

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

☐ Interim ☒ Final

**Date of Interim Audit Report:** Click or tap here to enter text. ☐ N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** December 9, 2020

## Auditor Information

**Name:** Kayleen Murray

**Email:** knmurray02@yahoo.com

**Company Name:** Click or tap here to enter text.

**Mailing Address:** P.O. Box 2400

**City, State, Zip:** Wintersville, Ohio 43953

**Telephone:** 7403176630

**Date of Facility Visit:** September 21-22, 2020

## Agency Information

**Name of Agency:** Click or tap here to enter text.

**Governing Authority or Parent Agency (If Applicable):** Click or tap here to enter text.

**Physical Address:** Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Agency Is:**

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

**Agency Website with PREA Information:** Click or tap here to enter text.

## Agency Chief Executive Officer

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

## Agency-Wide PREA Coordinator

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**PREA Coordinator Reports to:**

Click or tap here to enter text.

**Number of Compliance Managers who report to the PREA Coordinator:**

Click or tap here to enter text.

## Facility Information

**Name of Facility:** Salvation Army Harbor Light Complex

**Physical Address:** 1710 Prospect Avenue

**City, State, Zip:** Cleveland Ohio 44115

**Mailing Address (if different from above):**

Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

☐ Military

☐ Private for Profit

☒ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

**Facility Website with PREA Information:** <https://neo.salvationarmy.org/northeastohio/HarborLightPrivate>

**Has the facility been accredited within the past 3 years?** ☒ Yes ☐ No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

Click or tap here to enter text.

## Facility Director

**Name:** Beau Hill

**Email:** Beau.Hill@use.salvationarmy.org

**Telephone:** 216-619-4676

## Facility PREA Compliance Manager

**Name:** Deb Winston

**Email:**  
Deb.Winston@use.salvationarmy.org

**Telephone:** 216-781-2529

## Facility Health Service Administrator ☒ N/A

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

## Facility Characteristics

**Designated Facility Capacity:**

230

**Current Population of Facility:**

98

Average daily population for the past 12 months:	104	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18 and up	
Average length of stay or time under supervision	4-6 months	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	667	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	667	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	667	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	44	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	20	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
<b>Number of resident housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
<b>Number of single resident cells, rooms, or other enclosures:</b>	24
<b>Number of multiple occupancy cells, rooms, or other enclosures:</b>	124
<b>Number of open bay/dorm housing units:</b>	0
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p>
<p align="center"><b>Investigations</b></p>	
<p align="center"><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p align="center">0</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<p><input type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input checked="" type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p> <p><input type="checkbox"/> N/A</p>
<p align="center"><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p align="center">4</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p> <p><input checked="" type="checkbox"/> N/A</p>

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The PREA onsite visit for the Salvation Army Harbor Light Complex, 1710 Prospect Avenue, Ohio, was held on September 21-22, 2020. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act (PREA) standards for community confinement facilities.

The PREA Coordinator provided the auditor with documentation showing compliance with each standard. The auditor received the emails with the documentation approximately six weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedure, MOUs, facility staffing plan, table of organization, job descriptions, investigation reports, training records, training curriculum, resident files, resident education material, and other miscellaneous documents.

The audit notice posting was sent to the auditor showed the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to have confidential correspondence with the auditor. The auditor did not receive any correspondence from residents or staff prior to the onsite visit.

The auditor reviewed ten resident files, five staff files, staff and resident training records, risk for abusiveness screenings and re-screenings, agency website, acknowledgement forms, posters, brochures, floor plan, volunteer/contractor information, and coordinated response plan during the onsite visit.

During the auditor received a complete tour of the facility and perimeter areas. The tour included observations of the male and female housing units, dorm rooms, bathrooms, closets/storage rooms, administration area, group rooms, staff offices, resident lounge, and outdoor recreation area. During the walkthrough, the auditor was able to have informal conversations with both staff and residents. The auditor made notes of cameras, security mirrors, blind spot areas, and staff/resident interaction.

Due to COVID-19 restrictions, the auditor conducted some interviews off site through zoom video conferencing.

The auditor interviewed sixteen (16) residents based on the population of ninety-eight (98) residents in house residents during the onsite visit. The residents selected were based on the requirements of the PREA Resource Center's Auditor Handbook guidelines. The residents

were selected based on their housing unit, targeted interview status, risk assessment screening, intake dates, and demographics. The auditor conducted the following interviews:

- Random = 13
- Targeted = 3

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

- Residents that reported prior sexual victimization during risk screening (in the community) = 2
- Residents that identified as gay, lesbian, or bi-sexual = 1
- Residents that identified as transgender or intersex = 1

\*All were interviewed on the specialized and random interview protocols.

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 Residents. The auditor explained the interview process to each resident and that they were under no obligation to answer questions. The auditor asked questions concerning the resident's experience with PREA education, allegation reporting requirements, retaliation, staff communication, grievance reporting, knock and announcements, searches (pat, enhanced pat, strip, body cavity, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has forty-four (44) full and part-time staff members including the Executive Director. The auditor was able to talk with agency leadership, specialized interviews, and random staff members during the onsite visit, which includes:

- Executive Director
- PREA Coordinator
- Manager or Employee Relations
- Intake Case Manager
- Administrative Investigators
- Risk Screener
- Retaliation Monitor
- SART members
- First Responders (security and non-security)
- PREA Education Facilitator

The auditor also interviewed random staff members from both programming and security. Security staff from all shifts were interviewed. Several staff members were responsible for more than one specialized area. The auditor was unable to interview the minimum of twelve random staff member due to the limited number of staff employed at this facility.

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 Resident Guide. The auditor was able to question staff on the agency's zero tolerance policies, trainings, 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, knock and announcements, cross-gender supervision policies, and transgender/intersex accommodations.

The auditor reached out to the facility's community resources by email to confirm the MOUs and scope of services. The auditor was able confirm the services they would provide to residents free of charge from the Director of Crime Victim Services Rape Crisis Services Center.

On the final day of the audit, the auditor sat down with agency and facility leadership to review preliminary 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, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Harbor Light Complex is a community based correctional facility located in Cleveland, Ohio that serves adult male and female felony offenders. The facility is a multi-story brick building that can house 240 offenders. In order to access the secure perimeter of the facility one must report to the main entrance and enter into the main lobby. Once inside the main lobby, all visitors must be signed in. Residents will enter into the main entrance and receive a pat down that is visible by video surveillance or residents may receive an enhanced pat down (residents receiving an enhanced pat down will be moved to a room where they will strip down to their underclothes) which is supervised by two staff of the same sex. An enhanced pat search will only be completed when there is probable cause.

The facility has three male housing units and one female housing units. The staff and residents can access the different floors by the elevator or stairwell. The elevator has an operator that controls which floors offenders can access. The offenders have ID badges that will indicate which floor they can access. The elevator also has a camera. Offenders can leave the floor via the stairwell but cannot access another floor without a key except for the main floor and basement area.

The fifth and six floors for male offenders are set up similarly. Each has a room used for groups, a lounge/TV room, laundry room, various dorm rooms. The dorms can range from single, double, or quad beds. The female housing unit is on the eighth floor. There is a security monitor desk at the opening of the elevators. Female residents have access to a computer room, laundry room, lounge/TV area, and group room. Offenders must have their room doors open during programming hours. Staff announce themselves when coming onto the floor and when entering rooms or the bathroom. Residents are required to change in the bathroom and be completely dressed in common areas. Staff who have offices on the housing unit floors are required to have their doors open when working with residents. See standard 115.215 for a full description of the bathrooms

Common areas of the facility that both male and female residents have access include a workout room, outside patio area, chapel, group rooms, kitchen, small cafeteria (females) and large cafeteria (males), and mail/money office. Male and female offenders occasionally have combined programming. During these groups (orientation, employment, in-house meetings) they will be on separate side of the room with staff supervision. The outside patio area and workout room are accessible during scheduled hours.

Since the last audit, the facility has installed windows in office doors. This allows for clear line of site views into rooms. This will aid the facility in preventing and detecting sexual abuse and sexual harassment.

Harbor Light's electronic surveillance program includes 109 cameras placed throughout the facility (interior and exterior) including the stairwell, that have the capability to record and playback up to 14 days. Security Monitor staff assigned to the main control post view camera footage. Management staff can view live and playback camera footage from their desktops. The cameras in the elevator and at the security office are also able to capture audio. There is a separate desk in the main entrance area where residents will sign in and out and receive a pat search. Security monitoring staff are required to conduct two head counts per shift and total interior and exterior circulations once an hour. The facility has a tour scan system that requires staff to touch locators throughout the interior and exterior of the building. This confirms that the staff member has completed the required circulation and has tour blind spot areas of the facility. Identified blind spot areas have increased circulation.

In existence for over 65 years, the Harbor Light Complex has been a beacon of hope and help, providing services to the most disenfranchised members of society including homeless men, women and children, the alcoholic, the drug addict, and the felon. Founded in 1949 as a 10-bed program for homeless, alcoholic men, the facility now services 240 men and women. Harbor Light's goal is to supervise the effective transition of ex-offenders from penal institutions back into the community. This is done by providing the opportunity to address the multifaceted problems of addiction and recidivism through informational classes, AA attendance, cognitive behavior therapy sessions, discussion groups, music therapy sessions, life skills workshops and attention to spiritual development. The program also assists the residents with securing such things as a GED, vocational training and gainful employment.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Salvation Army Harbor Light has a policy that prohibits verbal or physical conduct that creates an intimidating, offensive, or hostile environment. All forms of harassment, including sexual harassment and sexual abuse, are prohibited and will not be tolerated. The policy includes definitions of prohibited behavior and possible sanctions for those found to have participated in

sexual harassment, sexual abuse, or retaliation against those who report or cooperate in an investigation into sexual abuse or sexual harassment.

The policy requires a senior level member of staff be designated as the PREA Coordinator. The PREA Coordinator will oversee the agency's efforts to comply with the PREA standards. According to the agency's table of organization, the PREA Coordinator is the Director of Community Corrections who reports to the Executive Director. The auditor interviewed the PREA Coordinator during the onsite visit. The coordinator reports that her job duties include developing and maintaining PREA related policies, procedures, and protocols; provides staff and residents with training and education material; conducts investigations into all allegations; submits reports to the Ohio Department of Rehabilitation and Corrections; and maintains records and statistical data for reports. The PREA Coordinator reports that she has enough time and sufficient authority to develop, implement, and oversee the facility's efforts to comply with the standards.

During the onsite visit, the auditor spoke with the Executive Director. The Executive Director reports that he has full confidence in the PREA Coordinator. He states that he relies on the coordinator to stay up-to-date on the PREA standards and ensure compliance. He states that his responsibility is ensuring the PREA Coordinator has what she needs to maintain compliance.

Review:

Policy and procedure

Table of Organization

Interview with PREA Coordinator

Interview with Executive Director

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

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

### **115.212 (a)**

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

### **115.212 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of residents.) ☐ Yes ☐ No ☒ NA

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

N/A: The PREA Coordinator reports that the facility houses offenders for the Ohio Department of Rehabilitation and Correction and the Federal Bureau of Prisons and does not contract with other facilities to house those offenders.

Review:  
Interview with PREA Coordinator

#### Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?

- ☒ Yes ☐ No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.213 (b)

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

#### 115.213 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility as a policy that requires the facility to have a staffing plan that provides for adequate staffing levels and electronic monitoring to protect residents against sexual abuse. The staffing plan will be reviewed and/or revised annually. The staffing plan will take into consideration:

- The physical layout of the facility
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Electronic monitoring technology
- Any other relevant factors

The policy requires the facility to document any time the staffing plan has not been complied with, and document justifications for the deviation.

The facility reviews and assess:

- The prevailing staffing patterns
- The facility's deployment of video monitoring system and other monitoring technologies
- The resources the facility has to commit to ensure adequate staffing levels

The facility provided the auditor with their most recent staffing plan. The staffing plan includes a detailed floor plan with camera locations, staffing plan deviation report, average daily population, and the prevalence of substantiated and unsubstantiated sexual abuse allegations. The PREA Coordinator reports that the facility has not deviated from the staffing plan.

The female residents are housed on the 6<sup>th</sup> floor and the male residents are housed on the 4<sup>th</sup>, 5<sup>th</sup>, and 8<sup>th</sup> floors. The capacity is as follows:

- 4<sup>th</sup> Floor- 76
- 5<sup>th</sup> Floor- 80
- 6<sup>th</sup> Floor- 30
- 8<sup>th</sup> Floor- 40

The facility has one hundred ten (110) cameras strategically placed on the interior and exterior of the facility. The facility is a multiuse complex that is operated by the Salvation Army. There are areas of the facility that are not under community confinement compliance; however, the PREA Coordinator has access to the cameras in these areas if necessary to investigate an allegation of sexual abuse or sexual harassment. The facility has added one camera where an

alleged incident took place to remove the blind spot area. The facility has also put windows in office doors to provide for clear lines of site.

The staffing plan was developed based on the population of two hundred thirty (230) residents; however due to COVID-19, the facility's average daily population is one hundred two (102). The staffing plan is as follows:

- Security- Minimum of 3-5 staff on duty in the security office and working on the floors (27 male and female security staff. One male and one female each shift)
- Management- 7 on duty M-F from 8:00 am – 5:00 pm
- Program- 17 on duty from 9:00 am – 5:30 pm and 11:30 am – 8:30 pm

When security staff report off work, that position will be filled by another security staff member. If necessary, a manager can assist with maintaining appropriate staffing levels.

Security staff conduct security checks throughout the facility. They are required to continuously circulate and monitor residents. Bedside counts are conducted once per shift.

The PREA Coordinator reports that the facility has not had a sexual abuse or sexual harassment allegation within the past twelve months.

During interviews with facility leadership, they reviewed the process of continued improvement in the areas of preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The plan is based on these discussions, and completed annually by the PREA Coordinator and approved by the Executive Director.

Review:

Policy and procedure

Staffing Plan

Camera views

Building tour

Interview with Executive Director

Interview with PREA Coordinator

## **Standard 115.215: Limits to cross-gender viewing and searches**

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

### **115.215 (a)**

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

### **115.215 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☒ Yes ☐ No ☐ NA

#### 115.215 (d)

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

#### 115.215 (e)

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

#### 115.215 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has a policy that says all residents are subject to search while at the facility. However, the policy prohibits cross-gender strip and visual cavity searches, and similarly restricts cross-gender pat-down searches. The policy restricts non-medical staff from viewing residents of the opposite gender who are nude or are performing bodily functions. Medical practitioners conduct examination of transgender individuals only as a part of a broader medical examination conducted in private. Examinations for the sole purpose of determining genitalia are strictly prohibited.

The facility does not conduct strip or body cavity searches of residents. Residents receiving an "enhanced pat-down" (stripped down to underclothing) will have two members of the same sex perform this type only and will only be conducted if staff has probable cause to believe a client has contraband. All pat downs are recorded on the facility's video monitoring system. There is always a female staff member on duty, so no programming or other outside activities have been denied to female residents due to staffing.

The policy requires all security staff be trained on how to conduct pat and enhanced pat searches of residents, including transgender and intersex residents. The training instructs staff to conduct searches in a professional and respectful manner and in the least intrusive manner possible consistent with security needs. The facility provided the auditor with the training curriculum and the staff sign-in sheets to verify proper training.

The auditor was able to view several pat searches during the onsite visit. The searches were conducted as described in policy.

The auditor interviewed sixteen (16) male and female residents. The residents report not being searched by an opposite gender staff member. No resident reported having an issue or concern with the pat-down procedures. The auditor was able to interview a resident that identified as transgender. The resident reports no issues with pat searches, enhanced pat searches, or urine drug screens. The resident described the type of search received and described it as policy dictates.

Facility policy states that the facility must provide residents with the ability to shower, conduct bodily functions and change clothing without members of the opposite sex viewing them. All staff of the opposite gender are required to knock and announce their presence in resident bedrooms and restrooms prior to entering them except in emergency situation such as a medical emergency.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility is a multi-floor building that has housing units on the second, fifth, sixth, and eighth floor. There is at least one restroom in each of the housing units for residents to be able to shower and use the toilets.

Female Unit: The female offenders are housed on the eighth floor. This floor can only be accessed by the elevator or the if you have a key to open the door from the stairwell. There is an elevator attendant that will only give access to assigned floors. Offenders where badges that identifies which floors he/she can access. The bathroom on the female wing consists of three toilet stalls with doors and two multiuse showers. There are shower curtains covering the shower and one that covers the entrance to the shower area.

Male Units: The sixth floor is accessible by the elevator or a key to open the door from the stairwell. The elevator door opens to a hallway that has entrance doors to the male housing unit or to the detox area. Offenders must ring a door bell to access the offender area. Outside the door is a posting reminding female staff to announce themselves before enter the unit. There is one bathroom on this unit. The bathroom consists of three toilet stalls with doors and a shower room that has multiuse showers. The entrance has a solid door and there is a shower curtain that covers the entrance to the shower area. The fifth floor elevator access open directly to the unit. The unit has two bathrooms. One has three toilet stalls with no doors and a multiuse shower area. The other bathroom has two toilet stalls with no doors and a multiuse shower room. Both bathrooms have solid doors and a shower curtain at the entrance to the shower area. The restrooms allow for privacy while in use however has increased circulations due to it not being easily viewable to staff.

The residents interviewed state no staff member of the opposite gender has entered the bathroom or dorm room without knocking and announcing themselves prior to entering the room. No resident made a claim of incident viewing by any staff member. The resident rooms have solid doors where they can privately change clothes. The transgender resident reports being provided opportunities to use the restroom and shower privately and had no issues.

The auditor spoke to the PREA Coordinator about housing transgender residents and the provision of private showers. The Coordinator reports that the facility trains all staff on how to

conduct appropriate searches of LGBTI residents as well as instruction on how to communicate effectively and professionally. She states that the facility does have a bathroom that is not currently being used due to low census numbers. Should a transgender resident have safety concerns, they would be able to use that area for privacy.

The auditor reviewed five (5) staff files during the onsite visit and was able to verify staff training through training sign-in sheets. The facility provided the auditor with a complete sign-in sheet for search training for all security staff.

**Review:**

Policy and procedure

Facility tour

Camera views

Training video

Training sign-in sheets

Training curriculum

Interviews with residents

Interviews with staff

Interview with PREA Coordinator

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

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

#### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

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

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?

☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Facility policy requires the facility provide all residents equal opportunities to benefit from all aspects of the program. When a language barrier or disability exists, the facility will take appropriate steps to ensure that these residents have an equal opportunity to participate or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility is not allowed to rely on resident interpreters, readers, or other type of resident assistance except in emergency circumstance where the resident safety is in jeopardy. Such circumstances will be documented in the resident's file and in the investigation report.

The PREA Coordinator reports that the facility ensures that resident who are limited English proficient, deaf (hard of hearing) or disabled in any other way, are able to report sexual abuse and sexual harassment to staff directly, through interpretive technology, or through non-resident translators. She reports that accommodations are made to convey all written information about sexual abuse and sexual harassment policies, verbally to residents who have limited reading skills or who are visually impaired. The written material is also available in Spanish.

As a part of the agency's PREA training program, all staff are trained on how to ensure that PREA is communicated with residents having a cognitive or physical disability and who to call to help residents who may have a language barrier. The facility will use a qualified employee (one staff member speaks fluent Spanish) to aid any resident in understanding agency rules, PREA, and other regulations. If a qualified staff member is unavailable, outside assistance by a qualified person will be used at no cost to the resident.

The auditor interviewed any resident that identified as having a reading or cognitive disability, physical disability, or limited English proficient. No resident in this targeted category were in

need of any additional services in order to benefit from the agency's effort to prevent, detect, or respond to sexual abuse or sexual harassment. All residents interviewed were capable to describing the facility's zero tolerance policy, reporting options, and services that are provided free of charge to any resident that request such services.

The facility has the ability to contact The International Services Center, Language Bank for interpreter services and the Cleveland Hearing and Speech Center for hearing impaired services.

**Review:**

Policy and procedure

PREA education curriculum

Interview with residents

Interview with PREA Coordinator

Resident Handbook

## **Standard 115.217: Hiring and promotion decisions**

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

#### **115.217 (a)**

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility has a policy that prohibits the hiring or promotion of anyone who may have contact with residents and will not enlist the services of any contact how may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the previously described activities

The facility will ensure that applicants that have engaged in sexual misconduct are not hired by the facility by conducting criminal background checks and contacting all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse.

The facility conducts a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the

contractor, vendor, volunteer to provide a background check. Record checks will be completed every five years. The Manager of Employee Relations has a Lotus Notes program that will alert her when an employee is due for an updated background check. Intellicorp completes background checks. All employees, independent contractors, volunteers, and interns are required by policy to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation annually. The policy considers material omissions regarding sexual misconduct, or the provision of materially false information ground for termination.

All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.

The Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion. Disciplinary letters include the nature of the offense, details and warning, and a plan of action.

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

The auditor conducted a review of randomly chosen employee's files and confirmed the background checks (initial and five-year update), documentation of the continual affirmation to disclose any sexual misconduct, referral checks, and the promotion process. There were no employees promoted who had a disqualifying disciplinary action.

The Manager of Employee Relations reports that she will report, unless prohibited, any requested information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Review:

Policy and procedure

Employee files

Background checks

Interview forms

Promotions

Disciplinary action

Reference checks

Interview Manager of Employee Relations

## **Standard 115.218: Upgrades to facilities and technologies**

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

#### 115.218 (a)

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

#### 115.218 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility has not designed or acquired a new facility and is not planning any substantial expansion or modification to the existing facility. The Executive Director reports that should the facility obtain a new facility or substantially change the current facility, the PREA Coordinator will assess how the design, acquisition, expansion, or modification will affect the facility's ability to protect residents for sexual abuse or sexual harassment.

The facility did put windows in all office doors since the last PREA audit. This will allow for clear line of site views in to these offices when occupied by staff and residents. This will eliminate a blind spot area and aid in preventing opportunities for abuse.

The Executive Director reports that the facility has increased the number of cameras by one (1) since the last audit in 2017. The Executive Director reports that he will continue to address electronic monitoring needs as the budget allows.

Review:

Facility tour

Interview with Executive Director

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policy requires the facility follow a uniform evidence protocol that maximizes the potential for obtaining useable physical evidence for administrative proceeding and criminal prosecution. The protocol must be adapted from or otherwise based on the 2011 U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," subsequent updated editions, or similarly comprehensive and authoritative protocols developed after 2011.

The facility has four trained investigators to conduct administrative sexual abuse investigations. The Cleveland City Police is responsible for conducting criminal investigations. The agency has made several attempt to enter into an MOU with the police department that has the legal authority to conduct criminal investigations at the facility. At this time, the agency has not had a response from that legal authority.

As part of the facility's evidence collection protocol, the facility refers all victims of sexual abuse to medical exams performed by qualified forensic medical examiners. Forensic medical exams are provided free of charge to the victim. The facility will also make available victim advocates to accompany the victim through the forensic medical exam process.

The facility will use St. Vincent Charity Hospital or Cleveland Metro Health Hospital to provide a Sexual Assault Nurse Examiner for any resident who is a victim of sexual abuse. The auditor confirmed that any resident taken to Cleveland Metro Health hospital would be treated by a certified SANE nurse and St. Vincent Charity Hospital can provide a qualified medical practitioner. The services provided by either hospital would be at no cost to the resident. The facility also partners with the Cleveland Rape Crisis Center who would provide advocate services if necessary.

The facility has an MOU with the Cleveland Rape Crisis Center. The MOU states that the center will agree to:

- Accompanying and supporting the victim through the forensic examination process

- Accompanying and supporting the victim through the investigatory interview
- Provide emotional and crisis support
- Provide information on community resources
- Provide follow-up (legal advocacy and face-to-face crisis intervention services)
- Provide flyers and brochures with organization contact information

The director at Cleveland Rape Crisis Center confirmed the MOU and the services the center would provide to resident victims of sexual abuse. The director reports the services would be offered free of charge.

The PREA Coordinator reports that the facility would make every effort to use the advocate services provided by the Rape Crisis Center before offering the emotional supportive services available through staff. The facility has staff that have been trained to provide emotional supportive services to sexual abuse or sexual harassment victims at the request of the resident.

The facility did not have an allegation of sexual harassment or sexual abuse or have a resident in need of advocate services or emotional support services.

Review:

Policy and procedure

MOU with Cleveland City Police attempts

MOU with Cleveland Rape Crisis Center

Email with Director

Interview with PREA Coordinator

Interview with administrative investigators

Administrative Investigator training certificates

Emotional Support training certificates

Cleveland Metro Health Hospital's website

St. Vincent Charity Hospital's website

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

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

### **115.222 (a)**

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

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

#### 115.222 (b)

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

#### 115.222 (c)

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

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Facility policy requires an administrative and/or criminal investigation into all allegations of sexual abuse and sexual harassment. Allegations will be administratively investigated by a

trained investigator. Any allegation of sexual abuse that involves potentially criminal behavior will be turned over to the Cleveland City Police Department for a criminal investigation. The facility has posted its investigatory policy on its website, <https://neo.salvationarmy.org/northeastohio/HarborLightPrivate#:~:text=The%20Salvation%20Army%20Harbor%20Light%20Complex%20will%20appropriately,to%20according%20to%20the%20agency%20policies%20and%20procedures.>

The facility did not have an allegation of sexual abuse or sexual harassment during the past twelve months.

Review:

Policy and procedure

Facility website

Interview with administrative investigators

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The facility has a policy that requires all staff who may have contact with residents to be trained on:

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

The training is required to be tailored to the gender of the residents at the employee's facility, and receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents or vice versa. Because the facility has both male and female residents, staff are required to have gender specific training for both genders.

The policy requires the facility to provide such training to employees on a biannual basis and provide refresher training on the off year. All new hires will be provided this training within one year of service.

The facility provided the auditor with the training curriculum the facility uses to train staff on the requirements of standard 115.231. The training is provided by in person facilitators and Relias online training. The training is more than sufficient enough to meet the standard. The training is mandatory for all staff and is facilitated by the PREA Coordinator.

The facility also provides training that includes:

- Cultural awareness
- Professional ethics
- Working with women offenders

- Cultural competence
- Effective communication
- Emotional intelligence
- Searches
- PREA dynamics of sexual abuse in a correctional setting
- Code of ethics
- Standards of conduct
- Mental health in corrections
- PREA policy and procedure standards
- Mandated reporting laws
- Keepsafe code of conduct
- Employee handbook
- Case manager training

Along with the training curriculum, the facility provided the auditor with the sign-in sheets for all PREA related trainings. In addition to the sign-in sheets, the auditor reviewed employee files to verify the onboarding training and policies and procedures through signed and dated acknowledgments.

The auditor was able to interview treatment, security, and management staff. All interviewed staff were questioned on the training they received during onboarding and annually concerning PREA. All staff were capable of describing first responder duties, policies and protocols for managing transgender/intersex residents, reporting obligations, boundaries and keeping residents safe from retaliation.

The Associate Director of Community Corrections runs a report each year to ensure employees have completed mandatory training. If an employee has not completed the required training for that year, there will be disciplinary action. A staff member can be disciplined on training once before termination.

Review:

Policy and procedure

Training curriculum

Sign-in sheets

Employee files

Interview with staff

Interview with PREA Coordinator

## **Standard 115.232: Volunteer and contractor training**

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

#### 115.232 (a)

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

#### 115.232 (b)

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

#### 115.232 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Police states that all volunteers and contract personnel will receive orientation appropriate to their assignments and additional training as needed. All volunteers and contractors who have contact with residents will be notified of the facility's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. The level and type of training provided to volunteers and contractors will be based on the services they provide and the level of contact they will have with residents. All volunteers and contractors will sign verification that they understand the training that they have received regarding the PREA policies.

All volunteers/interns receive mandatory PREA training before being allowed access to the offenders. The PREA Coordinator completes the training. The auditor reviewed the training material and documentation of completed training from various contractors/volunteers.

After receiving training, the volunteer or contractor will sign verification that they have received and understand their responsibilities under the zero tolerance policies.

The facility is not currently allowing volunteers/interns in the building due to COVID-19 restrictions.

Review:

Policy and procedure

Training acknowledgement

Interview with Manager of Employee Relations

Interview with PREA Coordinator

## Standard 115.233: Resident education

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

### 115.233 (a)

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

### 115.233 (b)

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

### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No

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

#### 115.233 (d)

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

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

According to policy, residents the intake process will receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse or sexual harassment; their right to be free from sexual abuse, sexual harassment, and to be free from retaliation for reporting such incidents; and regarding agency policies and procedures for responding to such incidents. The agency will provide refresher information whenever a resident is transferred to a different facility.

The facility will provide resident education in formats accessible to all residents including those who are limited English proficient, or otherwise disabled as well as resident who have limited reading skills (see standard 115.216). The information provided to the residents will also be continuous and readily available or visible through posters, pamphlets, and resident handbook.

Residents are required to sign acknowledgement of receiving education and written materials.

All residents watch a PREA education video during orientation and receive handouts that include ways to report and reporting phone numbers. This information is also on posters located throughout the facility. During this orientation group, the facility PREA Coordinator or Associate Director of Community Corrections ensures that residents understand the services available to them at no cost and the limits to confidentiality. After watching the video, residents will be provided the written information and given facility specific information regarding their rights and services provided.

Staff confirm that they verbally review with the residents how to report allegations, including anonymously and through a third party; what behaviors can be considered sexual abuse or sexual harassment; disciplinary actions and sanctions; false reporting; confidentiality, mandated reporting, and informed consent; and services that are provided free of charge.

The auditor interviewed sixteen (16) residents. The residents were questioned on the information they received concerning PREA during intake. When questioned on the PREA education provided by the facility, the residents interviewed stated they received information concerning PREA during arrival from the RS staff, during the initial assessment conducted by staff, and during orientation group. The residents were able to list their reporting options and understood that they had the ability to report anonymously. When questioned on available services, the residents understood the availability of outside services free of charge. The residents report that the orientation instructor insures they have required information and know the location of PREA posters.

Five resident files were reviewed by the auditor. The auditor was able to verify residents' acknowledgement of receiving PREA information during intake.

During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.

#### Review:

Policy and procedure

PREA education video

PREA brochure

Resident handbook

Resident PREA acknowledgements

Resident file

PREA posters  
Interview with residents  
Interview RS staff

## Standard 115.234: Specialized training: Investigations

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

### 115.234 (a)

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

### 115.234 (b)

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

### 115.234 (c)

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

### 115.234 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The facility requires staff who conduct administrative investigations to receive specialized PREA investigation training prior to conducting an investigation. The training must include:

- Techniques for interviewing sex abuse victims
- Proper use of Miranda and Garity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The facility provided the auditor with the training completion certificate for three staff members. The staff received training provided by the Moss Group, Inc. The auditor has the training curriculum (power point presentation) provided by the Moss Group, Inc. The training is sufficient enough to cover the requirements by this standard.

The auditor interviewed the investigators during the onsite visit. The investigators discussed the techniques learned from the training including understanding the spectrum of trauma as it related to resident victims, collaborating with other investigators, providing justifications of investigation outcomes, and preserving evidence for collection. The investigators report that if an allegation involves a staff member and appears to be criminal, they would not interview the staff member, but wait until a criminal investigation was complete before conducting an administrative investigation.

### Review:

Moss Group, Inc. training curriculum

Training certificates

Interview with administrative investigators

## Standard 115.235: Specialized training: Medical and mental health care

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

### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
☒ Yes   ☐ No   ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes   ☐ No   ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes   ☐ No   ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
☒ Yes   ☐ No   ☐ NA

### 115.235 (b)

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

### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes   ☐ No   ☐ NA

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes   ☐ No   ☐ 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy states that the facility will ensure all medical and mental health care practitioners, employed or contracted by the community corrections or pre-trial, probation, or parole agency, have been trained in how to detect and assess signs of sexual abuse and sexual harassment and how to preserve physical evidence of sexual abuse and sexual harassment. All medical and mental health care practitioners must be trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The agency will maintain documentation that medical and mental health practitioners have received this specialized training.

The policy requires the medical and mental health personnel to also receive required employee training as described in standard 115.231.

The facility does not provide in house medical or mental health services. All residents will receive outside medical and mental health treatment if necessary. A SANE nurse at Cleveland Metro Health System or a qualified medical practitioner at St. Vincent Charity Hospital would handle treatment for sexual abuse /sexual assault.

The facility also has the option of referring victims to outside counseling services at St. Vincent Charity Medical Center. Residents could also be referred to Community Treatment Services. A program set up by the Bureau of Prisons.

Review:

Policy and procedure

Interview with PREA Coordinator

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
☒ Yes ☐ No

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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy requires the facility to assess all residents during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The assessment will be conducted using an objective screening instrument which will consider, at a minimum, the following criteria:

- Whether the resident has a mental, physical, or developmental disability
- The age of the resident
- The physical build of the resident
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent
- Whether the resident has prior convictions for sex offenses against an adult or child
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the resident has previously experienced sexual victimization

- The resident's own perception of vulnerability
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

The policy does not allow for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Policy requires a reassessment of the resident's risk for victimization or abusiveness to be completed within 30 days of the resident's arrival to the facility. The facility will also conduct a reassessment if it receives additional relevant information, a request, or an incident of sexual abuse. The information collection from the assessment will only be disclosed to relevant personnel to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The facility uses the same assessment tool for the initial and rescreening assessment of risk. The tool collects the information requested by this standard.

The case manager is responsible for conducting the initial risk assessment and the rescreen. The case managers report to the auditor that they will take the resident into a private office and conduct an interview. They state that before he conducts the risk assessment, he will make the resident feel comfortable by explaining the purpose of the assessment and why it is important to be honest in answering questions. They have been trained on how to complete and score the assessment during case management training. If a resident is screened as being at risk for abuse or to abuse, the information will be sent to the Assistant Director of Community Programs.

The PREA Coordinator conducts a quality assurance check on initial and reassessments. He stated that he reviews all assessments for timeliness and accuracy.

The auditor interviewed sixteen (16) residents. The residents interviewed stated that they have received the initial and reassessment (if the resident has been at the facility for more than 30-days) screenings. The resident state that they received the assessment during the intake process along with several other intake assessments. They report being told that the assessment was a safety evaluation and that they would not be disciplined for not answering questions about their sexual identity or gender status.

The auditor was able to review initial and reassessments. The assessments reviewed were completed within the required initial and reassessment time period.

Review:

Policy and procedure

Risk assessments

Interview with case managers

Interview with residents

Interview with PREA Coordinator

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

Policy requires the facility use the information from the risk screening required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility will make individualized determinations about how to ensure the safety of each resident.

The case manager will document the areas where accommodations need to be addressed on the PREA risk screening form. The assessment documents how the facility will provide housing (unit, dorm, bed), programming (education, groups, work), and community referrals.

The PREA Coordinator states that she will work with both programming and security staff to develop an appropriate plan to keep residents safe. The facility has rooms and/or beds identified that are to be used to house residents identified as either high risk for vulnerability or abusiveness. Those of opposite classification will not be placed in the same dorm or in the same program groups. Staff may be aware of a resident's classification in order to provide a safer environment, but will not be aware of the details of the resident's risk assessment.

Due to COVID-19 protocols, the facility has reduced the number of residents per dorm room. The residents are able to have single dorm rooms. The facility can house residents that need special accommodations in a dorm room by themselves.

The PREA Coordinator states that residents who have identified as having previous sexual abuse during risk screening will be referred to community resources for services should they wish to address the past trauma. All services provided to address issues will be documented in the resident's case plan.

Policy states in deciding whether to assign a transgender or intersex resident to the male or female housing unit and other programming assignments the facility will consider on a case-by-case basis whether a placement will ensure the resident's health and safety and whether the placement would present management or security problems. The facility will not place a resident in the male or female housing unit on the sole basis of the resident genitalia unless such placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such resident.

The facility is required to consider the transgender/intersex resident's view of their own safety when making housing decisions.

Policy prohibits the facility from placing a resident that identifies as gay, lesbian, bisexual, transgender, or intersex in dedicated facilities, units, wings, solely on the basis of such identification or status unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgement for the purposes of protecting such residents.

The auditor interviewed any resident identified as gay, lesbian, bisexual, transgender, or intersex. One resident that identified as transgender stated that they felt safe by having their own room and that they have not had any issue that was not addressed appropriately by staff. The residents did not feel as if they were being housed on a specific floor or dorm room based on their sexual preference or gender identification.

Review:

Policy and procedure

Case plan

Interview with residents

Interview with PREA Coordinator

Interview with case managers

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The residents at Harbor Light are able to report sexual abuse and sexual harassment without fear of retaliation. The policy states that all residents will be able to privately report sexual abuse and sexual harassment without fear of retaliation by other residents or staff. The facility must provide multiple ways for resident reporting including internally, externally, anonymously, verbally, in writing, or through a third party.

The facility informs the resident during intake and continually provides the reporting information in the resident handbook and posters throughout the facility, the reporting options and contact information. Policy requires the facility to provide at least one way to report sexual abuse or sexual harassment to a public or private entity that is not a part of Harbor Light and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to the PREA Coordinator, allowing the resident to remain anonymous. The residents can use the following methods to report allegations of sexual abuse, sexual harassment, or retaliation:

- Verbally to any staff member
- In writing to any staff member
- Anonymously
- Calling the Cuyahoga Witness-Victim Services hotline

- Calling Ohio Department of Rehabilitation Victim Services hotline
- Emailing ODRC Victim Services
- Mailing Rape Crisis Center

The auditor was provided the written material give to the residents. The material provided all reporting options and including the contact information. The auditor was also able to see postings throughout the facility with reporting options and contact information listed during the onsite visit. The facility has telephones available to the residents so that they may privately report allegations of sexual harassment, sexual abuse, or retaliation. The residents are told in written material that they can report allegations to any staff member verbally or in writing. The residents are informed that they do not need a formal system to report allegation and that the facility does not impose a time limit on reporting.

The auditor tested the external reporting hotline and received a call back from the Ohio Department of Rehabilitation and Correction's Bureau of Community Sanction's PREA Community Confinement liaison. She reports that all calls received into the agency will be immediately reporting to the facility for an investigation.

The auditor interviewed sixteen (16) residents from both the male and female housing units. The auditor questioned the residents on how they were able to report allegations of sexual abuse, sexual harassment, or retaliation. The residents report that they are given handbooks at intake along with a PREA brochure/pamphlet which contains the reporting information. The residents report that the information is on the tablets available to all residents and on the kiosks located in the dayrooms. The residents report understanding that they could report verbally or in writing to any staff member. They also report being able to report anonymously through a third party.

The staff are informed at onboarding training and during annual training that they are mandated reporters and must report all allegations, regardless of how they were reported, or suspicions of sexual abuse and sexual harassment. The staff are able to directly and privately report allegations or suspicions to the PREA Coordinator or administrative investigator.

Staff interviewed stated that they understood their responsibility to report all reported allegations of sexual abuse and sexual harassment to their immediate supervisor. When questioned about private reporting, the staff state that the facility is small enough to have direct access to the PREA Coordinator or an administrative investigation that they could privately report allegations.

Review:

Policy and procedure

Resident handbook

PREA posters

PREA brochure

Reporting numbers

Interviews with staff

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such

extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.252 (e)

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

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☐ Yes ☐ No ☒ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.252 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility has a grievance system for its residents; however, due to the length of time a resident is housed at the facility (a maximum of 180 days), the facility does not address allegations of sexual abuse through the grievance system. The facility has an investigation policy that all allegations will be processed and addressed (see standard 115.251 and 115.271).

### Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.253 (b)

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

#### 115.253 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Facility policy requires the facility to provide residents access to outside victim advocates for emotional support services related to sexual abuse and sexual harassment. The facility provides such access by giving residents the current mailing addresses and telephone numbers, including toll-free hotlines numbers of local, State, and national victim advocacy or rape crisis organizations and enabling reasonable communication between residents and those organizations. The facility ensures that communications with such advocates are private, confidential, and privileged, to the extent allowable by Federal, State, and local law. The facility informs resident, prior to giving them access, of the extent to which such communications will be private, confidential, and/or privileged.

The facility provided the auditor with brochures given to the residents during intake. The brochure provides the name, contact numbers, and mailing address of local, state, and national rape crisis organizations. The case manager informs the residents that communication between these organizations will be provided in the most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters.

The facility provides the toll-free hotline number and address for the Cleveland Rape Crisis Center. The facility has a MOU with this agency to provide this information to the residents. This information is listed in the resident handbook, PREA brochure received at intake, and on PREA posters throughout the facility.

\*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency. For the HARBOR LIGHT Center residents, the local rape crisis agency is the Crime Victims Rape Crisis Services Center.

Review:

Policy and procedure

Resident handbook

PREA brochure

PREA posters

MOU

## Standard 115.254: Third-party reporting

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

### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☐ Yes ☐ No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy requires the facility to provide information on how to report incidents of sexual abuse or sexual harassment on behalf of a resident. The information on how to report will be made available on the facility's website and on posters located in the facility lobby. All third party allegations of sexual abuse, sexual harassment, or retaliation for reports of sexual abuse or sexual harassment will be administratively and/or criminally investigated.

The auditor reviewed the agency's website, <https://neo.salvationarmy.org/northeastohio/HarborLightPrivate#:~:text=The%20Salvation%20Army%20Harbor%20Light%20Complex%20will%20appropriately,to%20according%20to%20the%20agency%20policies%20and%20procedures>, and reviewed the posted information on how a third party could report an allegation of sexual abuse or sexual harassment. The auditor was also able to view this information on posters in the main lobby during the onsite visit.

All allegations reported by a third-party will be criminally and/or administratively investigated.

Review:

Policy and procedure

Facility website

Investigation report

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
☒ Yes ☐ No

#### 115.261 (b)

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

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy states that all staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, retaliation against residents or staff who have reported any such incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff must not reveal any information related to a sexual abuse or sexual harassment report to anyone other than those who need to know as specified in facility policy, to make treatment decisions, investigate, or make other security and management decisions.

All staff are considered mandatory reporters and as such are required to report sexual abuse. Case managers inform the residents of their duty to report and the limitations of confidentiality at the initiation of services. Staff who wish to report privately can report knowledge, suspicions, or information regarding sexual abuse, sexual harassment, or retaliation directly to the PREA Coordinator or administrative investigator.

During staff interviews, they report receiving training during onboarding and during annual training on meeting their obligation to report all knowledge, suspicions, and information on all allegations.

The facility provided the auditor with the training curriculum and sign-in sheets. The training includes information on how to report, who to report to, and what should be reported. The training identified red flag behavior and instructions for informing residents of their duty to report all knowledge, suspicions, and information of sexual abuse and sexual harassment.

The auditor reviewed five (5) employee files. The files contained documentation on the type of information employees receive on the facility's zero tolerance policies. Staff are required to sign and date and acknowledgement of receiving this information which includes:

- Zero tolerance acknowledgment
- Demonstrating professional behavior
- Employee handbook
- Personnel policies
- Continued affirmation

The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that the PREA Coordinator report all allegations to the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.

No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult.

Review:  
Policy and procedure

Employee files  
Interviews with staff

## Standard 115.262: Agency protection duties

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

### 115.262 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy states that if the facility receives information alleging a resident is in substantial risk of imminent sexual abuse, the facility will take immediate action to protect the resident. Harbor Light has several floors, dorms, and single occupancy rooms within the facility that allows for a resident to be moved in order to facilitate protection from harm.

The PREA Coordinator reports that it is the practice of the facility to place a staff member on administrative leave or work on a different floor if they are accused of sexual harassment or sexual abuse during an investigation. The staff member on administrative leave is to have no contact with the facility or other staff members until a determination has been made. If another resident is the alleged abuser, the abuser and victim will be separated either by housing unit or facility until a determination has been made.

The Executive Director reports that should an allegation of sexual abuse be against a staff member, the facility would place that staff member on administrative leave. Depending upon the severity of the allegation. This eliminates the staff members direct contact with residents.

The Director states that the type of protection measures used will depend upon the circumstances of the allegation.

The facility will err on the side of safety when it comes to ensuring the safety of all residents. Staff are trained on how to deploy appropriate protection measures for situations of possible abuse, bullying, or retaliation.

The facility has not received a report that any resident was at risk for imminent abuse.

Review:

Policy and procedure

Investigation report

Interview with PREA Coordinator

Interview with Executive Director

## Standard 115.263: Reporting to other confinement facilities

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

### 115.263 (a)

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

### 115.263 (b)

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

### 115.263 (c)

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

### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

The facility is required by policy to notify other confinement facilities of any allegation of sexual abuse that allegedly occurred in their facility. After the facility receives notice that a resident was sexually abused or sexually harassed while confined at another facility, the Executive Director will notify the head of the other facility or appropriate central office of the agency where the abuse occurred no later than 72 hours after receiving the allegation.

The facility will maintain documentation that the notification was sent.

The Executive Director reports that the facility did not report an allegation of sexual abuse or sexual harassment to another confinement facility. He states that residents are asked about any previous sexual abuse in confinement settings during the initial risk assessment and again during the reassessment.

The Executive Director reports that the facility did not receive an allegation of sexual abuse or sexual harassment from another facility. He states that any allegation received through this channel will be sent to an administrative investigator and the PREA Coordinator. He states that all allegations regardless of how reported, will be administrative and/or criminally investigated.

Review:

Policy and procedure

Interview with Executive Director

## Standard 115.264: Staff first responder duties

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

### 115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes   ☐ No

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

#### 115.264 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility has a plan in place that dictates how staff are to respond to incidents of sexual abuse. The plan states that upon learning of an allegation that a resident was sexually abused the first security staff member to respond is required to:

- Separating the alleged victim and abuser
- Preserving and protecting any crime scene until appropriate steps can be taken by local law enforcement to collect any evidence
- If the abuse occurred within a time period that still allows for the collection of physical evidence, staff request/ensure that the victim and abuser not take any actions that could

destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating

- If the first staff member is not a Resident Advisor, the staff shall notify the Resident Supervisor on duty

The security and non-security staff are trained on the facility's first responder plan. The duties are reviewed with staff during onboarding and annual training. The auditor was provided the training and the sign-in sheets.

The auditor interviewed security and non-security staff on the responsibilities they are required to complete after an allegation or incident of sexual abuse. All staff members were capable to reciting the first responder duties.

The facility has not had an allegation of sexual abuse or sexual harassment during this audit cycle.

Review:

Policy and procedure

First responder plan

Training curriculum

Training sign-in sheets

Interview with staff

## Standard 115.265: Coordinated response

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

### 115.265 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy states all actions taken in response to an allegation of sexual abuse and sexual harassment are coordinated among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility's coordinated response plan ensures that victims receive all necessary immediate and ongoing medical, mental health, and support services that investigators are able to obtain usual evidence to substantiate allegations and hold perpetrators accountable.

The coordinated response plan is posted in locations available to staff.

Review:

Policy and procedure

Coordinated response plan

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

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

### **115.266 (a)**

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

### **115.266 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

N/A: The Executive Director reports that the facility does not have a union and does not enter into contracts with employees. The facility is an "at will" employer. Employees are notified of the facility's "at will" status in the employee handbook. The auditor was given an employee handbook for review.

Review:

Employee handbook

Interview Executive Director

## Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

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

### 115.267 (b)

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

### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

Policy states the facility will protect all residents and staff who report sexual abuse and sexual harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other residents or staff. The facility employs multiple protection measures, including 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 fears retaliation for reporting sexual abuse and sexual harassment or cooperating with investigations.

The policy requires the facility to monitor the conduct and/or treatment of residents of staff who have reported sexual abuse and sexual harassment or cooperated with investigations, including any resident disciplinary reports, housing changes, or program changes, for at least 90-days following the report or cooperation to assess changes that may suggest possible retaliation by residents or staff. The facility will discuss any changes with the appropriate resident or staff member as part of its efforts to determine if retaliation is taking place and, when confirmed, immediately take steps to protect the resident or staff member.

Should the facility suspect retaliation against a resident or staff member, changes will be made in order to protect those involved. The protection measures can include changes in dorm rooms, cleaning duties, programming, dining, recreation, and/or bathroom assignment.

Retaliation monitoring can continue past 90-days if the situation warrants.

The PREA Coordinator states the she will meet with any staff or resident that reported or cooperated in an investigation into sexual abuse or sexual harassment. She states that she will document those meetings in progress reports. She states that other staff members are made aware to watch for behavioral changes or disciplinary issues and to report those immediately. She reports that at any time retaliation is suspected, the facility will immediately put into action protection measures. The PREA Coordinator reports that she is also responsible for conducting periodic status checks. The information collected during those checks is documented.

The policy allows for monitoring to end if the allegation was determined to be unfounded.

Review:  
Policy and procedure

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

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

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Facility policy requires investigations into allegations of sexual abuse and sexual harassment are prompt, thorough, objective, and conducted by investigators who have received special training in sexual abuse and sexual harassment investigations. When an outside agency investigates sexual abuse and sexual harassment, the facility has a duty to keep abreast of the investigation and cooperate with outside investigators. Investigations include the following elements:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report
- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The Program Director will be responsible for keeping records of these referrals and the outcomes of police investigations
- Document referral and outcome data in the annual report, compiled by the PREA Coordinator

The facility has not had an investigation during the past twelve months, therefore the auditor reviewed past reports. The report captured the following information:

- Alleged victim's name
- Alleged abuser's name

- Alleged abuser's status (resident or staff)
- Date and time of incident
- Date and time of report
- How allegation was reported
- Type of allegation
- Witnesses
- Statements
- Video evidence
- Protection measures
- Determination

The policy does not allow for the termination of an investigation if the alleged abuser is no longer at the facility.

The auditor questioned the administrative investigators on the investigation initiation process, investigation techniques, investigating allegations referred by a third party or confinement facility, credibility assessments, and referrals for criminal investigation. The investigators report that all understand how to conduct trauma informed care interviews; collect circumstantial and physical evidence; use collateral information to make credibility assessments; and review past reports and behavioral observations.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution.

The PREA Coordinator will collect all documentation and evidence relevant to the investigation and store in a secure location for as long as the person is employed or incarcerated plus five years.

Review:

Policy and procedure

Administrative investigator training certificate

Investigation report

Interview with administrative investigators

## **Standard 115.272: Evidentiary standard for administrative investigations**

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

### **115.272 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy does not allow for a standard higher than preponderance of the evidence will be used to determine whether allegations of sexual abuse or sexual harassment are substantiated. Preponderance of the evidence is measured as 51%.

The auditor interviewed the administrative investigators on the standard of proof used to substantiate an allegation. The investigators all report a standard of 51%.

Review:

Policy and procedure

Interview with administrative investigators

## Standard 115.273: Reporting to residents

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

### 115.273 (a)

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

### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The policy requires the facility to inform all residents who make sexual abuse allegations the outcome of the investigation. If there was a criminal investigation, the facility will request information from the relevant agency, and provide the information to the PREA Coordinator to that the resident can be informed of the investigation outcome.

Notifications for substantiated and unsubstantiated allegations will include:

- If the alleged staff member is no longer posted in the resident's facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility
- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The facility requires notification be sent to each resident victim at the conclusion of each investigation. The notification included all the required reporting information. The resident is required to sign acknowledgement of receiving notification.

Policy states the facility's duty to report will terminate if the resident is released from the facility.

Review:

Policy and procedure

Allegation notification

Interview with PREA Coordinator

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy states that the facility will sanction staff up to and including termination for violating agency sexual abuse and sexual harassment policies. Upon conclusion of the investigation, the report is submitted to the Executive Director. Termination will be the presumptive sanction for staff who have engaged in sexual abuse. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility outlines the disciplinary policy and procedures in the employee handbook. The auditor was given a copy of the employee handbook for review. The handbook states that violations to facility policies can include discipline up to and including termination. Staff sign acknowledgment of receiving a copy of the handbook.

During staff interviews, staff acknowledged they received a copy of the employee handbook and agency zero tolerance policy during staff orientation. They understood that termination would likely result for substantiated allegations of sexual abuse and/or sexual harassment.

The auditor was able to review disciplinary action taken against staff members. The form includes records of the offense and the type of discipline imposed.

The auditor discussed the disciplinary procedures with the Executive Director and the Manager of Employee Relations. The Manager reports that all disciplinary action is decided by the Executive Director. The auditor was able to review employee files during the onsite visit. Files that contained disciplinary action were as described by policy.

The Executive Director reports that staff accused of sexual abuse will be placed on administrative leave during the investigation. If the allegation is determined to be substantiated, the facility will terminate the staff member's employment.

Review:

Policy and procedure

Employee handbook

Employee files

Interview with Manager of Employee Relations

Interview with Executive Director

## **Standard 115.277: Corrective action for contractors and volunteers**

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

#### 115.277 (a)

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

#### 115.277 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Harbor Light policy does not allow contractors or volunteers, who have engaged in sexual abuse or sexual harassment to have contact with the residents of the facility. All contractors and volunteers are required to sign notification of PREA regulations and the consequences of violations to the PREA standards.

The PREA Coordinator reports that the facility has not had an allegation of sexual abuse or sexual harassment against a contractor or volunteer.

Review:

Policy and procedure

Interview with PREA Coordinator

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

### 115.278 (a)

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

### 115.278 (b)

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

### 115.278 (c)

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

### 115.278 (d)

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

### 115.278 (e)

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

### 115.278 (f)

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

### 115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy states that residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative ruling that the resident engaged in resident-on-resident sexual abuse or sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse and sexual harassment. Sanctions are 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. The disciplinary process must consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Possible sanctions can include discipline with the community corrections facility, new criminal charges, or referral to authorities who may change conditions of a resident's release status in the community. Sanctions may also include interventions designed to address and correct underlying reasons or motivation for the abuse, such as requiring the offending resident to participate in therapy, counseling, or other programs. Sanctions and/or interventions for young residents must also take into account the social, sexual, emotional, and cognitive development of the resident.

Consensual sexual activity between residents, while prohibited by facility rules, does not constitute sexual abuse, unless coercion was used. The facility will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The PREA Coordinator reports that any resident found to have substantially sexually abused another resident will be terminated from the program. All other types of violations would be subject to discipline according to the disciplinary sanctions laid out in the handbook.

The auditor interviewed sixteen (16) residents during the onsite visit. The residents that were interviewed stated that they received a handbook at intake and that their case manager reviewed the disciplinary policies with them. When questioned about sanctions for violating PREA policies, the residents report that they would be terminated from the program for any violations to the zero tolerance policies.

The facility provides a list of violations and sanctions in the resident handbook.

The auditor reviewed resident files. The files contained signed acknowledgements of receiving a resident handbook, watching the PREA education video, and understanding the zero tolerance policies.

Review:

Policy and procedure

Resident handbook

Interview with PREA Coordinator

Interview with residents

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

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

#### 115.282 (b)

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

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Harbor Light policy states that resident victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services and will be offered continuous mental health counseling. All services will be consistent with the community level of care at no cost to the victim. Policy requires the services to be provided whether or not the victim names the abuser or cooperates in the investigation arising out of the incident. First responders will take preliminary steps to protect the victim and immediately notify appropriate staff or community medical and mental health practitioners.

The services provided would include:

- Forensic medical exam by a SAFE or SANE
- Offered a victim advocate or emotional support services
- Crisis intervention
- Hospital accompaniment
- Pregnancy testing
- Time information about and timely access to emergency contraception
- Time and comprehensive information about and timely access to all lawful pregnancy related medical services
- Sexually transmitted infections prophylaxis

The PREA Coordinator reports that all residents experiencing incidents of sexual abuse will receive treatment from community medical and mental health professionals at no cost to the resident. The coordinator reports the length and scope of services will be determined by the provider.

The facility has an MOU with Cleveland Rape Crisis Center. The MOU lists the crisis and emotional supportive services they would provide to resident victims at no charge. The Director of the agency confirmed the services to the auditor. All medical services would be provided to resident victims at St. Vincent Charity Hospital or Cleveland Metro Health Hospital. Both hospitals have SANE and a partnership with Cleveland Rape Crisis Center for victim advocacy.

The facility has not had a substantiated allegation of sexual abuse and has not referred a resident for medical or mental health services due to sexual abuse this audit cycle.

Review:

Policy and procedure

MOU

Interview with PREA Coordinator

Email from Director

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

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

### **115.283 (a)**

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

### **115.283 (b)**

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

### **115.283 (c)**

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

### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The policy requires the facility provides community medical and mental health counseling services for residents who have been sexual abused in a jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility.

Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered test for sexual transmitted infections as medically appropriate.

Policy also requires the facility to provide a mental health evaluation for all known resident-on-resident abusers as soon as possible but within 60-days upon learning of such abuse history. The Clinical Services Manager will ensure the resident is offered treatment when deemed appropriate by mental health practitioners.

The PREA Coordinator reports that all residents experiencing incidents of sexual abuse will receive treatment from community medical and mental health professionals at no cost to the resident. The coordinator reports the length and scope of services with be determined by the provider.

The PREA Coordinator reports that the facility has not housed a known resident-on-resident abuser.

The facility has not had a substantiated allegation of sexual abuse and has not referred a resident for medical or mental health services due to sexual abuse this audit cycle.

Review:

Policy and procedure

MOU

Interview with PREA Coordinator

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

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

#### 115.286 (e)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policy requires an administrative review at the conclusion of the investigation. The review will take place within 30 days of the conclusion on all investigation of sexual abuse that have been determined to be unsubstantiated or substantiated. The review is required to include an analysis of:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Whether the allegation or incident was motivated by:
  - Race
  - Ethnicity
  - Gender identity
  - Sexual orientation
  - LGBTI status or perceived status
  - Gang affiliation
  - Other group dynamics
- Assess staffing levels
- Assess video technology and blind spot areas in the facility

The report of the review will include any findings inclusive of recommendations for improvement, changes to existing policies and procedures, and changes to resident supervision. The facility will document its reasons for not implementing recommendations.

The facility's SART members include the Executive Director, Manager of Employee Relations, Supervisor of Residential Safety and Security, PREA Coordinator, and any other staff as needed. The SART accepts input from supervisors, investigators, and medical and mental health practitioners.

The facility did not have an allegation during the past twelve months; however, the PREA Coordinator supplied the auditor with past SART reports. The reports reviewed all the required elements of this standard. The reports documented any recommendations and if the recommendation was implemented or document the reason for not implementing the changes.

Review:

Policy and procedure

SART incident report

Interview with PREA Coordinator

Interview with SART members

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The policy requires the facility to collect accurate, uniform data for every allegation of sexual abuse and sexual harassment allegations. The data collected will 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.

The facility provided the auditor with the agency's data collection instrument. The form was developed by the Bureau of Community Sanctions. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes data on:

- Resident-to-Resident sexual abuse
- Resident-to-Resident sexual harassment
- Staff-to-Resident sexual abuse
- Staff-to-Resident sexual harassment
- Administrative investigations
- Criminal investigations
- Retaliation
- Staff training
- Resident education
- Initial and 30-day risk screening

The information on the form is aggregated and listed in the facility's annual report. The report is posted on the facility's website, <https://neo.salvationarmy.org/northeastohio/HarborLightPrivate>. The auditor accessed the facility's website and reviewed the 2019 annual report.

The PREA Coordinator reports that the facility has not had a request from the Department of Justice to provide this information.

Review  
Policy and procedure  
PREA annual report FY 2019  
Facility website

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

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

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

The policy requires the facility to review the data collected in standard 115.287 to assess and improve the effectiveness of the facility's prevention, detection, and response policies, practices, and training to include:

- Identifying problem areas
- Tacking action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole
- A comparison of the current year's data and corrective actions with those from prior years
- Assessment of the facility's progress in addressing sexual abuse

The annual report will be approved by the Executive Director and posted to the facility's website. The annual report is not allowed to include personal identifiers or other information that would jeopardize the safety and security of the facility.

The auditor was provided a copy of the facility's annual PREA report. The report contains aggregated data on the number of reported allegations, identified problem areas, corrective actions, and the facility's progress in addressing sexual abuse. The facility added cameras in blind-spot areas and have put windows in office doors.

Review:

Policy and procedure

Facility website

PREA annual report

## Standard 115.289: Data storage, publication, and destruction

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

### 115.289 (a)

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

#### 115.289 (b)

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

#### 115.289 (c)

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

#### 115.289 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy requires that the data collected in standard 115.287 to be securely retained for at least ten years after the date of the initial collection. This information includes investigation reports and related documentation, annual report data, and tracking documents and outcome measures.

The PREA Coordinator reports she will collect and securely retain this information for ten years. She states that he collects the information in order to develop an annual report and make the information available to the public through the facility's website.

The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.

**Review:**

Policy and procedure

Facility website

Annual report

Interview with PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the 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 ☐ No

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

#### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The facility post the final audit report for its facility on the facility's website, <https://neo.salvationarmy.org/northeastohio/HarborLightPrivate>. The auditor reviewed the website to confirm the facility has posted the final report from the previous cycle's audit. The facility is a single facility and is required to have their audit completed during year one of each cycle. The facility has complied with that requirement since the 2014 start date.

The auditor was given full access to the facility during the onsite visit. Facility management escorted the auditor on a tour of the facility and opened every door for the auditor. The auditor viewed all housing units, dorms, group rooms, classrooms, lounge areas, recreation areas, dining hall, kitchen, staff offices, central control, bathroom, intake area, clinic, storage room, maintenance areas, and perimeter areas.

The auditor reviewed employee files, resident files, investigations, and camera views while onsite. This was in addition to the documentation provided to the auditor prior to the onsite visit.

The facility sent the auditor photographic evidence of the audit notice posting that was time stamped. The notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for residents, staff, and visitors. The auditor did not receive any correspondence from a staff or resident. No staff or resident requested to speak to the auditor during the onsite visit.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has published on its website, <https://neo.salvationarmy.org/northeastohio/HarborLightPrivate>, the final audit report for the facility from 2017. The auditor reviewed the website and verified that the report was posted.

The PREA Coordinator reports understanding the requirement to have the facility's audit during year one of each cycle. The coordinator also understands that the final audit report is required to be posted within 90-days of receiving the report. In the state of Ohio, the final audit report of any facility housing Ohio Department of Rehabilitation and Corrections offenders must also have their final audit report posted on that agency's website, <https://www.drc.ohio.gov/prea>.

Review:

Facility website

ODRC website

Interview with PREA Coordinator

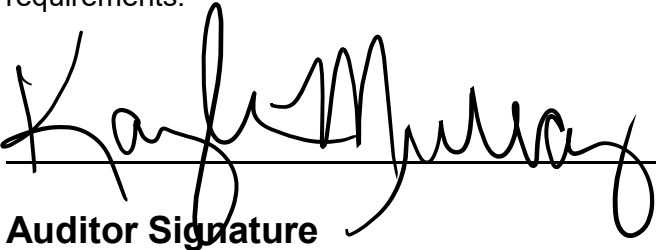
## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

  
**Auditor Signature**

December 8, 2020

**Date**

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

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

- NEW HOPE RECOVERY CORPS
- ZELMA GEORGE FAMILY SHELTER
- COMMUNITY CORRECTIONS PROGRAMS
- ALCOHOL & DRUG ADDICTION SERVICES
- PASS TRANSITIONAL LIVING PROGRAM

**THE SALVATION ARMY**  
**Harbor Light Complex**  
 1710 Prospect Avenue • Cleveland, Ohio 44115  
 Phone (216) 781-3773 • Fax (216) 781-9535

**BRIAN PEDDLE**  
 GENERAL  
**WILLIAM A. BAMFORD**  
 TERRITORIAL COMMANDER  
**ARTHUR B. HILL III - BEAU**  
 EXECUTIVE DIRECTOR



## PREA (Prison Rape Elimination Act)

### ANNUAL REPORT

This report covers the period from January 1, 2021 to December 31, 2022

#### Problem areas:

In prior years, cameras were adjusted or purchased when areas were identified and considered blind areas.

#### Corrective Action Plan:

Corrective actions were implemented which primarily involved installing cameras where they did not exist in the past.

#### Facility/Agency Specific Plans:

##### Cameras

#### Comparison Data of Previous Year: (Review and Analysis of PREA Statistical Data)

Outcome measures were analyzed from 2020, 2021 & 2022. There were no significant differences noted.

Debra Winston, PREA Coordinator

9/15/2023

Executive Director / Designee Signature

Date

HARBOR LIGHT IS FUNDED IN PART BY THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, OHIO DEPARTMENT OF REHABILITATION & CORRECTION, OHIO DEVELOPMENT SERVICES AGENCY, ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY, CLEVELAND DEPARTMENT OF COMMUNITY DEVELOPMENT, CUYAHOGA COUNTY & THE UNITED WAY OF GREATER CLEVELAND

SERVICES ARE AVAILABLE WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN, DISABILITY, AGE & SEXUAL ORIENTATION  
 THE SALVATION ARMY IS AN EQUAL OPPORTUNITY EMPLOYER