

PREA Facility Audit Report: Final

Name of Facility: Baltimore Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 10/16/2025

Date Final Report Submitted: 05/11/2026

Auditor Certification

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



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



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



Auditor Full Name as Signed: Cortney Savage

Date of Signature: 05/11/2026

AUDITOR INFORMATION

Auditor name: Savage, Cortney

Email: cortney.savage@dc.gov

Start Date of On-Site Audit: 09/08/2025

End Date of On-Site Audit: 09/12/2025

FACILITY INFORMATION

Facility name: Baltimore Residential Reentry Center

Facility physical address: 5000 East Monument Street, Baltimore, Maryland - 21205

Facility mailing address: 5000 E Monument Street, Baltimore , MD , Maryland - 21205

Primary Contact

Name:	Toni Brice
Email Address:	tbrice@voaches.org
Telephone Number:	4108583330

Facility Director	
Name:	Kim Wilson
Email Address:	kwilson@voaches.org
Telephone Number:	410-977-5473

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	148
Current population of facility:	230
Average daily population for the past 12 months:	160
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	21 -85
Facility security levels/resident custody levels:	Work Release/Pre-Release
Number of staff currently employed at the	42

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Volunteers of America Chesapeake and Carolinas
Governing authority or parent agency (if applicable):	
Physical Address:	7901 Annapolis Road, Lanham, Maryland - 20706
Mailing Address:	5000 East Monument Street, Baltimore, Maryland - 21205
Telephone number:	3014592020

Agency Chief Executive Officer Information:	
Name:	Russell Snyder
Email Address:	rsnyder@voaches.org
Telephone Number:	301-459-2020

Agency-Wide PREA Coordinator Information			
Name:	Toni Brice	Email Address:	tbrice@voaches.org

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-08
2. End date of the onsite portion of the audit:	2025-09-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	This PREA Auditor communicated with Mercy Medical Center Forensic Examination Department who provides short term victim advocacy in addition to providing forensic examinations.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	148
15. Average daily population for the past 12 months:	140
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	148
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	42
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure the sample of random resident interviewees was geographically diverse, I used the facility's housing roster to identify residents assigned across all housing units. Individuals were selected from each unit to ensure representation from every physical area of the facility. In addition to geographic distribution, age, nationality/race, and length of stay were also considered when selecting interviewees to ensure a balanced and representative sample.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Because the facility did not meet the threshold for targeted interviews, an oversampling of random resident interviews was conducted. All information gathered during this process was verified through documentation review, staff interviews, and resident interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that it did not have any residents who were limited English proficient during the onsite audit period. This was verified through staff and resident interviews. Residents were selected for interviews based on characteristics listed in the facility census, including nationality and race.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported receiving no complaints or allegations of sexual abuse, sexual assault, or sexual misconduct during the current audit period. This information was verified through staff and resident interviews, as well as a review of facility records and documentation.

55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not operate any form of segregated housing. This was corroborated through staff and resident interviews. In situations where an individual is assessed as being at high risk for sexual victimization, the facility reported that it would coordinate with the Bureau of Prisons to pursue home confinement or, when appropriate, facilitate the individual's return to the originating facility.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The audited facility was not capturing information on residents who identified as gay or transgender for record-keeping purposes. As a result, this information was not readily available to support targeted interviews during the audit.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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

12

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

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

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

- ☒ Yes
- ☐ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

5

63. Were you able to interview the Agency Head?

- ☒ Yes
- ☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Many intermediate and supervisory-level staff held multiple roles within the facility, including serving on the Incident Review Team and conducting administrative investigations. This overlap in responsibilities was reported during staff interviews and reflects the facility's practice of assigning multiple operational and compliance functions to key personnel.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the site review, this auditor was afforded access to all areas. Informal conversations were conducted with staff, contractors and residents. I was able to review critical functions such as the grievance process, mail and programming.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	This auditor requested staff and resident files for individuals who were randomly selected for interviews. These records were reviewed to verify demographic information, housing assignments, training and other relevant details necessary to support the interview selection process.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:	The facility reported receiving no complaints or allegations of sexual abuse, sexual assault, or sexual misconduct during the current audit period. This information was verified through staff and resident interviews, as well as a review of facility records and documentation.
86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility reported receiving no complaints or allegations of sexual abuse, sexual assault, or sexual misconduct during the current audit period. This information was verified through staff and resident interviews, as well as a review of facility records and documentation.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility reported receiving no complaints or allegations of sexual abuse, sexual assault, or sexual misconduct during the current audit period. This information was verified through staff and resident interviews, as well as a review of facility records and documentation.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No
Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☒ Yes ☐ No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ☐ A third-party auditing entity (e.g., accreditation body, consulting firm) ☒ Other

Identify the entity by name:

Harrington & Statte LLC

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed the Volunteers of America Residential Reentry Center’s (VOA RRC) pre-audit evidentiary documentation submitted via the PREA Resource Center’s Online Audit System (OAS), as well as additional documents provided through other electronic means. This auditor also utilized information gathered during on-site interviews, document and file reviews, and direct observations to assess compliance with PREA Standard 115.211. VOA RRC submitted Policy 7-B, titled “Prison Rape Elimination Act: Prevention and Responsive Planning,” as evidence of compliance with PREA Standard 115.211. An excerpt from this policy states: “Volunteers of America Chesapeake is committed to zero (0) tolerance for sexual conduct between staff, volunteers, contractors, visitors, or residents. Any such conduct—regardless of whether it is consensual—is strictly prohibited. In cases where sexual conduct has been alleged, a thorough investigation shall be conducted.” After reviewing Policy 7-B, the auditor determined that the policy contains the necessary language to align with the requirements of PREA Standard 115.211.

	During the on-site visit, the auditor observed and interviewed VOA RRC's designated PREA Coordinator (PC), who is responsible for overseeing PREA compliance efforts. The PREA Coordinator explained that PREA compliance is one of multiple responsibilities within their broader role at the agency. The facility also provided an organizational chart indicating that the PREA Coordinator holds a high-level position within the agency and reports directly to the Director of the Volunteers of America Residential Reentry Center. Based on the review of documentation, interviews, and organizational structure, the auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.211.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the pre-audit evidentiary documentation submitted by Volunteers of America Residential Reentry Centers (VOA RRC) via the PREA Resource Center's Online Audit System (OAS), as well as additional documents provided through other electronic sources. This auditor also relied on documentation from on-site interviews, as well as files and documents reviewed during the on-site visit, to assess compliance with PREA Standard 115.212. The Federal Bureau of Prisons (FBOP) contracts with VOA RRC to provide pre-release community correctional services for male residents. As evidence of compliance with PREA Standard 115.212, VOA RRC submitted their executed contract and Statement of Work. The Statement of Work includes the following language: "The contractor will meet all requirements, elements, and protocols of PS5324, the sexually abusive behavior prevention and intervention program." Additionally, the Statement of Work references: "P.L. 108-79, the Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assaults and sexual misconduct of residents in correctional facilities, including all community-based facilities. The contractor must maintain a zero-tolerance standard for sexual abuse. A specific policy addressing PREA compliance will be maintained by the contractor. The facility must be in full compliance with PREA standards that apply to community confinement facilities." During the on-site review, the auditor interviewed the VOA RRC Contract Administrator as well as the FBOP Contract Administrator. Both indicated that the facility is required to comply with PREA standards. Furthermore, the FBOP Contract Administrator was also on-site conducting a site review to ensure that the facility

	was in compliance with the terms of the contract, including PREA standards. Based on the review of the submitted contract, Statement of Work, on-site interviews, and observations, the PREA Auditor concludes that Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.212.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the pre-audit evidentiary documentation submitted by Volunteers of America Residential Reentry Center (VOA RRC) through the PREA Resource Center’s Online Audit System (OAS), as well as additional documents provided electronically. To assess compliance with PREA Standard 115.213, the auditor also relied on information obtained during on-site staff interviews and a review of relevant documents and files available during the on-site visit and follow up. VOA RRC submitted Policy 6-D, PREA “Staffing Plans and Program Communication,” along with the facility Staffing Plan. The policy describes staffing patterns, resident supervision expectations, staffing ratios, procedures for addressing population changes that may require staffing adjustments, and supervisory support requirements. The Staffing Plan includes shift coverage information (shift times, staffing assignments by shift, and total hours). Positions identified in the plan include security staff, accountability specialists, administrative assistants, custodial staff, and case managers. During interviews with the Director, Assistant Director, and PREA Coordinator, staff confirmed the facility maintains a staffing plan and reported there have been no deviations from the plan. Staff further reported that, if shortages occur, staff may be required to work additional hours or cover shifts as needed to maintain supervision. Based on the auditor’s review, the Staffing Plan contains the components required by PREA Standard 115.213, including staffing coverage, supervision considerations, and documentation of the facility’s planned staffing patterns. During the on-site visit, the auditor observed male and female security staff assigned to the front desk. Administrative staff and residents were observed in offices with doors open and within direct line of sight of security staff and other personnel. Certain areas (e.g., lower-level administrative offices, the gym, and offices on the main level) were secured by key or electronic entry, restricting resident access without staff assistance. The facility’s security system includes a monitor at the security desk that displays 48 camera views in real time and is

	monitored by security staff. The Director, Assistant Director, and Security Chief also reported remote access to live and recorded camera footage. Security staff were observed moving throughout the facility, opening secured doors as necessary and conducting resident room checks. The Security Supervisor confirmed that unannounced security rounds are conducted daily, with two assigned staff members completing the rounds. Based on the review of the Staffing Plan and policy, on-site observations, post audit follow up, and interviews, the PREA Auditor concludes that Volunteers of America Residential Reentry Center (VOA RRC) is in compliance with PREA Standard 115.213.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the pre-audit documentation submitted by Volunteers of America Residential Reentry Centers (VOA RRC) via the PREA Resource Center's Online Audit System (OAS), along with supplemental documentation provided electronically. This Auditor also relied on information obtained during on-site interviews, a review of on-site files, and direct observations and follow up documentation to assess compliance with PREA Standard 115.215. VOA RRC provided Policy 2-D, PREA "Searches and Contraband," which prohibits staff from conducting strip searches or manual or instrumental examinations of a resident's body cavities. During the on-site visit, the PREA Auditor interviewed 20 residents. Residents reported that pat searches are conducted each time they exit and return to the facility. Residents stated that pat searches are conducted by same-gender staff, with the exception of one transgender female resident who reported requesting to be searched by female staff and requesting a male staff member conduct any urinalysis. The PREA Auditor also asked residents whether they have adequate privacy to shower, use the toilet, and change clothing without being viewed by staff of the opposite gender. Residents stated they have adequate privacy for these activities. Residents further reported that staff of the opposite gender announce their presence prior to entering dormitory or sleeping areas. Residents reported that female staff rarely enter shower or bathroom areas and, when doing so, are escorted by male staff when conducting visual checks. The PREA Auditor interviewed 12 randomly selected staff (including case managers and security staff) who may be required to search residents. Staff confirmed that routine pat searches are conducted by same-gender staff, except when a

	transgender female resident requests a female staff member. All staff interviewed have received training related to cross-gender pat searches. The Auditor also received documentation indicating that security staff received training on cross-gender pat searches. During the on-site inspection, the PREA Auditor reviewed the facility camera and monitoring system at the security desk. Cameras were observed in common areas, including the computer lab, gym, fitness areas, culinary space, and resident TV viewing areas. No cameras were observed in bathroom areas or dormitories/sleeping quarters. Based on the review of documentation, interviews, and observations, the PREA Auditor finds VOA RRC meets the requirements of PREA Standard 115.215.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit evidentiary documentation submitted via the PREA Resource Center's Online Audit System (OAS), as well as additional documentation provided electronically. The compliance determination for Standard §115.216 was based on this documentation; on-site file reviews; staff and resident interviews; and direct observations during the site visit, as applicable. VOA RRC submitted Policy 7B – Prison Rape Elimination Act Prevention and Responsive Planning to address communication with residents who are limited English proficient (LEP) and residents with disabilities. The policy states, in part: “Residents with disabilities and residents who are limited English proficient, VOA shall take appropriate steps to ensure that residents with disabilities—including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include making available appropriate and effective interpreters and/or translators, and not relying on other residents for this function. Written materials shall be read aloud when necessary.” VOA RRC also submitted Policy 3-F – Resident Rights, which affirms the facility’s commitment to accepting residents with disabilities and making reasonable accommodations in accordance with the Americans with Disabilities Act (ADA). The policy identifies accommodations available at the facility, including:

	· ADA-compliant showers and handicap-accessible ramps · Accessible counseling groups, computer lab, dining hall, gym, and elevator · Telecommunications Device for the Deaf (TDD) or comparable equipment · Access to interpreter services for residents with hearing or speech disabilities During the on-site audit, the PREA Auditor interviewed twelve randomly selected staff members regarding communication with residents who have disabilities and residents who are LEP. Several staff identified that interpretation services are available; however, multiple staff were unable to articulate the specific process for accessing the service. Two staff indicated they would use another resident to interpret, which is prohibited by the standard except in exigent circumstances. The PREA Auditor interviewed twenty residents, four of whom self-identified as having a disability. Residents reported receiving PREA information in a manner they could understand. One resident reported uncertainty about whether assistance would be available if needed due to a disability or language barrier. The PREA Auditor interviewed the VOA RRC PREA Coordinator, who reported the facility contracts with Language Line Solutions for interpretation services. The PREA Auditor contacted Language Line Solutions and confirmed VOA RRC maintains an active contract. On-site observations included laminated PREA Zero Tolerance posters (8.5 x 11 inches) displayed at eye level in community areas in English and Spanish, as well as PREA audit notifications displayed in English and Spanish. The PREA Auditor also observed staff-facing postings describing how to access translation/interpretation services. VOA RRC has written policies addressing communication with residents who are LEP and residents with disabilities and maintains access to qualified interpreter services. The facility demonstrated the availability of interpretation services and provided staff with instructions for obtaining those services. Based on the documentation review, interviews, and on-site observations, the PREA Auditor concludes that VOA RRC meets the requirements of Standard §115.216.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed the Volunteers of America Residential Reentry Center

(VOARRC) pre-audit evidentiary documents uploaded through the PREA Resource Center's Online Audit System (OAS), as well as materials submitted through additional electronic sources. The Auditor also relied upon documentation collected during on-site interviews, records and file reviews, and direct observations to determine compliance with PREA Standard 115.217.

VOARRC submitted its Operations Manual, specifically Section 7-B, as evidence of compliance with Standard 115.217. An excerpt from the relevant policy states: "VOAC will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in (42 U.S.C. § 1997);
- 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; or
- Has been civilly or administratively adjudicated to have engaged in the activity described above."

The policy further states that the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents.

Before hiring new employees with resident contact, the agency must perform a criminal background record check and, 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 and any resignation during a pending investigation.

VOARRC is also required to perform criminal background checks before enlisting the services of any contractor who may have contact with residents. Additionally, the agency must either conduct background checks at least every five years for current employees and contractors or maintain a system to otherwise capture relevant information.

Applicants and employees with resident contact are required to respond to written or oral questions about prior misconduct, including during hiring, promotion, and performance reviews. The policy includes a continuing affirmative duty for employees to disclose any such misconduct. Material omissions or false information related to this disclosure are grounds for termination.

The auditor reviewed VOARRC's Operations Manual and concluded that the written policy language aligns with the requirements of PREA Standard 115.217.

During the on-site visit, the PREA Auditor interviewed the VOARRC Human Resources Liaison, who is responsible for conducting background checks. The HR Liaison stated that:

- All new employees, volunteers, and contractors are required to undergo a criminal background check and fingerprint clearance through the Bureau of Prisons (BOP) prior to employment or service.
- Staff receiving promotions are subject to the same BOP clearance process as new hires.
- Criminal background checks are conducted annually for all relevant personnel.

The HR Liaison also submitted a blank VOARRC employment application and the

	Statement of Work between VOARRC and the BOP. The Auditor reviewed 12 randomly selected employee and contractor HR files. Each file contained documentation of the initial background check, subsequent background checks, and signed documentation confirming PREA knowledge and understanding. Documentation was provided demonstrating an affirmative duty to disclose prior misconduct, signed affirmations were reviewed. Based on the evidence reviewed—this Auditor finds that VOARRC is in compliance with PREA Standard 115.217.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA auditor reviewed pre-audit evidentiary documentation submitted by the Volunteers of America Residential Reentry Center (VOARRC) through the PREA Resource Center’s online audit system (OAS), as well as additional documents provided via other electronic means. The auditor also conducted on-site interviews, reviewed facility files and documents, and made direct observations to determine compliance with PREA Standard 115.218. During the on-site portion of the audit, the auditor interviewed the agency head’s designee for the VOARRC. The designee confirmed that there have been no upgrades to the facility, no substantial expansions, and no physical plant modifications since the last PREA audit. The Facility Director and the PREA Coordinator both indicated that the facility is currently in negotiations to install additional security cameras and implement upgrades to the existing monitoring technology. A service quote for these upgrades was provided to the auditor during the audit process. Based on the documentation reviewed, interviews conducted, and observations made, this PREA auditor concludes that the VOA Residential Reentry Center is in compliance with PREA Standard 115.218

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA auditor reviewed pre-audit evidentiary documentation submitted by the Volunteers of America Residential Reentry Center (VOARRC) through the PREA

	Resource Center's Online Audit System (OAS), as well as supplemental documents provided via electronic means. In addition, the auditor conducted on-site interviews, reviewed facility files and records, and made direct observations to assess the facility's compliance with PREA Standard 115.221. As evidence of compliance, VOARRC submitted Policy 7-F, titled Prison Rape Elimination Act – Investigations, Discipline, Medical, and Mental Care. According to the Pre-Audit Questionnaire (PAQ), VOARRC is responsible for conducting administrative investigations into allegations of sexual abuse and sexual harassment. Policy 7-F states that, "Internal Volunteers of America Chesapeake (VOC) investigations into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The policy further clarifies that VOC does not have the authority to conduct criminal investigations. The Statement of Work specifies that "all PREA incidents should be referred to the appropriate law enforcement agency." Additionally, the policy affirms that "resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment," and that "treatment services shall be provided to the victim without financial cost." Interviews conducted with the facility's Director and PREA Coordinator confirmed that they would initiate the initial response and conduct a preliminary investigation into allegations of sexual abuse or misconduct. However, a separate interview with the Federal Bureau of Prisons (FBOP) contract monitor clarified that FBOP would assume responsibility for conducting the administrative investigation in such cases. A review of training documentation revealed that neither the Director nor the PREA Coordinator has received training specific to conducting sexual abuse investigations in confinement settings, which is a critical requirement under the standard. While on-site, the auditor interviewed the PREA Coordinator, who explained that VOARRC residents would be transported to Mercy Medical Center to receive forensic medical exams. All forensic examinations are performed by Forensic Nurse Examiners. Although there is currently no formal Memorandum of Understanding (MOU) in place, this process mirrors the practice followed for members of the general community. An interview with staff from Mercy Medical Center's forensic examination department confirmed that the facility is responsible for conducting forensic exams for both community members and VOARRC residents. Staff explained that Mercy Medical Center provides in-house victim advocacy services for immediate, short-term needs. These advocacy services are then transitioned to TurnAround, a community-based organization, for long-term follow-up. It was also noted that victim advocates are not permitted to be present during the forensic examination due to evidence chain-of-custody requirements. Based on the documentation reviewed, interviews conducted, and observations made, the PREA auditor concludes that the VOA Residential Reentry Center is in compliance with PREA Standard 115.222
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115.222	Policies to ensure referrals of allegations for investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA auditor reviewed Volunteers of America Residential Reentry Centers pre audit evidentiary documents uploaded via PREA Resource Center's online audit system (OAS) as well as documents submitted through other electronic sources. This PREA auditor also relied upon documentation from onsite interviews as well as on site documents files reviewed and observations to determine compliance for standard 115.222. Volunteers of America Residential Reentry Center indicated the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Volunteers of America Residential Reentry Center submitted policies 7-F Prison Rape Elimination Act; Investigations, Discipline, Medical and Mental Care as evidence of compliance with standard 115.222. Excerpt from policy reads "internal VOAC investigations into allegations of sexual abuse and sexual harassment shall be done promptly thoroughly and objectively for all allegations including third party and anonymous reports. VOAC does not have the authority to conduct criminal investigations." Policy also stated that VOA shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The VOA PREA coordinator will ensure the allegations of sexual abuse or sexual harassment are referred for investigation to the legal authority to conduct criminal investigations the local Police Department or the Federal Bureau of Prisons unless the allegation does not involve potentially criminal behavior all such referrals will be documented in an incident report. The pre audit questionnaire indicated that there were no PREA allegations received during this reporting. Interview with the agency head indicated that a received complaint will be forwarded to the Federal Bureau of Prisons for investigation, complaints criminal in nature will be forwarded to the local jurisdiction responsible for investigating criminal sexual assault, initial fact finding would be conducted by the PREA coordinator. The agency has a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to the agency with legal authority to conduct criminal investigations. The agency published the policy on its website. Based on a thorough review of the documentation, interviews, and on-site observations, the PREA Auditor concludes that Volunteers of America Residential Reentry is in compliance with standard 115.222.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA auditor reviewed pre-audit evidentiary documentation submitted by the Volunteers of America Residential Reentry Center (VOA RRC) through the PREA Resource Center's Online Audit System (OAS), as well as supplemental materials provided electronically. To assess compliance with Standard 115.231, the auditor also relied on staff interviews conducted during the on-site audit, review of facility policies and training/personnel files, and direct observation during the facility tour.

VOA RRC submitted Policy 7-C, PREA "Staff and Volunteer Training and Education," and orientation training materials as evidence of compliance. The policy requires that all staff receive PREA training that includes, at a minimum, the agency's zero-tolerance policy for sexual abuse and sexual harassment and instruction on how to prevent, detect, report, and respond to sexual abuse and sexual harassment in a confinement setting. Training topics include:

- Residents' right to be free from sexual abuse and sexual harassment.
- Staff responsibilities under agency policy for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment.
- Methods residents can use to report sexual abuse and sexual harassment.
- Protection from retaliation for residents and staff who report sexual abuse or sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement and common reactions of victims.
- Crisis intervention and first responder duties.
- Crime scene and evidence preservation.
- How to avoid inappropriate relationships with residents.
- Effective communication with residents, including residents who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI), or gender nonconforming.
- Cultural competence in working with diverse populations.
- Relevant laws related to mandatory reporting.

First responder responsibilities addressed in training include separating the alleged victim and alleged abuser, preserving and protecting the crime scene, and instructing the victim not to take actions that could destroy physical evidence (e.g., bathing, changing clothes, brushing teeth, eating, or drinking).

Staff are also provided a reference brochure that defines prohibited sexual conduct and sexual misconduct (including misconduct involving residents, staff, volunteers, and visitors) and outlines the actions to take when sexual abuse or sexual harassment is suspected, observed, or reported.

Policy 7-C states that training is tailored to the gender of the resident population. In

	addition to new employee orientation, the policy requires annual PREA refresher training that reviews core content and incorporates any updated information. The facility maintains documentation of training completion and staff comprehension in Human Resources. VOA RRC also provided the Federal Bureau of Prisons Statement of Work (SOW), which requires documentation of staff participation and understanding, including training records that reflect completion dates. The SOW further requires annual refresher training addressing the prevention, identification, reporting, and response to sexual abuse and sexual harassment and other PREA-related requirements. To demonstrate implementation, VOA RRC submitted a training roster documenting staff participation in the following online courses: 1. PREA Standards in Focus 2. Sexual Violence and Detention: The Incarcerated Environment and Trauma 3. Providing Victim Services for the Incarcerated Review of training files confirmed staff received PREA training upon hire and completed documentation indicating knowledge and understanding of the material presented. During the on-site audit, the PREA Coordinator confirmed that PREA training is currently delivered online and that staff also receive in-person training as needed to cover required topics and updates. The auditor reviewed updated training materials and confirmed they address the required training elements of Standard 115.231. VOA RRC provided signed documentation demonstrating staff acknowledgment and understanding of the training received. Staff interviewed and the PREA Coordinator confirmed that PREA training is provided at least annually. Based on the review of documentation, interviews, and on-site observations, the auditor finds VOA RRC to be compliant with PREA Standard 115.231.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA auditor reviewed pre-audit documentation submitted by the Volunteers of America Residential Reentry Center (VOA RRC) through the PREA Resource Center's Online Audit System (OAS), along with additional materials provided electronically. To assess compliance with Standard 115.232, the auditor also considered on-site staff and contractor interviews, a review of relevant facility policies and contractor training documentation, and direct observations conducted during the facility tour.

VOA RRC provided Policy 7-C, Staff/Volunteer Training and Education, as evidence of compliance with this standard. The policy includes requirements applicable to volunteers, interns, and contractors and states, in part:

"Volunteers, interns, and contractors shall be advised that any form of sexual conduct with a resident—whether consensual or not—is strictly prohibited. Any volunteer, intern, or contractor found to have engaged in such conduct shall be removed from the facility, barred from returning, and may be subject to criminal prosecution.

Training in the detection and response to sexual behavior shall be included in the orientation process. All volunteers, interns, and contractors who have regular contact with residents shall receive the same PREA-related informational brochure and training materials provided to staff.

All PREA-related training for volunteers, interns, and contractors shall be documented, including verification that the individual understood the training. Documentation shall be maintained by the VOA Volunteer Coordinator and/or Human Resources Department."

A review of a contractor training file confirmed the contractor received initial PREA training and signed an acknowledgement verifying participation and understanding. The acknowledgement also identified a management point of contact for questions or clarification.

During the on-site audit, the auditor interviewed the staff member responsible for coordinating contractor training. The staff member reported that contractors receive basic PREA information during onboarding, view a training video, and complete a knowledge test. An interview with a contractor from the facility's food service vendor confirmed the contractor received PREA training upon hire. The auditor did not observe any volunteers or interns present during the on-site audit; informal staff interviews indicated volunteers are not currently active at VOA RRC.

The facility also provided documentation of refresher PREA education covering the required topics; contract staff attended and signed documentation acknowledging the training was received and understood.

Based on the policy provisions, documentation reviewed, interviews conducted, and observations made, the auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.232.

115.233	Resident education
	Auditor Overall Determination: Meets Standard Auditor Discussion This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), as well as supplemental materials provided electronically. Information obtained through on-site interviews, document and file reviews, and direct observations was used to assess the facility's compliance with PREA Standard 115.233. To demonstrate compliance with Standard 115.233, VOA RRC provided the following documentation: · Policy 3-A1: Intake Procedures · Policy 3-F: Resident Rights · Policy 7-C: PREA Training and Education · Resident Handbook · PREA trifold brochure (English and Spanish) Policy 3-A1 states that residents are provided a Resident Handbook and must attend new arrival orientation. The policy further indicates that PREA guidelines are reviewed and provided during this process. Policy 3-F indicates VOA RRC provides resident education addressing sexual abuse and sexual harassment. The Resident Handbook includes the following information related to PREA: "The VOA RRC has a zero-tolerance policy for sexual assault and harassment. This zero-tolerance policy applies to all RRC staff and residents. All persons have the right to be free from sexual assault, harassment, and any form of retaliation for reporting a violation. Any resident, staff, or third party should report incidents of sexual assault or harassment, or retaliation, to individuals listed on the PREA poster displayed on facility bulletin boards. The policies of the VOA RRC follow PREA guidelines. Hotline number: 800-862-8482." The PREA trifold brochure provides information on the Prison Rape Elimination Act; the agency's zero-tolerance policy; how and where to report, including external reporting options; resident rights; and available victim support resources. The brochure is available in English and Spanish. The auditor interviewed the Intake Coordinator, who reported she conducts resident PREA orientation within 72 hours of arrival. She explained residents are initially processed by security staff and then by intake staff; residents arriving after 4:00

p.m. are typically processed the following day.

In addition to orientation, the Intake Coordinator described the facility's initial screening process conducted at intake. She reported it includes a suicide assessment, review of the PSI-R, and questions related to the resident's mental status and history. The facility uses a "Risk of Victimization and Abusiveness" screening tool, which considers the following factors:

- Mental, physical, or developmental disabilities
- Physical build
- Criminal history, including nonviolent offenses
- History of sexual abuse or violent convictions
- Sexual orientation and gender identity (LGBTQI)
- Self-perception of vulnerability
- History of institutional violence or sexual abuse

Twenty residents were interviewed. Thirteen residents reported receiving PREA-related information during intake; seven residents reported they did not recall receiving this information.

Residents were asked whether they received the following PREA information:

- Zero-tolerance policy for sexual abuse and harassment: 14 yes; 4 no; 2 unsure.
- How to report incidents: 12 yes; 5 no; 3 unsure.
- Right to be free from sexual abuse/harassment and retaliation for reporting: 12 yes; 5 no; 3 unsure.

Residents reported receiving PREA information at the following times:

- 5 immediately upon arrival
- 7 the following day
- 5 during new resident orientation (Fridays)
- 1 after three days
- 1 unsure
- 1 reported receiving no information

All residents reported they were referred to PREA postings and the Resident Handbook. The auditor observed PREA posters and signage throughout the facility in English and Spanish. The signage was prominently displayed on bulletin boards,

	clearly visible, and printed in color schemes that distinguished it from other postings. The posters included information regarding the zero-tolerance policy, reporting options, and access to outside victim support services. Audit notifications were also posted in English and Spanish in accessible areas, including locations accessible to residents who use wheelchairs. During observation of the intake process, a new resident completed intake documents and the “Risk of Victimization and Abusiveness” assessment and received the Resident Handbook and PREA hotline information. Staff verbally reviewed PREA information with the resident and obtained an acknowledgement of receipt. The information provided included the agency’s zero-tolerance policy; how to report incidents of sexual abuse and sexual harassment; resident rights to be free from sexual abuse, sexual harassment, and retaliation; and available outside victim support services. Information is available for residents with limited English proficiency (LEP) and for residents who are deaf or hard of hearing, visually impaired, otherwise disabled, or who have limited reading skills. Based on the review of documentation, interviews, and on-site observations, this PREA Auditor finds Volunteers of America Residential Reentry Center (VOA RRC) to be compliant with PREA Standard 115.233.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA auditor reviewed pre-audit evidentiary documentation submitted by the Volunteers of America Residential Reentry Center (VOA RRC) via the PREA Resource Center’s Online Audit System (OAS), as well as additional documents submitted through other electronic means. The auditor also relied on information gathered from on-site interviews, document and file reviews, and direct observations to assess compliance with PREA Standard 115.234. Although the Pre-Audit Questionnaire indicated that VOA RRC does not conduct administrative or criminal investigations into allegations of sexual abuse or sexual harassment, the facility submitted Policy 7-F, Prison Rape Elimination Act: Investigations, Discipline, Medical and Mental Care, as supporting documentation for compliance. An excerpt from Policy 7-F states: Internal VOAC investigations into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. VOAC does not have the authority to conduct criminal investigations. However, staff shall, whenever possible and allowable under community confinement contracts, gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior

	complaints and reports of sexual abuse involving the suspected perpetrator. Additionally, the Statement of Work between the Federal Bureau of Prisons (FBOP) and VOA RRC outlines that the contractor (VOA RRC) shall not initiate any investigation into allegations of misconduct without prior approval from the Contracting Officer's Representative (COR). In the event of criminal misconduct, appropriate law enforcement agencies must be notified immediately, followed by prompt notification to the FBOP. While on site, the auditor interviewed the FBOP Contract Administrator, who confirmed that FBOP is responsible for conducting administrative investigations. In cases involving potential criminal behavior, the allegations would be referred to the local police department. Interviews with the facility's Director and Deputy Director corroborated this process, confirming that FBOP conducts administrative investigations, while local law enforcement handles criminal investigations. The PREA Coordinator/Assistant Director is responsible for initial fact-finding and has recently completed training titled Conducting Sexual Abuse Investigations in Confinement Settings via the National Institute of Corrections (NIC). This training covered interviewing sexual abuse victims, appropriate use of Miranda and Garrity warnings, evidence collection in confinement settings, and the standards required to substantiate administrative or criminal cases. During the audit period, VOA RRC did not receive any allegations of sexual abuse or sexual misconduct. This information was verified through interviews and review of facility documentation. Based on all documentation reviewed, interviews conducted, and on-site observations, the PREA auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.234.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA auditor reviewed pre-audit evidentiary documentation submitted by the Volunteers of America Residential Reentry Center (VOARRC) through the PREA Resource Center's Online Audit System (OAS), as well as additional materials provided via other electronic sources. In addition, this auditor considered information gathered during on-site interviews, a review of facility documentation and files, and direct observations while on-site to assess compliance with Standard 115.235. While on site, the auditor conducted interviews with the facility's Director and Assistant Director. Both confirmed that the VOA RRC does not employ any full-time or part-time medical or mental health care practitioners. Instead, residents receive medical and mental health services through community-based providers and local hospitals. In the event of an incident involving sexual abuse, residents are transported to Mercy Medical Center for immediate treatment. Initial victim services are provided

	by victim advocates affiliated with Mercy Medical Center. For ongoing support and long-term care, residents are referred to Turnaround, a community-based victim services organization. Facility case management staff assist residents in scheduling appointments for any required follow-up care. Based on the documentation reviewed, interviews conducted, and observations made, this PREA auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.235.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard Auditor Discussion This PREA Auditor reviewed all pre-audit evidentiary documentation submitted by the Volunteers of America Chesapeake & Carolinas (VOAC) Residential Reentry Center through the PREA Resource Center’s Online Audit System (OAS), as well as additional materials submitted through other electronic means. To determine compliance with Standard 115.241, the auditor also reviewed onsite documentation, resident files, staff and resident interviews, conducted direct observations and follow up documentation. As evidence of compliance, the facility submitted Policy 7-D, Prison Rape Elimination Act – Risk Screening. The policy states: “Within 72 hours of a resident’s admission to a VOAC intake unit, staff shall assess a resident through interviews and reviews of the resident’s record to determine whether the resident may be a potential sexual aggressor or a potential sexual abuse victim.” “Within 30 days of the resident’s arrival at the parent facility, staff shall reassess the resident’s risk of victimization or abusiveness based on any additional information received by the facility since the intake assessment. A resident’s risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident’s risk of sexual victimization or abuse.” “A resident’s refusal to provide information related to disability, sexual orientation, previous sexual victimization, transgender/intersex status, or perceived vulnerability will not result in discipline.” This auditor reviewed seven resident files. Each file included a completed initial risk screening tool and a documented follow-up reassessment. During interviews with intake staff responsible for conducting risk screenings, staff reported that residents are screened privately upon admission, typically the same day or the next business day after arrival. Staff confirmed all residents receive the screening and described the process as including a suicide risk check, mental health

	questions, review of the Presentence Investigation Report (PSIR), and review of prior institutional documentation to assess risk of victimization or abusiveness. Staff further stated that screening information is forwarded to case management for follow-up and placement decisions consistent with identified risks and program needs. This auditor conducted interviews with 20 residents. Residents reported the following regarding the screening process: Residents reported being asked screening questions related to prior sexual abuse, sexual orientation (e.g., whether they identify as gay, bisexual, etc.), and whether they felt at risk of sexual abuse while housed at the facility. The VOA RRC has implemented updated documentation in accordance with PREA Standard 115.241. Initial screening is conducted and reviewed by facility leadership. Residents determined to be at risk are housed and/or supervised as appropriate based on screening outcomes. Staff received training on the updated policy and procedure, and 30-day reassessments are completed and reviewed by facility leadership. Based on the review of policies, resident files, interviews, and observations, the PREA Auditor concludes that the Volunteers of America Chesapeake & Carolinas Residential Reentry Center is in compliance with PREA Standard 115.241.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed all pre-audit evidentiary documentation submitted by the Volunteers of America Chesapeake & Carolinas (VOAC) Residential Reentry Center through the PREA Resource Center’s Online Audit System (OAS), as well as additional materials submitted via other electronic sources. To determine compliance with PREA Standard 115.242, the auditor also relied on documentation gathered through onsite interviews, file reviews, facility policies, direct observations, and follow-up documentation. As evidence relevant to this standard, the facility provided Policy 1-C: Housing Area Requirements and Policy 7-D: Prison Rape Elimination Act – Risk Screening. In its Pre-Audit Questionnaire (PAQ), the facility responded “No” when asked whether it uses information from the risk screening required by Standard 115.241 to inform housing, bed, work, education, and program assignments in order to separate residents at high risk of sexual victimization from those at high risk of being sexually abusive. Policy 1-C primarily addresses gender-specific housing and states that the facility currently operates as a male-only community confinement facility.

	Policy 7-D provides that, based upon the assessment and identification of residents as “aggressor likely” and “victim likely,” the resident will be placed in an appropriate area; the policy also prohibits placement of lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents in dedicated units solely on the basis of such identification or status. The policy further states that if staff determine a resident is a potential aggressor or victim, the resident’s record will be appropriately flagged; screening results will remain confidential; and each resident identified as “aggressor likely” or “victim likely” will be reviewed by the Facility Director to inform programmatic, bed, and work-detail assignments. During interviews, the PREA Coordinator reported that security staff responsible for bed assignments do not have routine access to residents’ risk-screening information. Staff responsible for conducting the screenings stated they provide completed assessments to case management for filing but do not consistently share relevant screening information with security or other staff responsible for making housing or work assignments. In follow-up, the facility reported and provided documentation utilizing screening information to make housing assignments. Residents assessed as “aggressor likely” are not housed with residents assessed as “victim likely,” and a resident’s self-reported sense of vulnerability is considered based on the updated screening tool. Additionally, the auditor interviewed one bisexual resident, who reported they were not placed in any specific housing area designated for LGBTI individuals. Based on the documentation reviewed and information obtained through interviews and observations, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is compliant with PREA Standard 115.242.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the Volunteers of America Residential Reentry Center’s (VOA RRC) pre-audit documentation submitted through the PREA Resource Center’s Online Audit System (OAS), along with additional materials submitted electronically. Compliance with PREA Standard 115.251 was further assessed through on-site interviews, file reviews, direct observations, and testing of the facility’s reporting mechanisms and follow-up documentation. VOA RRC provided the Resident Handbook and Policy 7-D: Prison Rape Elimination Act Risk Screening. The Resident Handbook includes the facility’s zero-tolerance statement and identifies multiple avenues for reporting, including the VOA Ethics and Compliance Hotline (1-800-862-8482). Policy 7-D outlines reporting options for residents, staff, volunteers, and contractors, including reporting to an external

	entity through the hotline and the availability of anonymous reporting. The policy also requires staff to accept reports made verbally, in writing, anonymously, and through third parties, and to immediately forward reports to the facility director. This auditor interviewed 12 randomly selected staff members. All staff affirmed that residents may report verbally, in writing, anonymously, or through third parties, and all staff stated that verbal reports must be documented immediately. Subsequent staff PREA refresher training was conducted and documented, to include required reporting methods. This auditor interviewed 20 residents. When asked how they would report sexual abuse or sexual harassment, 7 stated they would tell staff verbally, 3 indicated they would use the hotline, 6 gave no response, and 4 stated they would not report. When asked if they could report to someone outside the facility, 17 named family members, 1 named the BOP, and 1 named their attorney. When asked about the ability to make anonymous reports, 11 residents said yes, 1 said no, and 9 declined to answer. When asked whether reports could be made verbally, in writing, anonymously, or via third party, 16 said yes, 3 were unsure, 1 was unsure specifically about reporting on behalf of another, and 1 declined to answer. While on site, the auditor observed PREA signage posted throughout the facility in both English and Spanish listing multiple reporting methods, including the anonymous hotline. The signage was visible, accessible, and the information was accurate. The auditor tested multiple reporting mechanisms and confirmed they were functioning as intended: (1) an anonymous report was submitted via the hotline and confirmation was received; (2) an electronic report was submitted and an immediate response from the facility was received; and (3) a written report was submitted via the grievance box and a response was received. Grievance forms were readily available. Residents have access to personal devices, email, and telephone numbers for leadership staff, supporting electronic communication. The auditor also confirmed the facility's contract with Language Solutions to support language access for reporting. Residents may send U.S. Mail by handing it to staff or taking it out themselves; incoming mail is logged electronically and delivered unopened. Based on documentation review, staff and resident interviews, direct observations, and testing of reporting methods (including anonymous and external reporting options), the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is compliant with PREA Standard 115.251.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's

(VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), as well as supplemental materials provided via other electronic means. To assess compliance with PREA Standard 115.252, the auditor also relied on information gathered through on-site interviews, review of facility policies and resident files, and direct observation.

As evidence of compliance with this standard, VOA RRC submitted Policy 7-D, Risk Screening, which outlines the facility's administrative grievance process related to allegations of sexual abuse. Key provisions of this policy include:

- **No Time Limit for Grievance Submission:** Residents may file a grievance regarding an allegation of sexual abuse at any time. Grievances that do not involve sexual abuse will follow standard VOC timelines.

- **No Requirement for Informal Resolution:** Residents are not required to utilize an informal grievance process or attempt to resolve the issue with staff prior to submitting a formal grievance regarding sexual abuse.

- **Independence in Submission and Review:**

- o Residents may submit a grievance without submitting it to the staff member who is the subject of the complaint.

- o Such grievances are not referred to the subject of the complaint for resolution.

- **Timely Responses:**

- o A final agency decision must be issued within 90 days of the initial grievance filing.

- o Time spent by the resident preparing administrative appeals does not count toward the 90-day deadline.

- o The agency may extend this period by up to 70 days when additional time is needed. Written notification, including the new decision date, must be provided to the resident.

- o If a response is not received within the specified timeframe (including any properly noticed extension), the resident may treat the absence of a response as a denial.

- **Third-Party Grievances:**

- o Third parties—including fellow residents, staff, family members, attorneys, or outside advocates—may assist with and file grievances on behalf of residents.

- o The facility may require confirmation from the alleged victim before proceeding with a third-party grievance and may require the resident to personally continue with subsequent steps.

- o If the resident declines to proceed, the agency is required to document the resident's decision.

- **Emergency Grievances:**

- o Emergency grievances are those alleging a substantial risk of imminent sexual abuse.

- o Upon receipt, the grievance must be immediately forwarded to the Facility Director or PREA Coordinator.

- o An initial response must be provided within 48 hours, and a final agency decision issued within 5 calendar days.

- o Documentation must include the agency's determination of risk and any corrective action taken.

- o Residents may be disciplined for filing a grievance related to sexual abuse only if it is determined to have been submitted in bad faith.

	During the on-site visit, the auditor interviewed 20 residents. When asked if they could submit a written grievance related to sexual abuse, 19 residents affirmed that they could, with several noting the availability of electronic grievance submission. One resident declined to respond. The auditor observed clear signage throughout the facility indicating residents' right to file grievances, including an email address for submitting grievances electronically. The grievance box was located in an accessible area on the main level, and grievance forms were readily available. To test the process, the auditor completed a grievance form and submitted it to the grievance box. A response was received from the facility, demonstrating timely follow-up. The auditor also submitted an electronic grievance and received immediate feedback, confirming the accessibility and responsiveness of the process. Review of facility records indicated that no grievances related to sexual abuse—either written or electronic—were submitted during the current audit reporting period. Based on the review of policy documentation, resident interviews, direct observations, and successful testing of the grievance process, this PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.252.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), as well as additional materials provided through other electronic sources. The auditor also relied upon information obtained during on-site interviews, review of facility documents and resident files, and direct observations to assess compliance with Standard 115.253. VOA RRC submitted Policy 7-D and English and Spanish PREA brochures as evidence of compliance. Additionally contact cards containing information for external victim advocacy/emotional support services, including mailing addresses and telephone numbers were provided. The facility reported, and documentation reflected, the victim services information is provided during intake, reviewed verbally with residents, and documented by resident signature. During the on-site audit, the auditor interviewed the Director and Assistant Director. Both stated that medical and mental health services for VOA RRC residents are provided through community-based providers and local hospitals. Facility leadership reported that, in the event of sexual abuse, a resident would be transported to Mercy Medical Center for medical treatment and a forensic medical examination, as

	indicated. Mercy Medical Center reported that they facilitate victim advocacy services during acute response, and that residents may be referred to TurnAround, Inc. for ongoing community-based emotional support and victim advocacy services. The auditor interviewed 20 residents. Residents reported general awareness of PREA expectations and indicated PREA information is addressed during intake/orientation. Residents reported they may contact outside support services by telephone and/or email. Residents are informed that these communications are not monitored by the facility. Standard 115.253 requires the facility to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, provide residents with contact information for such services (including mailing addresses and telephone numbers), and inform residents of (1) the extent to which communications will be monitored and (2) the mandatory reporting rules governing disclosures. Based on documentation provided (Policy 7-D, English and Spanish PREA literature, and intake acknowledgment documentation) and information obtained during interviews, the auditor determined VOA RRC provides residents with access to outside victim advocacy/emotional support services, provides required contact information, and advises residents of applicable monitoring and mandatory reporting limitations. Accordingly, the auditor finds VOA RRC is in compliance with PREA Standard 115.253.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted via the PREA Resource Center's Online Audit System (OAS), along with additional materials provided through other electronic sources. The auditor also relied on information gathered during on-site interviews, facility document reviews, resident file examinations, and direct observations to assess compliance with PREA Standard 115.254. As evidence of compliance, VOA RRC submitted Policy 7-D, Prison Rape Elimination Act Risk Screening. An excerpt from this policy references the organization's Ethics and Compliance Hotline, available at 1-800-862-8482. The policy states that the hotline can receive and immediately forward resident reports of sexual abuse and sexual harassment to appropriate agency officials, allowing the resident to remain anonymous upon request. The policy also affirms that all VOA staff are required to accept reports of sexual abuse and harassment made verbally, in writing, anonymously, and from third parties, and to immediately forward such reports to the Facility Director. Third-Party Reporting The policy further states that third parties—including fellow residents, staff members, family members, attorneys, and outside advocates—are permitted to

	assist residents in filing administrative remedy requests related to allegations of sexual abuse. These third parties may also file such requests on behalf of a resident. The facility may, as a condition for processing the request, require confirmation that the alleged victim has agreed to have the report filed on their behalf and may also require the victim to personally pursue subsequent steps in the administrative remedy process. Third-party reports of sexual abuse or harassment can also be submitted directly to the PREA Coordinator. Contact information for the PREA Coordinator is publicly posted on the organization's website, thevoc.org. While on site, the auditor interviewed 20 residents to assess their understanding of third-party reporting options. Sixteen residents confirmed that reports could be made on their behalf by friends, family members, attorneys, or other third parties. Three residents were unsure, and one resident declined to respond. The auditor observed posters throughout the facility that were clearly visible, easy to read, and provided information on how to report sexual abuse or harassment through third-party channels. These postings were located in areas accessible to family members, friends, and attorneys. The auditor reviewed the Volunteers of America Chesapeake and Carolinas website, which includes a public statement reaffirming its commitment to PREA compliance: "Volunteers of America Chesapeake and Carolinas is dedicated to providing evidence-based residential reentry services to clients through a safe and secure environment and meeting the requirements of the Prison Rape Elimination Act of 2003 at all of our program sites. Volunteers of America Chesapeake and Carolinas is committed to a zero-tolerance policy regarding any sexual abuse, assault, or harassment by a client, employee, volunteer, independent contractor, visitor, vendor, or intern." The website further states that reports of sexual abuse or harassment may be submitted by residents, their family members, friends, or any third party. Reports can be made by calling (410) 276-5880. The auditor tested this number and successfully reached the facility's PREA Coordinator, who was prepared to receive a report of sexual abuse or misconduct. The auditor also tested the number listed on facility posters and confirmed that it connected to an outside reporting entity that effectively relayed the report to the facility. A review of facility documentation indicated that no third-party reports were received during the current audit reporting period. Based on policy review, interviews, observations, and verification of third-party reporting mechanisms, this PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.254.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), along with supplemental materials provided through other electronic means. To assess compliance with PREA Standard 115.261, the auditor also conducted on-site interviews, reviewed facility policies and resident files, and performed direct observations.

As evidence of compliance with this standard, the facility submitted Policy 7E - PREA "Official Response". This policy outlines the agency's and staff's reporting responsibilities. An excerpt from the policy reads:

"All staff will report immediately to the Facility Director 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. This includes retaliation against residents or staff who reported such an 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 shall not reveal 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. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

"If the alleged victim is considered a vulnerable adult under state or local vulnerable person statute, the agency shall report the allegation to the Federal Bureau of prisons FBOP and appropriate law enforcement agency under applicable mandatory reporting laws.

"The facility director shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the PREA coordinator. During the on-site audit, the auditor conducted interviews with a random selection of staff, including security personnel, case managers, administrative staff, and contractors. When asked whether the agency requires all staff to report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, retaliation, or staff neglect or misconduct, eight staff members confirmed that they are required to report such information immediately. Several emphasized that even hearsay or gossip must be reported.

The auditor also interviewed the Facility Director and the PREA Coordinator. When asked how the facility responds to allegations involving individuals under the age of 18 or vulnerable adults under state or local law, both indicated that the facility follows the same protocol for all allegations and makes the appropriate notifications in accordance with policy. When the Director was specifically asked whether all allegations of sexual abuse or harassment—including those made anonymously or by third parties—are reported directly to facility investigators, she confirmed that they are, without exception.

The facility does not have on-site medical or mental health staff and instead relies on community-based providers for those services.

There have been no allegations of sexual abuse or sexual harassment during this audit period. This information was verified through file reviews and corroborated by staff and resident interviews.

	Based on documentation, interviews, and on-site observations, the auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.261.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), along with supplemental materials provided through other electronic sources. To assess compliance with PREA Standard 115.262, the auditor also relied on information obtained through on-site staff interviews, facility policy reviews, resident file examinations, and direct observation. As evidence of compliance with this standard, VOA RRC submitted Policy 7-E, PREA Official Response Following a Report. An excerpt from this policy outlines the agency's duty to protect residents from imminent harm: Agency Protection Duties "When any staff member learns that a resident is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the resident." While on site, the auditor interviewed 12 randomly selected staff members. When asked, "If you learned that a resident may be at imminent risk of sexual abuse, what steps would you take to protect them?" all 12 staff members responded consistently. Each stated that they would immediately remove the resident from the potential threat and notify the appropriate supervisory or administrative personnel without delay. The facility Director confirmed this approach, stating she would ensure the resident is placed in a safe location, followed by a discussion with security staff, the PREA Coordinator, and the Federal Bureau of Prisons (FBOP) liaison to determine the most appropriate next steps. This may include assessing whether placement on home confinement is suitable, depending on the nature of the threat and the needs of the resident. The Vice President also affirmed that the resident would be relocated to a safe space under direct staff supervision. Immediate notification would then be made to the FBOP liaison to coordinate an appropriate protective response. Based on the review of agency policy, consistent staff interviews, and clear administrative procedures for responding to imminent risk, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.262.

115.263	Reporting to other confinement facilities
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), along with supplemental materials provided via other electronic sources. To assess compliance with PREA Standard 115.263, the auditor also relied on information obtained through on-site staff interviews, review of facility policies, examination of resident files, and direct observation. As evidence of compliance with this standard, VOA RRC submitted Policy 7-E – PREA Official Response Following a Report. The policy includes the following provision: Reporting to Other Confinement Facilities: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director who receives the allegation shall notify the Director (or equivalent authority) of the facility where the alleged abuse occurred. Such notification shall be made as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Director must document that the notification has been made. The receiving facility is then responsible for ensuring the allegation is investigated in accordance with PREA standards. VOA RRC also maintains a template form for facility-to-facility notification to support consistent documentation and compliance. During on-site interviews, the PREA Auditor spoke with the PREA Coordinator and Facility Director. Both confirmed that if a resident reports having been sexually abused at a prior facility, VOA RRC provides written notification—typically via email—to the director or warden of the originating facility, as well as to the Federal Bureau of Prisons (FBOP). The auditor verified that there have been no such reports made by VOA RRC residents in the past 12 months. This was corroborated through a review of relevant documentation and interviews with staff and residents. An interview with the Vice President of the organization confirmed that any facility-to-facility notification is submitted to the appropriate director and the FBOP liaison. The Facility Director further noted that if VOA RRC were to receive an allegation from another facility, the matter would be investigated, and appropriate notifications would be made to the FBOP liaison and local law enforcement, as required. Based on policy review, staff interviews, documentation, and verification of current practices, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.263.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), along with supplemental materials provided electronically. To assess compliance with PREA Standard 115.264, the auditor also conducted on-site staff interviews, reviewed relevant policies and resident files, and completed direct observations. As evidence of compliance with this standard, VOA RRC provided Policy 7-E, PREA Official Response Following a Report, which addresses staff first-responder actions following an allegation of sexual abuse. The policy requires that the first security staff member to respond shall: (1) separate the alleged victim and alleged abuser; (2) preserve and protect any potential crime scene until evidence can be collected; (3) when the allegation is within a timeframe that still allows for evidence collection, request that the alleged victim refrain from actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating); and (4) ensure the alleged abuser does not take actions that could destroy physical evidence. The policy further requires that if the first responder is not a security staff member, the staff member shall request that the alleged victim refrain from actions that could destroy physical evidence and shall immediately notify security staff. During the on-site visit, the auditor interviewed 20 randomly selected residents; none reported making an allegation of sexual abuse while housed at VOA RRC. The auditor also interviewed 12 randomly selected staff members, who were able to describe first-responder responsibilities consistent with agency policy and training. The facility also documented follow-up PREA refresher training that included mandatory topics, including first-responder duties. Based on the review of policy, staff interviews, documentation, and on-site observations, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.264.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted through the PREA Resource Center's Online Audit System (OAS), along with supplemental materials provided through other electronic sources. To assess compliance with PREA Standard 115.265, the auditor also relied on information obtained through on-site staff interviews, facility policy reviews, resident file examinations, and direct observation. As evidence of compliance with this standard, VOA RRC submitted Policies 7-E, PREA Official Response Following a Report, and 7-F, PREA Investigations, Discipline, Medical and Mental Care.

	Coordinated Response According to the submitted documentation, the PREA Coordinator is tasked with developing a written institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The policies reference the use of a "Sexual Assault Checklist" to help guide staff response during such incidents. Investigations Policy 7-F outlines the agency's internal procedures for investigating allegations of sexual abuse and sexual harassment. It states that internal VOA investigations shall be conducted promptly, thoroughly, and objectively, regardless of whether the report is made by a third party or anonymously. The policy also clarifies that VOA does not have the authority to conduct criminal investigations; such cases are referred to the appropriate law enforcement agency. Policy also affirms that resident victims of sexual abuse are to receive timely and unimpeded access to emergency medical treatment and crisis intervention services. These services are provided through community resources, including the local hospital emergency room and rape crisis center, with the nature and scope of care determined by qualified medical and mental health practitioners. In an interview, the Facility Director confirmed that, in accordance with policy, a resident victim of sexual abuse would be transported to Mercy Hospital for a forensic examination and initial victim services. Notifications would be made to the local Police Department and the Federal Bureau of Prisons (FBOP) liaison, who would serve as the appropriate investigative authorities. The facility has a dedicated, written Coordinated Response Plan that staff have been trained on as required under PREA Standard 115.265. Based on documentation review, staff and resident interviews, testing of multiple reporting methods, and direct observations, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.265.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit evidentiary documents submitted through the PREA Resource Center's Online Audit System (OAS), as well as additional materials provided through other electronic sources. The auditor also relied on information obtained through on-site interviews, review of facility files and documents, and direct observation to determine compliance with PREA Standard 115.266. No specific pre-audit documentation was submitted for this standard. However, during the on-site audit, the PREA Coordinator stated that VOA RRC has not entered

	into or renewed any collective bargaining agreements or similar agreements. Additionally, the auditor interviewed the agency's Vice President, who confirmed that VOA RRC is not a unionized agency, and therefore, no collective bargaining agreements exist that would limit the agency's ability to remove alleged abusers from contact with residents. Based on interviews and the absence of any collective bargaining agreements or limitations, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.266.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed the Volunteers of America Residential Reentry Center's (VOA RRC) pre-audit documentation submitted via the PREA Resource Center's Online Audit System (OAS), along with additional evidentiary materials provided through other electronic means. To assess compliance with Standard 115.267, the auditor also relied on information gathered through on-site interviews, review of facility files and documents, and direct observations during the audit. As evidence of compliance with this standard, the facility submitted Policy 7-E, titled PREA Official Response Following Report, which outlines the agency's approach to protecting individuals from retaliation. The policy includes the following provisions: Agency Protection Against Retaliation: In an effort to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with related investigations, from retaliation by other residents or staff, the Facility Director will: • 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 social support services for individuals who fear retaliation. • Monitor the conduct and treatment of residents or staff who reported sexual abuse, as well as those residents who were reported to have experienced abuse, for at least 90 days following a report. This includes review of disciplinary reports, housing or program changes, and staff performance reviews or reassignments, to identify any signs of retaliation. • Extend monitoring beyond 90 days if necessary, based on evidence of continued risk. • Implement periodic status checks on affected residents. • Provide the same level of protection for individuals who cooperate with an investigation and express a fear of retaliation. • Terminate monitoring only if it is determined that the allegation was unfounded. Review of facility documentation indicates that there have been no allegations of sexual abuse or sexual harassment during the current audit period. This was confirmed through file review and staff interviews.

	During on-site interviews, the Facility Director was asked to describe the measures taken to protect residents and staff from retaliation following an allegation of sexual abuse or harassment. She indicated that confidential interviews are conducted as part of the protection process. When asked how the facility responds when retaliation is suspected, she stated that an investigation is initiated. The Vice President of the organization was also interviewed and confirmed that residents and staff are monitored for signs of retaliation. The facility utilizes a formal Retaliation Monitoring Form, which covers a 90-day monitoring period. This document tracks changes in housing, programming, or work assignments and identifies the staff member responsible for monitoring. It also includes a section for residents to provide comments or concerns. Based on the policy review, interviews, documentation, and on-site observations, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.267.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA auditor reviewed pre-audit evidentiary documents submitted by the Volunteers of America Residential Reentry Center (VOA RRC) through the PREA Resource Center's Online Audit System, as well as other electronically submitted materials. Additionally, the auditor relied upon documentation gathered during on-site interviews, review of on-site files and documents, and direct observations to assess compliance with PREA Standard 115.271. To demonstrate compliance with this standard, VOA RRC submitted Policy 7-F, titled Prison Rape Elimination Act - Investigations, Discipline, Medical and Mental Care. This policy outlines the procedures for both internal administrative investigations and coordination with external criminal investigative authorities. Internal Investigations The policy states that internal investigations into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively, including third-party and anonymous reports. Although VOA RRC does not have the authority to conduct criminal investigations, its staff—when permissible under community confinement contracts—shall: - Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and electronic monitoring data. - Interview alleged victims, suspected perpetrators, and witnesses. - Review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy further outlines that: Credibility assessments shall be made on an individual basis and shall not be based on a person's status as a resident or staff member.

	Residents alleging sexual abuse shall not be required to submit to a polygraph or other truth-telling device as a condition of proceeding with an investigation. Administrative Investigations Administrative investigations must: Include efforts to determine whether staff actions or inactions contributed to the abuse. Be documented in written reports, which include descriptions of physical and testimonial evidence, credibility assessments, and investigative findings. Substantiated allegations of conduct that appear criminal shall be referred for prosecution. VOA RRC retains all written reports related to sexual misconduct for the duration of the alleged abuser's incarceration or employment, plus five years. The policy also affirms that the departure of an alleged abuser or victim from agency employment or custody does not provide grounds for terminating an investigation. When outside agencies conduct investigations, VOA RRC commits to cooperating fully and remaining informed about the progress of such investigations. On-Site Findings and Interviews During the on-site audit, the auditor interviewed the facility's PREA Coordinator, who is trained to conduct sexual abuse investigations in confinement settings. She shared that she and the facility director are responsible for conducting preliminary administrative investigations. Further investigation is handled by the Federal Bureau of Prisons (FBOP), while any criminal matters are referred to the local police department for investigation and prosecution, if warranted. When asked about the timeliness of investigation initiation, investigative staff stated that investigations begin "right away" upon receipt of an allegation. Staff conduct camera reviews, interviews, and refer all information to FBOP for further action. The staff confirmed there is no difference in the handling of anonymous or third-party reports and emphasized that under no circumstances would a resident be required to undergo a polygraph examination. Staff also stated that investigations would continue even if a staff member resigns or is no longer employed. No incidents of sexual abuse, sexual assault, or sexual misconduct were reported during the current audit period. This was confirmed through staff and resident interviews and file reviews. An interview with the FBOP contract liaison corroborated that all criminal investigations are referred to the local police department. The PREA Coordinator received specialized investigative training through the National Institute of Corrections, in a course titled Investigating Sexual Abuse in a Confinement Setting. The training covered topics such as responsibilities and evidence collection, Miranda and Garrity warnings, interviewing techniques, understanding victim trauma, and investigative report writing. Based on review of policies, interviews with staff and residents, and supporting documentation, the PREA auditor concludes that Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.271.
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA auditor reviewed pre-audit evidentiary documents submitted by the Volunteers of America Residential Reentry Center (VOA RRC) via the PREA Resource Center's Online Audit System, as well as additional documentation provided through other electronic sources. The auditor also relied upon information gathered during on-site staff interviews, review of facility documents and files, and direct observations to assess compliance with PREA Standard 115.272. To demonstrate compliance with this standard, VOA RRC submitted Policy 7-F, titled Prison Rape Elimination Act – Investigations, Discipline, Medical and Mental Care. The policy states: “VOA shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” During the current audit period, there were no allegations of sexual abuse or sexual harassment reported at the facility. This was verified through staff interviews and a review of facility documentation. Based on review of the facility's policy, supporting documentation, and interviews, the PREA auditor concludes that Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.272.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA auditor reviewed pre-audit evidentiary documents submitted by the Volunteers of America Residential Reentry Center (VOA RRC) through the PREA Resource Center's Online Audit System, as well as additional documentation provided through other electronic sources. The auditor also relied upon on-site staff interviews, review of facility files and documents, and direct observations to assess compliance with PREA Standard 115.273. To demonstrate compliance with this standard, VOA RRC submitted Policy 7-F, titled Investigations, Discipline, Medical and Mental Care. The policy outlines the procedures for informing residents of the outcomes of investigations into allegations of sexual abuse. An excerpt from the policy states: “Following an investigation into a resident's allegation of sexual abuse suffered in a VOA facility, the agency shall inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If VOA did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Following a resident's allegation that a staff member has committed sexual abuse, VOA shall subsequently inform the resident—unless the agency has determined the

	allegation to be unfounded—whenever: The staff member is no longer posted within the resident’s unit; The staff member is no longer employed at the facility; VOA learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or VOA learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident’s allegation of sexual abuse by another resident, the agency shall inform the alleged victim whenever: VOA learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or VOA learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented. VOA’s obligation to report shall terminate if the resident is released from VOA’s custody.” During the on-site audit, the PREA auditor interviewed the facility's former PREA Coordinator (who is also a trained PREA investigator) and the current Facility Director. Both confirmed that there have been no allegations of sexual abuse or sexual misconduct during the current audit period. The Director and the PREA Coordinator stated that in the event of an allegation, the resident would be notified in writing of the outcome—whether the allegation was substantiated, unsubstantiated, or unfounded. Investigations conducted by external agencies, such as the Federal Bureau of Prisons (FBOP) or the local police department, VOA RRC would request the results in order to notify the resident. They further confirmed that residents would also be informed if the accused staff member is: No longer posted in the resident's unit; No longer employed at the facility; Indicted or convicted on a charge related to the incident. An interview with the FBOP contract liaison corroborated that the facility complies with all aspects of the standard, including informing residents when an alleged abuser (staff or resident) has been indicted or convicted on charges related to sexual abuse within the facility. There have been no reported allegations of sexual abuse or sexual misconduct during this audit period. This was confirmed through staff and resident interviews, as well as file reviews. Based on review of policy, documentation, and interviews with staff and residents, this PREA auditor concludes that Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.273.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

	Auditor Discussion This PREA auditor reviewed evidentiary documents submitted by Volunteers of America Residential Reentry Center (VOA RRC) in advance of the on-site audit. These documents were provided through the PREA Resource Center's Online Audit System (OAS) as well as through other electronic sources. In addition, the auditor evaluated information obtained during on-site staff interviews, reviewed facility documents and staff files, and made direct observations during the site visit. To demonstrate compliance with Standard 115.276, VOA RRC submitted Policy 7-F, titled Investigations, Discipline, Medical and Mental Care. This policy includes a section on disciplinary sanctions for staff, stating: "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies." "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." "Disciplinary sanctions for violations of VOA's policies relating to sexual abuse or sexual harassment, other than actually engaging in sexual abuse, shall be 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." The policy further requires that: "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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." In addition to this policy, VOA RRC submitted its Employee Handbook as supporting evidence. The handbook states: "Where possible, no employee will be separated from employment without documented performance improvement steps to correct a performance issue. However, certain types of employee performance issues may lead to separation. Confirmed gross misconduct will result in immediate dismissal without prior use of progressive discipline." During the past 12 months, there have been no instances of staff violating the agency's zero-tolerance policy regarding sexual abuse or sexual harassment. A review of staff files confirmed that no disciplinary sanctions were issued for such violations during this period. The PREA Coordinator also confirmed during interviews that no staff member has been disciplined under this policy within the past year. Based on a comprehensive review of documentation, interviews, and observations, this PREA auditor concludes that Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.276.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	This PREA auditor reviewed evidentiary documentation submitted by Volunteers of America Residential Reentry Center (VOA RRC) in advance of the on-site audit. These materials were provided through the PREA Resource Center's Online Audit System (OAS) as well as through other electronic sources. In addition, the auditor considered documentation obtained through on-site staff interviews, reviews of on-site files, and direct observations to assess compliance with PREA Standard 115.277. To demonstrate compliance with this standard, VOA RRC submitted Policy 7-F, titled Prison Rape Elimination Act – Investigations, Discipline, Medical and Mental Care. The policy includes specific guidance related to corrective actions for contractors and volunteers. The policy states: "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violations of agency sexual abuse or sexual harassment policies by a contractor or volunteer." During the on-site audit, the PREA auditor interviewed the facility director, who confirmed that, should a contractor be alleged to have engaged in sexual misconduct with a resident, the individual would be immediately removed from the facility. Law enforcement would be contacted, depending on the nature of the allegation. Appropriate notification would also be made to the FBOP. The director further stated that remedial training would be required based on the severity of the incident. While VOA RRC currently does not utilize any volunteers, contractors are actively engaged at the facility. The PREA Coordinator confirmed during the on-site interview that no incidents of sexual abuse involving contractors or volunteers were reported during the current audit period. Based on the review of relevant policies, interviews, and documentation, the PREA auditor concludes that Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.277.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA auditor reviewed evidentiary documents submitted by Volunteers of America Residential Reentry Center (VOA RRC) prior to the on-site audit. These documents were uploaded through the PREA Resource Center's Online Audit System, as well as submitted through other electronic sources. The auditor also relied on information gathered from on-site staff interviews, review of facility documents and files, and direct observations to assess compliance with PREA Standard 115.278. To demonstrate compliance with this standard, VOA RRC submitted Policy 7-F, titled

	Prison Rape Elimination Act – Investigations, Discipline, Medical and Mental Care. This policy outlines the disciplinary process and sanctions for residents found to have engaged in sexual abuse or misconduct. An excerpt from the policy states: “Disciplinary Sanctions for Residents Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for such behavior. Sanctions shall be 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 shall 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. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith—based on a reasonable belief that the alleged conduct occurred—shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. VOA RRC prohibits sexual activity between residents, and residents may be disciplined for such behavior. However, VOA RRC does not deem such activity to constitute sexual abuse if it is determined the activity was not coerced.” During the on-site audit, the PREA auditor interviewed both the facility’s PREA Coordinator and the Director. They stated that in the event of an allegation of resident-on-resident sexual abuse or misconduct, the matter would be reported to the contract administrator for the Federal Bureau of Prisons (FBOP), who would then determine the appropriate disciplinary sanctions, pending the results of the disciplinary hearing. The auditor also conducted interviews with 20 residents currently residing at VOA RRC. Residents were asked about facility rules and disciplinary sanctions related to sexual abuse and harassment. All interviewed residents demonstrated an understanding that sexual abuse and sexual harassment are strictly prohibited at the facility and acknowledged that engaging in such behavior could result in removal from the program and return to FBOP custody. There were no reported incidents of resident-on-resident sexual abuse or sexual misconduct during the current audit period. Based on review of policies, staff and resident interviews, and supporting documentation, the PREA auditor concludes that Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.278.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	This PREA Auditor reviewed evidentiary documentation submitted by Volunteers of America's (VOA) Residential Reentry Center (RRC) in advance of the on-site audit. These materials were submitted through the PREA Resource Center's Online Audit System (OAS) and other electronic sources. Additional information was obtained through on-site interviews, document reviews, and direct observations conducted during the facility tour. This comprehensive review was used to determine compliance with PREA Standard 115.282. VOA RRC submitted Policy 7F – Prison Rape Elimination Act: Investigations, Discipline, Medical and Mental Health Care – as evidence of compliance with this standard. An excerpt from the policy states: “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services provided by the local hospital emergency room or rape crisis center, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Resident victims of sexual abuse while incarcerated shall be offered timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.” During the on-site audit, the PREA Auditor interviewed the facility's PREA Coordinator and the Director of the VOA RRC. Both confirmed that the facility does not employ any full- or part-time medical or mental health practitioners on site. Medical and mental health services, including emergency and follow-up care, are provided through community-based providers, primarily Mercy Medical Center. In the event of a sexual abuse or sexual assault incident, on-duty VOA RRC staff are instructed to notify the Director and call 911 to coordinate emergency medical services. The Federal Bureau of Prisons (BOP), which contracts with VOA RRC for community confinement, has a Memorandum of Understanding (MOU) with Mercy Medical Center to ensure access to emergency medical services. Based on a thorough review of the documentation, interviews, and on-site observations, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.282.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

	Auditor Discussion This PREA Auditor reviewed all pre-audit evidentiary documentation submitted by the Volunteers of America Chesapeake & Carolinas (VOAC) Residential Reentry Center through the PREA Resource Center's Online Audit System (OAS), as well as additional materials submitted via other electronic sources. To determine compliance with Standard 115.283, the auditor also relied on documentation gathered from onsite interviews, file reviews, facility policies, and direct observations. VOA RC submitted policy 7-F prison rape elimination act investigations discipline medical and mental care as evidence of compliance with standard 115.283 an excerpt from policy reads VOC shall ensure access to community based 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. "The evaluation and treatment of such victims shall 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 they're released from custody." "The facility shall provide such victims with medical and mental health services consistent with the community level of care." "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and given timely and comprehensive information about and timely access to all lawful pregnancy related medical services." "Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate." "Treatment services shall be provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Medical and mental health services are provided in the community the facility does not staff full or part time medical and mental health clinicians during the on-site review this auditor observed no medical or mental health live and was advised by facility staff that residents are referred to Mercy Medical Center for emergency medical services. Federal Bureau of prisons there's an MOU with Mercy Medical Center to provide emergency medical services to residents of Volunteers of America residential reentry center. Currently this is an all-male facility no females are housed at VOARRC. There were no residents on site indicating they had been sexually abused. Based on a thorough review of the documentation, interviews, and on-site observations, the PREA Auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard 115.283.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA auditor reviewed pre-audit evidentiary documentation submitted by the Volunteers of America (VOA) Residential Reentry Center (RRC) through the PREA Resource Center's Online Audit System (OAS), as well as additional documents provided via other electronic means. Compliance determination with Standard §115.286 was further informed by onsite documentation, file reviews, staff interviews, and direct observations.

VOA RRC submitted Policy 7-G, titled Prison Rape Elimination Act: Data Collection, Review, and Audits, as evidence of compliance with this standard. The policy outlines procedures for conducting sexual abuse incident reviews following the conclusion of every sexual abuse investigation, including cases where allegations are not substantiated—unless the allegation is determined to be unfounded. Per policy, sexual abuse incident reviews are to occur within 30 days of the conclusion of an investigation. The review team must include upper-level management officials with input from line supervisors, case managers, and mental health practitioners.

The policy specifies that the review team shall:

Consider whether the incident or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Assess whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, identification or perceived status (including LGBTI), or gang affiliation, or whether it was otherwise influenced by group dynamics within the facility;

Examine the location of the alleged incident to determine whether any physical barriers may have enabled the abuse;

Evaluate staffing levels in the area during all shifts;

Assess whether additional or enhanced monitoring technology should be implemented to supplement staff supervision;

Prepare a written report of findings and recommendations for improvement and submit this report to the VOA CEO.

The policy further requires that the facility either implement the recommendations or document the reasons for not doing so.

During the onsite portion of the audit, the PREA auditor interviewed the facility's PREA Coordinator, who confirmed that sexual abuse incident reviews are conducted within 30 days following the conclusion of investigations, unless the allegation is determined to be unfounded. An interview with the Facility Director confirmed that the incident review team consists of the Director, Security Manager, PREA Coordinator/Deputy Director, Agency Vice President, Case Manager, and the Federal Bureau of Prisons (FBOP) Contract Administrator.

A member of the incident review team explained during the interview that, although the facility has not had any sexual abuse incidents to date, the team is prepared to assess all relevant factors should an incident occur. These include potential motivations such as race, gender identity, sexual orientation, or gang affiliation, as well as facility layout, staffing levels, and the use of monitoring technology.

Based on the review of policy documentation, staff interviews, and other evidentiary materials, this PREA auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard §115.286.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA auditor reviewed the Volunteers of America (VOA) Residential Reentry Center's pre-audit evidentiary documentation submitted through the PREA Resource Center's Online Audit System (OAS), along with additional documents provided through other electronic sources. The auditor also relied on information gathered during onsite interviews, document and file reviews, and direct observations to assess compliance with Standard §115.287. VOA submitted Policy 7-G, Prison Rape Elimination Act: Data Collection, Review, and Audits, as evidence of compliance with this standard. The policy includes the following directive: "VOAC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions." Additionally, the policy states that the VOA PREA Coordinator shall aggregate incident-based sexual abuse data at least annually. This data includes all necessary information to respond to the most recent version of the Department of Justice's Survey of Sexual Violence. The PREA Coordinator is responsible for collecting, reviewing, and maintaining data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Further, the Statement of Work between VOA and the Federal Bureau of Prisons (FBOP) requires the facility to comply with all relevant PREA standards applicable to community confinement settings. Although the policy outlines a process for aggregating incident-based data annually, there were no reported incidents of sexual abuse or sexual harassment during the current audit period or the previous audit period. This was confirmed by the PREA Coordinator and corroborated by the files reviewed during the onsite audit. Based on the review of policy documentation, staff interviews, and supporting evidentiary materials, this PREA auditor concludes that the Volunteers of America Residential Reentry Center is in compliance with PREA Standard §115.287.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA auditor reviewed the Volunteers of America (VOA) Residential Reentry Center's pre-audit evidentiary documentation submitted through the PREA Resource Center's Online Audit System (OAS), as well as additional materials provided via other electronic sources. Compliance with Standard §115.288 was further assessed

	through onsite interviews, review of facility documents and files, and direct observations. As evidence of compliance, VOA submitted Policy 7-G, Prison Rape Elimination Act: Data Collection, Review, and Audits. An excerpt from the policy outlines the agency's process for data review and corrective action: "The VOAC Quality Assurance Committee will review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility." The policy further states that the VOA PREA Coordinator will collect, maintain, and review data from all available incident-based sources, including reports, investigation files, and sexual abuse incident reviews. The Coordinator is responsible for preparing an annual report that includes: A comparison of the current year's data and corrective actions with data and actions from previous years; An assessment of the agency's progress in addressing sexual abuse; Approval of the report by the VOA CEO or designee; Public availability of the report on the VOA website. Any content that may present a clear and specific threat to facility safety and security may be redacted from public reports, but the nature of the redacted material must be disclosed. During the interview, the agency designee confirmed that collected data is used to evaluate the need for policy updates, staff and resident training improvements, and changes in practice. They also affirmed that any annual reports are subject to CEO approval prior to publication. At the time of the audit, the facility had no corrective actions to report. This was confirmed through interviews and verified by reviewing the previous audit report, which is publicly available on the agency's website. Based on the review of policy documentation, interviews, and supporting evidence, this PREA auditor finds the Volunteers of America Residential Reentry Center in compliance with PREA Standard §115.288.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	This PREA auditor reviewed the Volunteers of America (VOA) Residential Reentry Center's pre-audit evidentiary documentation submitted via the PREA Resource Center's Online Audit System (OAS), as well as additional documents provided through other electronic sources. The auditor also relied on information obtained from onsite interviews, document and file reviews, and direct observations to determine compliance with PREA Standard §115.289. To demonstrate compliance, the facility submitted Policy 7-G, Prison Rape Elimination Act: Data Collection, Review, and Audits. An excerpt from the policy addressing data storage, publication, and destruction reads: "VOAC shall ensure that data collected pursuant to PREA standards is kept in locked offices. All aggregated sexual abuse data will be made readily available to the public at least annually through its website. Prior to publication, all personal identifiers will be removed. Sexual abuse data collected pursuant to PREA standards will be maintained for at least 10 years following the date of initial collection, unless federal, state, or local law requires otherwise." During the onsite interview, the PREA Coordinator confirmed that all related data is securely stored in a locked file cabinet within the Director's office. The PREA Coordinator also confirmed that there have been no incidents of sexual abuse to report during the current or previous audit periods. Based on the review of policy documentation, staff interviews, and other supporting evidence, this PREA auditor finds the Volunteers of America Residential Reentry Center in compliance with PREA Standard §115.289.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The agency completed its previous PREA audit on July 26, 2022, marking the second audit cycle for the facility. During the current audit, the agency and facility ensured that the PREA Auditor was provided with full access to all requested documentation, including policies, procedures, reports, and other supporting materials necessary to assess compliance with the National PREA Standards. During the onsite portion of the audit, the auditor observed PREA audit notices posted in both English and Spanish throughout the facility. These notices included instructions for staff and residents on how to privately report any PREA-related concerns directly to the auditor during the audit period. This auditor was granted unrestricted access to all areas of the facility, as well as access to staff and residents for both formal and informal interviews. Additionally, the auditor was able to review video surveillance footage from all requested areas and directly observe physical areas of the facility to assess conditions and practices.

	The auditor also communicated with community-based partner agencies to support the assessment of compliance. Although no allegations of sexual abuse or sexual harassment were reported during the audit period, community partners confirmed that they are aware of and prepared to follow established protocols should such a report be received. Based on policy review, staff interviews, documentation, and verification of current practices, this PREA Auditor concludes that Volunteers of America Residential Reentry Center is in compliance with standard 115.401.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA auditor verified that the agency has publicly posted the final PREA audit reports from both 2019 and 2022 on its website, located at: https://www.voachesa-peak.org/residential-re-entry-maryland. The agency operates only one correctional confinement facility—the Volunteers of America Chesapeake Residential Reentry Center—and therefore undergoes a PREA audit once every three years, in accordance with PREA requirements. Based on review of information, this PREA Auditor concludes Volunteers of America Residential Reentry Center is in compliance with PREA standard 115.402.

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or	yes

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

	expressively, using any necessary specialized vocabulary?	
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221	Evidence protocol and forensic medical examinations	

(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.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim	no

	advocate from a rape crisis center?	
	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?	no
	Has the agency documented its efforts to secure services from rape crisis centers?	no
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal	yes

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

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no

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

	resident is transferred to a different facility?	
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	no
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing	na

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and	na

	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.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na

	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241	Screening for risk of victimization and abusiveness	

(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?	no
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data	yes

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

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

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

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