during the investigation. The PREA Coordinator reports that the type of protection used will depend upon the situation and that protecting victims is an agency priority. To date, the facility has not had a client who reported being at risk of imminent abuse.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Facility tour Alvis, Inc. facility locations PREA Coordinator interview

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05 requires all allegations of sexual abuse or sexual harassment reported to the agency be investigated by a trained investigator including reports made by clients who made an allegation while confined at another institution, jail, or other correctional facility. Facility staff are required to document the information and make a report to the facility director and/or PREA Coordinator. The PREA Coordinator states that they have not had an allegation reported to the facility from another facility.</p> <p>Policy 1300.05a requires any allegation made to the facility by a client that they were sexually abused or sexually while confined at another institution or confinement facility be immediately reported to the facility director. The facility director will report the allegation to the head of the institution as soon as possible but no later than 72-hours. The facility director will also make notification to the appropriate contracting agency. An Unusual Incident Report is used to document the notification and the documentation of the notification is sent to the PREA Coordinator.</p> <p>The PREA Coordinator and Facility Director confirm the process that is laid out in policy. They report that all allegations reported to the agency regardless of how they were reported will be investigated and allegations that the facility receives will be reported to the proper facility. The PREA Coordinator reports that the facility has not received an allegation that needed to be reported to another institution.</p> <p>Review: Policy and procedure Facility Director interview PREA Coordinator interview</p>

115.264	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 1300.05a requires all staff to be trained on how to perform first responder duties. The duties are applicable to all staff members and outline the expected practices during an incident of sexual abuse. The auditor reviewed the training curriculum for the first responder training. The training included instructions on how to separate the victim and abuser, preserve and protect the crime scene, request the victim take no action that would destroy evidence (i.e. shower, use the toilet, or brush teeth), ensure the abuser does not take any action that could destroy evidence (i.e. shower, use the toilet, or brush teeth), and immediately call 9-1-1.</p> <p>The first responder training is mandatory during the staff member's orientation training and again later in the year at the Back to Basics monthly training. Contractors and volunteers are also required to receive first responder training. They are required to separate the victim and abuser and immediately contact a Community Reentry Specialist. Staff and the intern interviewed at Dunning Hall reported being trained on the first responder duties and knew the location of the coordinated response plan that includes first responder duties.</p> <p>Dunning Hall has never had an allegation of sexual abuse and has never needed the use of a first responder.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Staff training curriculum Staff training roster Staff interviews Intern interview
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05a details the agency's coordinated response plan. The details of the plan are posted at the main post in Dunning Hall. The posted plan is in flowchart form and walks staff member through the appropriate action steps to follow in the event of a sexual abuse or sexual assault incident. The steps are detailed and include phone numbers and required reporting forms that are to be completed. The chart also list the specific steps to take in incidents of sexual harassment. During the onsite visit the auditor was able to view the posted plan.</p> <p>The posted plan includes:</p> <ol style="list-style-type: none"> a. First responder duties (see standard 115.264) b. Contact the PREA Coordinator, Facility Director/Manager c. Contact legal authorities d. Contact rape crisis for emotional supportive services e. Document incident according to agency guidelines <p>The PREA Coordinator reports that she will follow-up with the City of Columbus Police Department until the completion of the criminal investigation, and then will initiate an administrative investigation. The victims mental health will be evaluated by the agency clinician with 48-hours of the abuse. It will be the clinician's responsibility to conduct status checks and updates the PREA Coordinator and make referral for additional services.</p> <p>All staff are mandated to learn the agency's Sexual Abuse, Assault, Harassment Response Procedure during orientation training and a more specific plan once assigned to a facility. During the onsite visit, the auditor was able to view the posted plan and interview staff to ensure they knew the details of the procedure. The auditor also discussed the plan extensively with CRS staff who will be responsible for deploying most of the first response duties and coordinated response plan. All CRS staff interviewed felt comfortable with completing the steps should it be necessary. Staff were able to review the steps of the plan without prodding from the auditor.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Sexual Abuse, Assault, Harassment Response Procedure Staff training curriculum Staff training roster Facility tour Staff interviews

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Managing Director of Agency Programs reports that the agency does not have a union nor does the agency enter into any contracts with employees.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1300.05a mandates the protection from retaliation to anyone who reports sexual abuse or sexual harassment or cooperates in the investigation of an allegation of sexual abuse or sexual harassment. The obligation to monitor for retaliation is listed at a minimum of 90 days and will only cease prior to 90-days if the allegation was determined to be unfounded. The facility could choose to extend the monitoring period if the situation dictates. The program director at Dunning Hall is tasked with ensuring the protection from retaliation. During an interview with the facility director, she states that she would monitor the conduct and treatment of both clients and staff who report sexual abuse or harassment or who are cooperating in the investigation of an allegation. Monitoring clients would include periodic status checks, and a review of the clients disciplinary records, housing, program changes, or negative performance reviews and reassignments of staff. Documentation of status checks will be kept in the client's file.</p> <p>During the PREA Coordinator's interview, she reports to the auditor that the agency has the ability to move client's room, to another facility, or even place on home confinement through electronic monitoring in order to facilitate retaliation protection. Staff members can also be moved to various facilities under the Alvis, Inc. umbrella. All efforts to assist in protection will be based on need.</p> <p>Dunning Hall has had one allegation of sexual harassment since that last audit in August of 2016 and no allegations of sexual abuse. The agency has currently updated its retaliation monitoring form to ensure proper documentation of periodic status checks, reviews of client disciplinary records, housing, program changes, and negative performance reviews and reassignments of staff. The previous checks were completed in case notes and not on a designated form.</p> <p>Review: Policy and procedure Facility Director interview PREA Coordinator interview Retaliation monitoring form</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05 requires an administrative investigation of any allegation on sexual harassment and sexual abuse. This includes allegations received through third-parties or anonymous reports. Any allegation received will be immediately forwarded to the PREA Coordinator who will assign one of the ten(10) trained administrative investigators (see standard 115.234) to review the allegation. If the reported allegation involves possible criminal behavior, the allegation will immediately be reported to the local law enforcement agency that has the legal authority to investigate. Policy 1300.05a strictly prohibits Alvis, Inc. staff from conducting any type of criminal investigation.</p> <p>The agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form serves as a guide for the administrative investigator. The form documents:</p> <ol style="list-style-type: none"> a. Name of all victims, witness, and abusers b. Name of all staff working during the incident c. Date, time, and location of incident d. how the incident was reported to the agency e. Review of the allegation and any available statements f. Review any prior allegations, incidents, or reports involving the victim or abuser (review other allegations/reports available) g. If the victim has been offered or requested or requested the use of emotional supportive services h. Availability/review of video evidence i. Isolated incident or repeated offences (not previously reported) j. Interview of all victims, abuser, and witnesses, along with staff working during the incident (if the allegation is of a criminal nature the administrative investigator will not interview any victim, witness, or abuser until the completion of the criminal investigation or without expressed consent from the legal authority) k. Identify any vulnerabilities within the facility that could have contributed to the alleged abuse (physical layout, composition of resident population, inadequate staffing levels, inadequate video monitoring, blind spots, or other) l. Location of victims and abuser (i.e. hospital, removed from program, home) m. Finding summary including reasoning behind credibility statements <p>The auditor reviewed the training curriculum and certificates of completion for all ten (10) investigators. The training was provided 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.</p> <p>The policy also prohibits administrative investigators from requiring a polygraph examination or other truth telling device, not are they allowed to conduct criminal investigations. Should an allegation include criminal conduct, the administrative investigator will protect and preserve evidence until collection can be done by the legal authority. The administrative investigator reports to the auditor that they will document in the Sexual Abuse, Sexual Assault, Sexual</p>

Harassment, and Retaliation Form what evidence was collected and by whom. The investigator will ensure cooperation with the City of Columbus Police Department and remain informed about the progress of the investigation. The agency has a signed MOU with the City of Columbus Police Department (that was reviewed by the auditor) to conduct investigations into allegations of sexual abuse, sexual assault, and sexual harassment that appear criminal. The auditor spoke with a lieutenant from the sexual assault division of the City of Columbus Police Department. The lieutenant confirmed that the department would respond to any sexual assault at any Alvis, Inc. facility in the city of Columbus and would conduct a criminal investigation in accordance with agency policies. The department would remain in contact with the facility during the investigation.

The auditor had an opportunity to talk with three trained investigators during the audit. The investigator who audited the allegation in 2016 no longer works at the facility; however, is now the training coordinator for the agency. The auditor spoke to the training coordinator about the allegation. The training coordinator and the other two investigators discussed the process of conducting an investigation. The administrative investigators methods included trauma informed victim interviews, interviewing witnesses, interviewing staff on duty, interviewing alleged abuser (if the allegation is not criminal), reviewing video evidence if available, reviewing past reports/incidents if available, credibility assessments based on documented behavior, and consulting with other investigators if necessary.

During the interview with the administrative investigator who conducted the investigation into the 2016 client-to-client sexual harassment allegation, she states she interviewed the victim, staff on duty, the alleged abuser, and possible witnesses. She also reviewed video evidence. The investigator states that the client alleged that another client was following her making her feel like she was being stalked. When the alleged abuser was interviewed, the client stated that she was the one that felt the alleged victim was stalking her. There was no video evidence to support either claim, nor was there any testimony from other clients or staff to support either claim. The investigator did not feel as if one client's credibility was greater than the other based on past behavior and discussions with case management staff. The investigator determined the allegation to be unsubstantiated. Both clients were retrained on the agency's zero tolerance policies and advised to report any further issues, concerns, or allegations to staff immediately. The investigator reports no other issues or problems occurred.

The PREA Coordinator, an administrative investigator, discussed the process for referring an allegation to the local legal authority for a criminal investigation. The Coordinator states that if a staff member is the alleged abuser in the situation, especially if the allegation is sexual abuse or sexual assault, the police will be immediately called to conduct a criminal investigation. At no time will any staff member conduct an interview with the alleged staff abuser during a criminal investigation. Dunning Hall is part of a private non-profit agency and is not bound by Miranda or Garrity warnings; however, the coordinator reports that an administrative investigation would only begin after the conclusion of the criminal investigation or with the permission of the legal authority. The coordinator would remain informed of the progress and outcome of the criminal investigation; however, it would be the responsibility of the Columbus Police Department to make a referral for criminal prosecution. The coordinator confirmed that should a staff member resign during an investigation the resignation would not halt the investigation.

Besides the one allegation in 2016, the auditor also reviewed twenty-three (23) incident reports for the past twelve (12) months. All incidents were reviewed and the findings based on factual evidence. The reports did not include anything related to a violation of the agency's zero tolerance policy.

Review:

Policy and procedure

Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form

Incident Reports

Investigation report

Administrative investigator training curriculum

Administrative investigator training certificates

MOU with City of Columbus Police Department

Administrative investigators interviews

PREA Coordinator interview

City of Columbus Police Lieutenant phone interview

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Alvis, Inc. policy 1300.05a states that the agency shall impose no standard higher than the preponderance of the evidence or 51% in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This determination status was confirmed during the interviews with the administrative investigators.</p> <p>Administrative investigators will give recommended outcomes while The PREA Coordinator reviews all administrative investigations and makes final outcome determinations.</p> <p>Review: Policy and procedures Administrative investigator interviews</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05 requires client notifications of the outcome determination in an investigation of sexual abuse or sexual harassment. the policy sates that clients shall be informed of:</p> <ol style="list-style-type: none"> a. substantiated, unsubstantiated, or unfounded determination b. whether the staff member is no longer working within the client's facility c. Whether the staff member is no longer employed by the agency d. whether the staff member/client abuser has been indicted on a charge related to sexual abuse in the facility e. whether the staff member/client abuser has been convicted on a change related to sexual abuse within the facility <p>The agency has an appropriate PREA Allegation Outcome Notice that contains all the required information per PREA standard 115.273 (c) (1) (2) (3) (4) and (d) (1) (2). The agency has had one (1) allegation in 2016 of client-to-client sexual harassment. The outcome notice of unsubstantiated was given to the client victim. Clients are required to sign and date the notice and a copy will be placed in the investigation file.</p> <p>The PREA Coordinator reports that every attempt is made to give victims outcome notices even if the client is no longer at the facility. The PREA Coordinator remains in contact with criminal investigators in order to give notice to any criminal proceeding outcomes.</p> <p>Review: Policy and procedure PREA Allegation Outcome Notice Form PREA Coordinator interview</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Staff are required by policy 1300.05a to be appropriately disciplined for any substantiated allegation of sexual abuse, sexual harassment, or sexual misconduct. Policy 1300.05 declares it is never appropriate or acceptable for a staff member to have a personal or sexual relationship with a client and any sexual contact with a client is a terminable offense as well as criminally punishable. The policy requires the agency to report any terminations due to violations of agency policy on sexual abuse or sexual harassment to any relevant licensing board and to law enforcement agencies if the behavior is criminal. A staff member who resigns during an investigation will not terminate these responsibilities. The Human Resource Audit Specialist confirmed the practice of terminating the employment of any employee that violates the agency's zero tolerance policy.</p> <p>The agency's disciplinary policy is given to staff during orientation and each staff member is required to sign an acknowledgment that they have read, understood, and agree to abide by the policies and procedures set forth by Alvis, Inc. The auditor was able to verify the form and signatures during the file review. During staff interviews, the staff members stated that they understood the disciplinary procedures for a violation of the agency's PREA zero tolerance policy and that termination is the presumptive action for a substantiated allegation of sexual abuse. The staff were also aware that Alvis, Inc. would report terminations based on a violation of the agency's PREA policies to law enforcement agencies and relevant licensing boards.</p> <p>Dunning Hall has not had an allegation of sexual abuse. No staff member has been disciplined for a violation of any part of the agency's sexual harassment or sexual abuse policies. The auditor reviewed all employee files during the onsite visit including disciplinary records. There was no records of disciplinary action against a staff member at Dunning Hall for sexual abuse or sexual harassment.</p> <p>Review: Policy and procedure Employee disciplinary records Staff zero tolerance acknowledgements Staff interviews HR Audit Specialist interview</p>

115.277	Corrective action for contractors and volunteers
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 656">Policy 1800.18 requires all contractor, volunteers, and interns to receive appropriate PREA training that provides an overview of their responsibilities to prevent, detect, report, and respond to client allegations of sexual abuse, sexual harassment, or retaliation. This training also makes clear that any contractor, volunteer, or inter that violates the agency's policies on sexual abuse and sexual harassment will have their contact or agreement with the agency cancelled. The agency is also under the obligation to report the contractor, volunteer, or intern to law enforcement for any act that appears to be criminal, and to any relevant licensing boards.</p> <p data-bbox="252 712 1445 958">The auditor reviewed the Staff, Vendor, Volunteer, and Contractor PREA Acknowledgement and Review Form. This form reviews the agency's requirement for staff, contractors, volunteers, and interns to report any suspicions or reports, including third party reports, of sexual abuse and sexual harassment. The form also covers the continuing affirmation to disclose any sexual misconduct and possible disciplinary action for a violation of these policies. Any material omissions regarding sexual misconduct is subject to dismissal.</p> <p data-bbox="252 1014 1485 1301">Dunning Hall currently has one intern. The intern reports that she received orientation training before working on the floor and attends the monthly Back to Basics training. Both the orientation training and Back to Basics monthly training includes training on the agency's zero tolerance policies, ways to prevent, detect, and report allegations. The intern felt like the training she received equipped her to handle a situation of sexual abuse or sexual harassment appropriately. She knew where the coordinated response plan was posted and understood the possible disciplinary actions for violations of the zero tolerance policy.</p> <p data-bbox="252 1357 1458 1429">The facility has never received an allegation of sexual abuse or sexual harassment against a contractor, volunteer, or intern.</p> <p data-bbox="252 1485 357 1518">Review:</p> <ul data-bbox="252 1529 1059 1688" style="list-style-type: none"> <li data-bbox="252 1529 528 1563">Policy and procedure <li data-bbox="252 1574 1059 1608">Employee and contractor PREA acknowledgement and review <li data-bbox="252 1619 927 1653">Contractor, volunteer, and intern training curriculum <li data-bbox="252 1664 868 1697">Contractor, volunteer, and intern training roster

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1500.04 requires all Alvis, Inc. facilities to adopt a system of progressive discipline in accordance with established program rule and regulations. Policy 1500.02 outlines the procedures for progressive discipline. The policy specifically defines the procedure each facility must take when deal with with client violations of rules and regulations. Sanctions will be chosen to coincide with the appropriate violations and category as listed in the client handbook. The facility allows for increased severity of sanctions or additional sanctions for repeated occurrences of rule violations. Sanctions in the "automatic" category will result in a disciplinary hearing or Behavior Review Committee meeting. During the review, the clients mental disabilities or mental illness will be considered before deciding upon an appropriate sanction. A disciplinary hearing or committee review meeting can result in a client being permanently removed from the program.</p> <p>The facility has defined rules and sanctions that can be given for violations. These rules and sanctions are described in the client handbook. Each client is to receive a handbook upon admission and the rules shall be explained by staff during orientation. Client sign a verification form that they received the handbook and the form is placed in the clients file. The auditor reviewed ten (10) client files during the onsite visit and confirmed that the date of intake matched the date the client recorded they received the handbook. The ten (10) clients interviewed confirmed that they received a handbook during intake and the staff reviewed the rules with them. Clients also stated that the rules and regulations are posted on the client board in the dining hall.</p> <p>The clients reviewed the zero tolerance policies with the auditor and all ten (10) stated they believed that one would be terminated for violating the agency's zero tolerance policies.</p> <p>The auditor reviewed the client handbook. The handbook outlines the agency's zero tolerance policies, possible sanctions for violations, and also prohibits consensual sexual relationships. It specifies that clients who try to establish a relationship with a staff member can be disciplined according to agency policy when the staff member did not consent to such relationship. During the past twelve (12) months, Dunning Hall has not had an allegation of sexual abuse or sexual harassment. In October of 2016 the facility received a client verbal report of client-to-client sexual harassment. The allegation was investigated by a trained administrative investigator and the allegation was determined to be unsubstantiated. Based on the allegation outcome, the facility did not discipline the client; however, the clients were reminded of the agency's zero tolerance policies.</p> <p>The auditor reviewed twenty-three (23) rule violation incidents from the past twelve (12) months. None of the violations are related to violations of the zero tolerance policy or establishing inappropriate relationships.</p> <p>The PREA Coordinator states that all allegations reported (written, verbal, anonymous, or third party) are investigated and that no client would be disciplined for a good faith report of a possible PREA violations.</p>

Review:

Policy and procedure

Client handbook

Incident reports

Client interviews

115.282	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 1300.05a allows for all client victims of sexual abuse to receive free timely, unimpeded access to emergency medical treatment and crisis intervention services, and the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Ohio University East would provide timely information and timely access to emergency contraception and sexually transmitted infectious prophylaxis, pregnancy related services. The SANE Charge Nurse confirmed these services during the phone interview. Sexual Assault Response Network of Central Ohio (SARNCO) has agreed (signed MOU) to provide emotional supportive services, crisis intervention, and ongoing recovery assistance to all client victims of sexual abuse at Dunning hall. Policy requires the offering of these services regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p>During staff interviews it was relayed to the auditor that should an incident of sexual abuse/assault take place, the staff would immediately call 9-1-1 and separate and protect the victim until the arrival of medical personnel. SARNCO would also be contacted in order to obtain advocate services. Contact numbers are located on the facility's coordinated response plan. The specific coordinated respond plan for each facility is posted in the main post office.</p> <p>The facility has not had a report of sexual abuse.</p> <p>Review: Policy and procedure MOU with SARNCO Sexual Abuse, Assault, Harassment Response Procedure SARNCO Director interview SANE Charge Nurse interview Staff interviews</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dunning Hall offers medical and counseling services in the community for clients who have been sexually abused in a prison, jail, lockup, or juvenile facility. These services are discussed with the client during the initial risk screening assessment and if necessary, again during the re-screening. The community services available would include evaluation and treatment; follow-up care; treatment plans; and further referral to community resources following a clients transfer or placement into another facility or release from custody. The auditor was able to sit-in during an initial screening and witness intake process and explanation of available services including services that were available free of charge.</p> <p>Dunning Hall only houses female felony offenders. Should one of these clients experience sexual abuse that includes vaginal penetration, the victim shall be offered a pregnancy test, timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Services will also include testing for sexually transmitted infections.</p> <p>Staff interviewed stated that as a part of their coordinated response plan training, they would immediately offer unimpeded access to both emergency and ongoing medical and mental health care.</p> <p>The facility does not currently have a client that was abuse while incarcerated n a juvenile facility, prison, jail, or lockup.</p> <p>The PREA Coordinator confirmed the availability of all services and verified that the services would be free of charge. She states that policy prevents the agency from housing known resident-to-resident abusers.</p> <p>Review: Policy and procedure Sexual Abuse, Assault, Harassment Response Plan Initial risk for victimization or abusiveness assessment screening PREA Coordinator interview Staff interviews</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Any sexual abuse allegation investigation that resulted in a determination of substantiated or unsubstantiated will be reviewed by the agency's Sexual Assault Response Team (SART) per policy 1300.05a. This review will take place within thirty (30) days of the conclusion of the investigation. The review team consist of the Managing Director of Agency Programs, Managing Director of Clinical Services, Managing Director of Operations or human resource designee, Director of Accreditation, Associate Managing Director of Grants and Communications, facility Program Director, and the client's case manager. The team will also include any other staff as needed.</p> <p>According to an interview with the PREA Coordinator and documented on the agency's annual report, the facility has never had an allegation of sexual abuse. The auditor reviewed the agency's Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form. The SART will complete section "D" of this form during the review of the allegation. The team will review:</p> <ul style="list-style-type: none"> *Verify zero tolerance training and acknowledgement for all parties involved *Number of staff on duty and if the staffing is adequate *Surveillance monitors availability and condition of equipment *Barriers to communication (limited English proficient, auxiliary aids used) *Physical barriers or other facility design that enabled the abuse *PREA Coordinator consultation on any substantial expansion or modification to the facility *Facility response per agency protocol *Coordinated response plan followed *Medical treatment/SANE services used *Emotional supportive services used *Referral for criminal investigation *Needed updates to policy and procedure *Verify victim and abuser received agency handbook (resident and/or employee) *Victim and abuser risk assessments (initial and rescreen) *Motivation for abuse/assault (race, ethnicity, gender identity and/or sexual orientation or perceived gender identity and/or sexual orientation, gang affiliation, or any other group dynamics. *Previous allegations, grievances, or incident reports *Any response to previous allegations, grievances, or incident reports *Notification of mandatory reporting laws *Community based services offered free of charge *Suspected or documented acts of retaliation *Protection measures employed *Victim notification of investigation determination *Disciplinary actions *Receipt of timely information and access to emergency medical treatment and crisis intervention services, pregnancy testing and related medical services, and test for sexual transmitted infections as medically appropriate *Ongoing medical and mental health care as determined by medical and health practitioners

The team will also review previous facility audits, if the facility was out of compliance with PREA standards, and the number of substantiated allegations at the facility within the past three years.

At the conclusion of the review, team will make recommendations as necessary and submit the required corrective actions to the facility director. The compliance with the team's recommendations will be overseen by the PREA Coordinator. All information contained in the SART report will be retained by the PREA Coordinator in a locked file cabinet for at least five (5) years after the termination of the abuse from the facility and the statistical data will be retained for ten (10) years.

The auditor spoke with the Managing Director of Agency Programs about the process the team takes in reviewing an allegation, investigation, and facility response. The managing director states that ensuring proper policy, procedures, and protocols for were followed prior, during, and after an allegation is the main focus of the team. Ensuring these is the best way the facility can prevent, detect, report, and respond to sexual abuse and sexual harassment. The team also reviews current policy, procedures, and protocols to address whether change is needed in order to more effectively prevent, detect, report, and respond to sexual abuse and sexual harassment. The managing director informed the auditor that the facility director/manager is responsible for implementing any recommendations and documenting the implementation or reasons why the recommendation were no implemented on the facility's staffing plan. The PREA Coordinator will confirm the implementation.

The managing director also states that beyond sexual abuse/assault, the agency will review any significant sexual harassment allegations (i.e. staff alleged abuser) to ensure proper policy, procedures, and protocols were followed. The agency is diligent in their effort to ensure client safety.

Review:

Policy and procedure

Sexual Abuse, Sexual Assault, Sexual Harassment, and Retaliation Report Form

Managing Director of Agency Programs interview

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1300.05b requires the PREA Coordinator to supervise the agency's data collection process and ensure a report is prepared that details sexual abuse and sexual harassment findings and corrective actions for each Alvis, Inc. operated community confinement facility. The facility's director or manager is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA Coordinator. The agency is using Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument. The information on this form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website https://www.alvis180.org/prea/.</p> <p>The auditor accessed the agency's website and reviewed the Alvis PREA Allegation Summary Report for 2016 and 2017. Both reports contain annual aggregated sexual abuse and sexual harassment allegation data from all Alvis, Inc. operated facilities. The information documented is enough to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator reports that the Department of Justice has never requested such data.</p> <p>The agency is not a public entity and does not contract with other facilities for the confinement of its clients.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Allegation Summary Report 2016 PREA Allegation Summary Report 2017 PREA Coordinator interview</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In addition to requiring the PREA Coordinator to collect and aggregate data on the agency's sexual abuse and sexual harassment allegations, policy 1300.05b requires the publishing of this report on the agency's website and make available in other forms as requested. The auditor accessed the website at https://alvis180.org/prea/ and reviewed the PREA Allegation Summary Report for 2016 and 2017. Both reports contain details on how the agency as a whole and the facility specifically assesses and improves the effectiveness of its sexual abuse prevention, detection, and response policies. The report reviews each allegation reported at every facility operated by Alvis, Inc. as well as the outcome of the investigation and any necessary corrective action. The report does not contain personal identifying information or information that would present a clear and specific threat to the safety and security of the facility.</p> <p>The agency post the two most recent consecutive years reports so that aggregated data from those years can be compared. the report list an assessment of improvements for the agency and individual facilities, and the overall progress toward addressing sexual abuse.</p> <p>The report, prior to being posted, is approved by the agency's President/CEO, and submitted to the Board of Trustees.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Allegation Summary Report 2016 PREA Allegation Summary Report 2017</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor accessed the agency's website, https://alvis180.org/prea/, and reviewed the PREA Allegation Summary Report for 2016 and 2017. The information in the reports is collected by the facility's director or manager and reported to the PREA Coordinator. The PREA Coordinator will aggregate the information and prepare the information for the annual report. The PREA Coordinator reports that she keeps the information under her direct supervision in a locked file cabinet. This information will be kept for ten (10) years. The data collected pursuant to standard 115.287 is made available to the public through the agency website. Printed reports can be made available by request. The coordinator reports that no such request have been made.</p> <p>The reports do not contain any personal identifying information, nor do they contain information that would jeopardize the safety and security of the facility.</p> <p>Review: Policy and procedure Alvis, Inc. website PREA Allegation Summary Report 2016 PREA Allegation Summary Report 2017</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency post all final report of each of its facilities on the agency website. The auditor reviewed the agency website to ensure that during the first year of the audit cycle the agency ensured that one-third (1/3) of its facilities had been audited. The agency has a total of nine facilities. During the first year of the audit cycle, the agency had a total of four (4) facilities audited (all four audits were conducted by this auditor), and during year two (2) of the audit cycle (the current year) the agency had a total of two (2) facilities audited. The two facilities currently being audited are being done back-to-back. The last one-third (1/3) of the facilities will be required to be audited during the last year of the current audit cycle.</p> <p>The auditor was given full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with staff and clients. The auditor received documentation of the agency prior to the audit in the Online Auditing System and through email. During the onsite visit, the auditor was able to obtain requested documentation and after the onsite visit the auditor was able to obtain information through email. All requested documentation was received.</p> <p>The auditor was able to see electronic documentation (camera views, electronic databases, and SecurManage system) during the onsite visit. The auditor reviewed ten (10) client files and eight (8) employee files during the onsite visit.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. the notices contained the auditors mailing and email addresses. The auditor was sent photographic evidence four (4) weeks prior to the audit that the notices were posted. The auditor did not receive any correspondence from clients or staff prior, during, or after the onsite visit.</p>
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115.403	<p>Audit contents and findings</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A review of the agency's website shows the final PREA audit reports for all Alvis, Inc. operated facilities. The final report from the previous audit (August 2015) is currently posted. The facilities that were audited during year one of this audit cycle, had their final reports posted, and the facilities that will be audited in the final year of the audit cycle had their previous audit reports posted. The PREA Coordinator understands the requirement of having all final reports posted, and ensures that the agency complies with this standard.</p>
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Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	Supervision and monitoring	
	Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	na

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

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

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility does not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e) Screening for risk of victimization and abusiveness		
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f) Screening for risk of victimization and abusiveness		
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h) Screening for risk of victimization and abusiveness		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	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?	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?	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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