

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

Interim Final

Date of Interim Report 11/23/2021

Auditor Information

Name: Sonya Love	Email: sonya.love57@outlook.com
Company Name: The Nakamoto Group Inc.	
Mailing Address: 11820 Parklawn Drive, Suite 240	City, State, Zip: Rockville, MD 20852
Telephone: (302) 468-6535	Date of Facility Visit: Click or tap here to enter text.

Agency Information

Name of Agency: Volunteers of America Delaware Valley		Governing Authority or Parent Agency (If Applicable): Volunteers of America Delaware Valley	
Physical Address: 531 Market Street		City, State, Zip: Camden, New Jersey 08102	
Mailing Address: Camden, New Jersey, 08102		City, State, Zip: same as above	
Telephone: (856) 854-4660		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Volunteers of America Delaware Valley provides community-based assistance to populations in need so that they can lead self-fulfilled, independent lives.			
Agency Website with PREA Information: www.voadv.org			

Agency Chief Executive Officer

Name: Dan Lombardo	Title: CEO
Email: Dzippy@voadv.org	Telephone: (856) 854-4660

Agency-Wide PREA Coordinator

Name: Tamara Davis	Title: Quality Assurance
Email: TDavis@voadv.org	Telephone: (856) 584-4660 ext:113
PREA Coordinator Reports to: Chief Operating Officer	Number of Compliance Managers who report to the PREA Coordinator <small>Click or tap here to enter text.</small>

Facility Information

Name of Facility:	Fletcher House Program		
Physical Address:	517 Penn Street		
Mailing Address (if different than above):	Camden, NJ		
Telephone Number:	(856) 584-4660		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		
Facility Mission:	Volunteers of America Delaware Valley provides community-based assistance to populations in need so that they can lead self-fulfilled, independent lives		

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

Name: Kyrea Roberson	Title: Program Director
Email: KRoberson@voadv.org	Telephone: (856) 964-5100

Facility PREA Compliance Manager

Name: Kyrea Roberson	Title: Program Director
Email: KRoberson@voadv.org	Telephone: (856) 964-5100

Facility Health Service Administrator

Name: N/A	Title: N/A
N/A	Telephone: N/A

Facility Characteristics			
Designated Facility Capacity: 64		Current Population of Facility: 23	
Number of residents admitted to facility during the past 12 months			25
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			58
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			58
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 +	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			12 months
Facility Security Level:			minimum
Resident Custody Levels:			minimum
Number of staff currently employed by the facility who may have contact with residents:			17
Number of staff hired by the facility during the past 12 months who may have contact with residents:			1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Living units: 1	
Number of Multiple Occupancy Cell Living units:		0	
Number of Open Bay/Dorm Living units:		13	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Fletcher House employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both residents and staff.			
Medical			
Type of Medical Facility:		Community Emergent Care	
Forensic sexual assault medical exams are conducted at:		Fletcher Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			0

Audit Findings

Audit Narrative

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

Pre-Audit Preparation

Prior to the on-site visit, a representative from the Volunteers of America Delaware Valley, PREA Coordinator completed the preaudit questionnaire (PAQ). The PREA Coordinator she serves as agency liaisons for PREA investigations conducted by the Camden Police Department, or the new Jersey Department of Corrections. At the direction of the PREA Coordinator, policies and supportive documentation were provided to the Auditor for review, prior to the on-site visit. The PREA announcement were posted throughout the facility prior to the audit October 7-8, 2021. Interviews with random and targeted residents confirmed the posting of the PREA audit notices throughout the facility at least 45 days in advance of the audit.

Resident Communication with the Auditor

The Auditor did not receive correspondence from any residents or staff prior to the onsite audit.

Sampling Methodology- Residents

On day one of the onsite audit, Fletcher House had a designated capacity of 85 residents. The census was twenty-three. Sixteen (16) residents were sampled for the audit. The population on the first day of the audit. Of the sixteen (16) residents sampled were categorized as random samples, zero were categorized as targeted.

Sampling Methodology-Screening and Rescreening for Risk of Victimization

The Auditor examined sixteen (16) resident risk screening assessments. Reassessments for risk of victimization or abusiveness were unavailable and thus Standard 115.241 required a corrective action. All residents sampled confirmed that the initial screening for risk of victimization or abusiveness took place on the first day of placement at the Fletcher House.

Sampling Methodology - Staff

Fletcher House has a total compliment of seventeen (17) staff, including managers. The custody and specialized staff are one in the same. To the extent possible staff were identified and interviewed from a list of individuals scheduled to work during the onsite audit process. The sample size and mission of the facility necessitated interviewing several staff who functioned in multiple roles of responsibility at the facility. Twelve (12) random staff. The number of people in a specialized staff role who were interviewed was fourteen (14)

from the employee roster of employees. Specialized staff included Case Manager, Treatment Coordinator, Intake Staff, Staff who Perform Risk of Victimization, Incident Review, and First Responders. The Retaliation Monitor is the PREA Coordinator. The Program Director and PREA Coordinator are members of the incident review team. The PREA Coordinator reports to the Chief Operation Officer. Zero contractor or volunteers were interviewed due to the pandemic. Zero medical and mental health practitioners are employed by the agency/Fletcher House.

First day- Briefing and Tour (On-site Audit)

The on-site visit for the PREA (Prison Rape Elimination Act) compliance audit Fletcher House located in Camden, New Jersey. The audit was conducted on October 7-8, 2021, by certified Auditor Sonya Love. Likewise, the agency head was interviewed on 12/01/2021 by telephone. The standards used for this audit became effective August 20, 2012.

This Auditor discussed the information contained in the Pre-Audit Questionnaire (PAQ) with the PREA Coordinator. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility. The tour of Fletcher House included, all living units, as well, recreation, food service, stairwells, facility support areas located in the main building.

During the tour, it was noted that there was sufficient staff and surveillance cameras on each level of the facility. Entrances and exits were secured. Signs were posted (in English and Spanish) to alert residents about the PREA Audit. During informal conversation residents in the common area confirmed that PREA notices were posted several months in advance of the onsite audit. PREA postings, regarding PREA violation, reporting and the agency's zero tolerance policy toward sexual abuse and sexual harassment, were prominently displayed throughout both buildings on the property. Audit notice postings with the PREA Auditor's contact information were in the same areas.

Staff-Inmate Interviews- First Day

Random and specialized staff were interviewed. All staff interviewed confirmed they were aware of the agency/Fletcher House, Zero Tolerance Policy. All staff sampled confirmed that they were aware and understood their responsibility and duty to protect residents from sexual abuse/sexual harassment. Likewise, each staff member interviewed affirmed an awareness and understanding of the role and duties as a first responder in the event of a PREA related allegation and a duty to report sexual abuse and sexual harassment. Staff sampled interviewed explained their role as part of a coordinated response in the event of a PREA incident.

Investigations

During the current auditing period, there was zero reported allegations of sexual abuse/sexual harassment. At the time of the audit, there were zero open 2020 - 21 cases.

Facility Characteristics

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

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 39

Click or tap here to enter text.

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

Standard 115.213: Supervision and monitoring

Fletcher House will provide the Auditor with a staffing plan in accordance with Standard 115.213. The Auditor will examine the staffing plan for compliance with Standard 115.213 to include review by the PREA Coordinator. Corrected.

Standard 115.241: Screening for risk of victimization and abusiveness

Fletcher House did not complete reassessments for residents. Fletcher House will complete all reassessments due on current residents. Fletcher House will provide the Auditor evidence of the completion of reassessments for all eligible residents. Fletcher House in conjunction with the PREA Coordinator will retrain staff regarding Standards 115.241 and 115.242 and provide the Auditor with signed documented evidence of the training. **Corrected**

Standard 115.267: Agency protection against retaliation

Volunteers of America Delaware Valley, Inc., has 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. The agency omitted designating which staff members or departments are charged with monitoring retaliation. The PREA Coordinator indicated during the onsite portion of the audit that she is the designated Retaliation Monitor for the agency. The agency has a policy that neglects to identify the PREA Coordinator as the Retaliation Monitor for Fletcher House. Volunteers of America Delaware Valley will document the designation of the PREA Coordinator as the Retaliation Monitor and provide the Auditor a copy of the document as evidence of compliance with provision 115.267 (a). **Corrected**

Standard 115.287: Data collection

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The instrument omits a set of definitions. Provision 115.267 (a) omits definitions. The agency will add definitions to gain compliance with Standard 115.267. The agency will provide the Auditor with evidence that definitions were added to the data instrument to gain compliance with Standard 115.287. **Corrected**

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment address Standard 115. 211.

115.211 (a) The Volunteers of America Delaware Valley has a written policy. Policy Number 700.40, Sexual Abuse and Harassment, mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment .

115.211 (b) The agency employed or designated an agency wide PREA Coordinator. The position of PREA Coordinator is a position in the upper level of the agency hierarchy. During her interview, the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the PREA Coordinator

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

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012, provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley does not contract with other entities for the confinement of residents. Standards 115.212 (a-c) does not apply to this agency.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the PREA Coordinator

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 200.08, Contraband and Client Searches collectively addresses Standard 115.213.

115.213 (a) Volunteers of America Delaware Valley, Inc., has developed for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan for the Fletcher House provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse, takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring, considers the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring, the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring and takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring.

115.213 (b) The standard does not apply if no deviations from staffing plan. Fletcher House did not deviate from the staffing plan during this review period, according to the Program Director and PREA Coordinator.

115.213 (c) During her interview the PREA Coordinator confirmed that in the past 12 months, the Fletcher House assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to provision (a) of this standard. Problematic the staffing plan review did not address each provision of this standard. This standard requires corrective action.

During her interview the PREA Coordinator confirmed that in the past 12 months, the Fletcher House assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns but was void of evidence.

During her interview the PREA Coordinator confirmed that in the past 12 months, the Fletcher House assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies.

During her interview the PREA Coordinator confirmed that in the past 12 months, the Fletcher House assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels.

The Program Director during her interview detailed for the Auditor the call-out procedure and how the facility would maintain adequate staffing by employing staff call-backs to cover a shift. The Program Director also described various possible reasons for a deviation from the staffing plan with examples such as fire, sick staff, medical emergency, or unscheduled medical appointments. In such circumstances.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the PREA Coordinator
3. Interview with the Program Director

Corrective Action:

The PREA Coordinator and the Program Director will review the staffing plan for Fletcher House. The Program Director in consultation with the PREA Coordinator will consider all provisions of Standard 115.213. The Fletcher House and PREA Coordinator will document the staffing review. The PREA Coordinator will provide the Auditor with documented evidence of the staffing plan review to include recommendations. Corrected

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40 Sexual Abuse and Harassment, Policy Number 200.02 Staffing and Policy Number 200.08, Contraband and Client Searches collectively addresses Standard 115.215.

115.215 (a) According to the Program Director the facility always refrains from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. Strip searches, including body cavity searches, are prohibited by the agency. Random and specialized staff interviewed during the audit confirmed that cross-gender searches are prohibited except in exigent circumstances.

115.215 (b) This provision of this standard is not applicable. Fletcher House is a male residential facility. Volunteers of America Delaware Valley's Fletcher House program is an 84-bed residential community release program located in Camden, New Jersey.

115.215 (c) During her interview the Program Director confirmed that Fletcher House would document all cross-gender strip searches and cross-gender visual body cavity searches. The Program Director denied any incidents of cross-gender visual body cavity searches or cross-gender strip searches during this reporting period.

115.215 (d) Volunteers of America Delaware Valley, Inc./Fletcher House has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The Auditor interviewed random and targeted residents during the onsite portion of this audit. Zero inmates indicated being subjected to either a cross-gender visual body cavity searches or cross-gender strip searches during this reporting period. The Program Director confirmed that the facility requires 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.

115.215 (e) During her interview the Program Director confirmed that the Fletcher House always refrains from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. Likewise, interviews with random and specialized staff confirmed that they are prohibited from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. Interviews with random and targeted residents denied being searched solely to determine their genital status. More, if a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner

Staff (random and specialized) interviewed were aware that Volunteers of America Delaware Valley, Inc (parent organization) and Fletcher House prohibit staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff (random and specialized) interviewed also confirmed that a resident's genital status may be determined based on all information available to the program or during the conversation. Additionally, Staff (random and specialized) confirmed that they must announce their presence "loud and clear" when entering areas of the facility where residents of the opposite sex may be performing bodily functions or dressing. Bedrooms were separate from the bathroom and shower area. According to the Program Manager, all residents including transgender and intersex residents are given the opportunity to shower separately from other residents. The Program Manager indicated that the preference of transgender and intersex residents would be seriously considered by staff.

115.215 (f) The Fletcher House trains security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

- In the past 12 months: Fletcher House conducted zero cross-gender strip or cross-gender visual body cavity searches of residents as confirmed by the PREA Coordinator.
- In the past 12 months: Fletcher House conducted zero cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff as confirmed by the PREA Coordinator.
- In the past 12 months: Fletcher House conducted zero pat-down searches of female residents conducted by male staff and zero number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance. Fletcher House is a male facility.

Sixteen (16) residents participated in random and targeted sampling, and each resident confirmed that they had not been pat searched by Fletcher staff of the opposite gender. Fletcher House random and specialized staff (100%), confirmed that staff had not conducted any cross-gender pat-searches in the past 12 months. Fletcher House met the requirements of Standard 115.215.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 200.08 Contraband and Client Searches
3. Policy Number 200.02 Staffing
4. Contraband List
5. Contraband Seizure Form
6. PREA Training
7. PREA Employee training sign-in sheet
8. Staff (random and specialized) interviews
9. Residents(random and targeted)

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse, and Policy Number 300.04 Rights of Clients collectively addresses Standard 115.216.

115.216 (a) Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual confirms that the agency takes 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, blind or have low vision, or speech disabilities, residents who have psychiatric, intellectual or speech disabilities. According to the Program Manager, PREA related education and orientation to the facility rules would be delivered verbally to a resident with low vision or blind.

115.216 (b) Volunteers of America Delaware Valley, Inc., takes 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. The steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The PREA Coordinator explained that the facility has specific procedures in place, for residents who are limited English proficient, to deliver PREA related information via alternative comprehension platforms. The language line serves as a resource for residents who are hearing impaired or are unable to communicate in English or Spanish. The agency/facility, when necessary, would utilize a language interpretive service called CyraCom. CyraCom is the leading provider of phone & video interpretation.

Alternative learning and communication platforms provided by Fletcher House afford residents with disabilities equal opportunity to participate and benefit from the facility's best efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For example, the Auditor confirmed by examination that PREA signage, the resident handbook, and advocacy information is provided to residents in English and Spanish.

115.216 (c) According to the Program Director, Volunteers of America Delaware Valley, Inc., 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.

Fletcher House policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining a competent interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

In the past 12 months, zero PREA related incidents took place where resident interpreters, readers, or other types of resident assistants have been used, and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations. Fletcher House met the requirements outlined in Standard 115.216.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 300.04 Rights of Clients
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Resident Handbook – English
5. Resident Handbook – Spanish
6. Interviews with random and targeted inmates
7. Interviews with random and specialized staff
8. Interview with the Program Director
9. Interview with the PREA Coordinator

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior

institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.06 Employee Selection address Standard 115. 217.

115.217 (a) By examination of five (5) employment files and five (5) criminal background checks the Auditor determined that, Volunteers of America Delaware Valley, Inc., prohibits 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).

By examination five (5) employment files and five (5) criminal background checks the Auditor determined that, Volunteers of America Delaware Valley, Inc., prohibits 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.

During her interview the PREA Coordinator confirmed that the agency prohibits 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 as indicated in Standard 115.217.

During her interview the PREA Coordinator confirmed that the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).

During her interview the PREA Coordinator confirmed that the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

During her interview the PREA Coordinator confirmed that the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in Standard 115. 217.

115.217 (b) Volunteers of America Delaware Valley, Inc., considers any incidents of sexual harassment in determining whether to hire, promote or enlist the services of anyone (e.g., contractor/volunteer/staff) who may have contact with residents.

115.217 (c) Before Volunteers of America Delaware Valley, Inc., hiring new employees, who may have contact with residents, the agency: Perform a New Jersey Department of Corrections (NJDOC) criminal

background records check. By examination five (5) employment files and five (5) criminal background checks were reviewed on site. Likewise, before hiring new employees who may have contact with residents, the agency, consistent with Federal State, and local laws: Makes 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.

115.217 (d) During her interview the PREA Coordinator confirmed that the agency performs a criminal background record check before enlisting the services of any contractor who may have contact with residents. Zero contractors are employed at Fletcher. Zero volunteers are providing services to Fletcher House due to the pandemic.

115.217 (e) During her interview the PREA Coordinator confirmed that the agency either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents. By examination five (5) employment files and five (5) criminal background checks were reviewed on site.

115.217 (f) Volunteers of America Delaware Valley, Inc., ask all applicants and employees who may have contact with residents directly about previous misconduct described in Standard 115.217 in written applications or interviews for hiring or promotions. By examination five (5) employment files and five (5) criminal background checks were reviewed on site.

Volunteers of America Delaware Valley, Inc., ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as outlined in Standard 115.217 as part of reviews of current employees as outlined in Policy Number 700.06 Employee Selection.

Volunteers of America Delaware Valley, Inc., imposes upon employees a continuing affirmative duty to disclose any such misconduct as outlines in Policy Number 700.06 Employee Selection.

115.217 (g) Volunteers of America Delaware Valley, Inc., considers any material omissions regarding such misconduct, or the provision of materially false information, grounds for termination as outlined in Policy Number 700.06 Employee Selection.

115.217 (h) Unless prohibited by law, Volunteers of America Delaware Valley, Inc., would 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.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.06 Employee Selection
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Examination of (5) criminal background checks
5. Examination of (5) employment application for hire
6. Interview with the Program Director
7. Interview with the PREA Coordinator

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 100.05 Physical Plant address Standard 115.218.

According to the Program Director, Fletcher House video monitoring system has been upgraded since the last PREA audit. The facility has not made any substantial expansions or modifications to the existing facility. Fletcher House met the requirements in Standard 115.218.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 100.06 Physical Plant
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Interview with the Program Director
5. Facility tour

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 400.07 Access to Medical/Dental Services and Policy 700.33 Investigations address Standard 115.221.

115.221 (a) Volunteers of America Delaware Valley, Inc., is not responsible for investigating allegations of sexual abuse. NJDOC conducts administrative investigation, or the Camden Police Department conducts potentially criminal investigations. Further, allegations of sexual abuse from clients are reported to local law enforcement as well as the NJ Department of Corrections Office of Community Programs and the NJ Department of Corrections Special Investigation Division (NJDOC SID).

115.221 (b) N/A, the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. The policy indicated that the facility would report all allegations of potentially criminal sexual abuse, including third-party and anonymous reports, to the Camden Police Department for investigation.

115.221 (c) During her interview the Program Director confirmed that Volunteers of America Delaware Valley, Inc., would offer all residents who experience sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiarily or medically appropriate at Our Lady of Lourdes Hospital Emergency Department as confirmed by the hospital representative and the Program Director, and Services Empowering Rights of Victims (SERV) Center for Family Services where such examinations would be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the forensic exam would be performed by other qualified and trained medical practitioners. By examination the Auditor determined that Volunteers of America Delaware Valley, Inc., has a MOU with Our Lady of Lourdes Hospital to provide emergency care to resident victims of sexual abuse. Staff (custody and non-custody) interviewed detailed first responder duties. Other follow up services would be provided by NJDOC as appropriate.

115.221 (d) Volunteers of America Delaware Valley, Inc., attempts to make available to the victim a victim advocate from a rape crisis center. The agency has a MOU with Services Empowering Rights of Victims (SERV) Center for Family Services to provide emotional support to victims of sexual abuse. New Jersey Has established a statewide network of Rape Crisis Centers. Providence House/Willingboro Shelter: 24-hour hotline: 609-871-7551, Women's Referral Central:1-800-322-8092,

contact of Burlington County: 609-234-8888 Camden County. If a rape crisis center is not available in the county to provide victim advocate services, the agency makes available a qualified staff member from a community-based organization, or a qualified agency staff member.

115.221 (e) As requested by the victim, SERV (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. On request from the victim, SERV would provide emotional support, crisis intervention, information, and referrals as needed.

115.221 (f) Volunteers of America Delaware Valley, Inc., is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section.

115.221 (g) Auditor is not required to audit this provision.

115.221 (h) Volunteers of America Delaware Valley, Inc., uses qualified community-based staff member for the purposes of this standard, the advocacy organization is state approved and has been screened for appropriateness to serve in the role of victim advocate.

The PREA Coordinator confirmed that in the past 12 months:

- Zero forensic medical exams were conducted
- Zero forensic exams performed by SANES/SAFEs
- Zero exams were performed by a qualified medical practitioner

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 400.07 Access to Medical/Dental Services
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Policy Number 700.33 Investigations
5. MOU with Services Empowering Rights of Victims (SERV) Center for Family Services
6. Interviews with random and specialized staff
7. Interview with the Program Director
8. Interview with the PREA Coordinator

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, and Policy Number 700.33 Investigations address Standard 115.222.

115.222 (a) Volunteers of America Delaware Valley, Inc., ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse by either the NJDOC or the Camden Police Department.

Volunteers of America Delaware Valley, Inc., ensures that administrative or criminal investigation is completed for all allegations of sexual harassment as confirmed during individual interviews with the PREA Coordinator and the Program Director.

115.222 (b) Volunteers of America Delaware Valley, Inc., has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Volunteers of America Delaware Valley, Inc., has published such policy on its website under PREA. According to the PREA Coordinator the agency would document all such referrals.

115.222 (c) The Camden Police Department, a separate entity is responsible for conducting criminal investigations, the agency policy describes the responsibilities of both the agency and the investigating entity.

115.222 (d-e) Auditor is not required to audit this provision.

The PREA Coordinator confirmed that in the past 12 months:

- Zero allegations of sexual abuse and sexual harassment were received by Fletcher House 2020-2021
- Zero allegations resulted in an administrative investigation were received by Fletcher House 2020-2021
- Zero allegations were referred for criminal investigation to the Camden Police Department in 2020-2021

Random and specialized staff interviews confirmed staff understood how, when and who to report any knowledge, suspicion or information regarding sexual abuse or harassment.

The PREA Coordinator and the Program Director indicated in separate interviews that if notified regarding a PREA incident each would immediately contact the NJDOC or the Camden Police Department, safeguard the victim, preserve the crime scene, and document the incident. The Camden Police Department has the legal authority to conduct criminal investigations. Further, the PREA Coordinator and the Program Director both explained that they would accept reports of sexual abuse or harassment from a third-party and contact the NJDOC or the Camden Police Department, safeguard the victim, preserve the crime scene, and document the incident. Fletcher House met the requirements for Standard 115.222.

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.40 Sexual Abuse and Harassment
3. Policy Number 700.33 Investigations
4. Interviews with random and specialized staff
5. Interview with the Program Director
6. Interview with the PREA Coordinator

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.12 Continuous Training address Standard 115.231.

115.231 (a) According to the PREA Coordinator, Volunteers of America Delaware Valley, Inc., mandates PREA related training for all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment (Policy Number 700.40, Sexual Abuse and Harassment). The training includes training on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with resident, how to communicate effectively and professionally with a resident, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.231 (b) The training is gender neutral suitable for both genders. Fletcher House is an adult male facility.

115.231 (c) By examination of a sample of current employees the Auditor determined that employees who may have contact with residents received PREA related training as outlined in this standard. Volunteers of America Delaware Valley, Inc., mandates that each employee receive refresher training annually but at least every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. Interviews with random and specialized staff (100%) sampled during the onsite portion of this audit confirmed PREA related training in accordance with this standard. New employees indicated receiving PREA related training as apart of the onboarding process. Training records support the completion of training. Further, the PREA training lesson plan specifies that training includes training on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with resident, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.231 (d) Volunteers of America Delaware Valley, Inc., documents, through employee training signature sign-in sheets that employees understand the training they have received.

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.12 Continuous Training
3. PREA Training Lesson Plan
4. PREA Training PowerPoint Presentation
5. PREA Employee Sign-in Sheets
6. Interviews random and specialized staff
7. Interview with the Program Director
8. Interview with the PREA Coordinator

Corrective Action:

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.24 Volunteer Services address Standard 115.232.

115.232 (a) Volunteers of America Delaware Valley, Inc., has a policy (Policy Number 700.24 Volunteer Services) that mandates 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. Volunteerism has been suspended due to the pandemic during this reporting period. There were zero contractors and volunteers in the facility during the onsite portion of this audit. The Program Director indicated during her interview that no contractors have direct contact with residents. During this audit vendors were required to stop at the electronic front door thus none had contact with residents inside the building. Volunteerism has been suspended due to the pandemic.

115.232 (b) Inactive records sampled on site confirmed that volunteers and contractors who have contact with residents would be 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). Due to the pandemic zero volunteers or contractors are allowed in the building.

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.24 Volunteer Services
3. PREA Training Lesson Plan
4. PREA Training PowerPoint Presentation

5. Interviews random and specialized staff
6. Interview with the Program Director
7. Interview with the PREA Coordinator

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 300.04 Rights of the Client address Standard 115.233.

115.233 (a) During the intake process, Fletcher House residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and agency and facility policies and procedures for responding to such incidents.

115.233 (b) Volunteers of America Delaware Valley, Inc., provides continuous refresher information whenever a resident is transferred to a different facility as confirmed by the Program Director.

115.233 (c) Volunteers of America Delaware Valley, Inc., provides resident education in formats accessible to all residents, including those who: Are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills.

115.233 (d) Volunteers of America Delaware Valley, Inc., and by extension the Fletcher House maintains documentation of resident participation in these education sessions. Random and targeted

interviews with a sample of resident confirmed receiving PREA related education and orientation on the day of their arrival by intake staff. Likewise on site the Auditor examination training acknowledgement forms to confirm training.

115.233 (e) In addition to providing such education, Volunteers of America Delaware Valley, Inc., ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the facility tour, the Auditor noticed that all PREA information, posters, and pamphlets were available in both English and Spanish and posted on each floor. Additional PREA information is contained in the Resident Handbook, as well as posted throughout the facility. Documentation, interviews with residents (random and targeted) all confirmed receiving the required PREA training during the intake process at the facility.

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 300.04 Rights of the Client
3. Document Client Rights
4. Resident Acknowledgement of Receipt (Resident handbook)
5. Orientation Checklist and PREA Training (PowerPoint Presentation)
6. Interview with the Program Director
7. Interview with the PREA Coordinator
8. Interviews with random and targeted residents (16)

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.33 Investigations address Standard 115.234.

115.234 (a) Does not apply, the agency does not conduct any form of administrative or criminal sexual abuse investigations. Volunteers of America Delaware Valley, Inc., does not conduct administrative or criminal investigations. Criminal investigations are conducted by the Camden Police Department. Administrative investigations are conducted by the NJDOC as confirmed by the PREA Coordinator.

115.234 (b)-(c) Does not apply, the agency does not conduct any form of administrative or criminal sexual abuse investigations.

115.234 (d) The Auditor is not required to audit this provision.

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Investigation Packet sample form
5. Interviews with NJDOC representative
6. Interview with the PREA Coordinator
7. Interview with the Program Director

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment address Standard 115.235.

The Fletcher House does not employ neither full or part-time medical or mental health staff. Resident's access medical and mental health services in the community. Fletcher House does not conduct forensic examines on residents. The PREA Coordinator explained that zero contractors or volunteers under §115.232 worked in the capacity of a medical or mental health practitioner at Fletcher House.

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.40, Sexual Abuse and Harassment
3. Interview with the PREA Coordinator
4. Interview with the Program Director

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.37 Intake address Standard 115.241.

115.241 (a) By examination, the Auditor determined that all residents sampled (16) were assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents. All residents are assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

115.241 (b) By examination, the Auditor determined that all residents sampled (16) were assessed within 72 hours of arrival at the facility.

115.241 (c) By examination, the Auditor determined that PREA risk screening assessments were conducted using an objective screening instrument.

115.241 (d) By examination, the Auditor determined that 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, the age and build of each resident, any history of previous incarceration, whether the resident's criminal history is exclusively nonviolent, and if the resident has a prior conviction for sex offenses against an adult or child. Other factors the intake screening considers include Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Interviews with intake staff confirmed their understanding of a duty to affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the intake screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI.

115.241 (e) In assessing residents for risk of being sexually abusive, by examination the Auditor determined that the initial intake PREA risk screening also considers, when known to the agency: any prior acts of sexual abuse, prior convictions for violent offenses and when known to the agency: any history of prior institutional violence or sexual abuse.

115.241 (f) Within a set time 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. By examination the Auditor reviewed (16) risk assessment. Problematic reassessments were not completed within a set time not more than 30 days from the resident's arrival at the facility. This provision requires a corrective action.

115.241 (g) During and interview with Program Assistant and Treatment Coordinator each confirmed during individual interviews that residents risk levels are reassessed when warranted due to a: Referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Referrals for services related to sexual victimization or abusiveness are scheduled employing community resources.

115.241 (h) The Program Director and the PREA Coordinator confirmed that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to Standard 115.241, provisions (d)(1), (d)(7), (d)(8), or (d)(9). Random and targeted residents (16) sampled during the on-site portion of this audit denied being disciplined for refusing to answer, or not disclosing complete information in response to PREA related questions.

115.241 (i) The Program Director and the PREA Coordinator confirmed each confirmed that the agency has passworded protected desktop computers and the agency implemented additional controls such as lock file cabinets to safely manage and protect the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.37 Intake
3. Review of SecurManage Correctional Software Program
4. Review of signed information at intake from the Resident
5. Review of Vulnerability Assessment Instrument: Volunteers of America Delaware Valley, Behavioral Health & Reentry Services, PREA Screening Checklist
6. Interview with the Treatment Coordinator
7. Interview with the Program Assistant
8. Interview with the Program Director

9. Interview with the PREA Coordinator
10. Interview with random and targeted residents (16)

Corrective Action: Fletcher House will complete all reassessments due on current residents. Fletcher House will provide the Auditor evidence of the completion of reassessments for all eligible residents. Fletcher House in conjunction with the PREA Coordinator will retrain staff regarding Standards 115.241 and 115.242 and provide the Auditor with signed documented evidence of the training.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.37 Intake address Standard 115.241.

115.242 (a) Volunteers of America Delaware Valley, Inc., uses 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, bed, work, and education assignments.

115.242 (b) Volunteers of America Delaware Valley, Inc makes individualized determinations about how to ensure the safety of each resident according to the Program Director and the PREA Coordinator.

115.242 (c) During her interview the Program Director confirmed that when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, Volunteers of America Delaware Valley, Inc., considers on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. When making housing or other program assignments for transgender or intersex residents, Volunteers of America Delaware Valley, Inc., considers on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems.

During her interview the PREA Coordinator confirmed that when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, Volunteers of America Delaware Valley, Inc., considers on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. When making housing or other program assignments for transgender or intersex residents, Volunteers of America Delaware Valley, Inc., considers on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems.

115.242 (d) Transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments according to the Program Director. During the onsite audit of the facility zero transgender or intersex inmates were assigned to the Fletcher House. During this reporting period, zero self-identified transgender or intersex residents were placed at the Fletcher House.

115.242 (e) The Program Director indicated during her interview that all transgender and intersex residents would be given the opportunity to shower separately from other residents.

115.242 (f) According to the PREA Coordinator, Volunteers of America Delaware Valley, Inc., always refrains from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely

based on such identification or status. Volunteers of America Delaware Valley, Inc., is not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, the agency always refrain from placing transgender residents in dedicated facilities, units, or wings solely based on such identification or status. Further, the agency always refrains from placing intersex residents in dedicated facilities, units, or wings solely based on such identification or status.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.37 Intake
3. Policy Number 700.40, Sexual Abuse and Harassment
4. Review of SecurManage Correctional Software Program
5. Review of signed information at intake from the Resident
6. Review of Vulnerability Assessment Instrument: Volunteers of America Delaware Valley, Behavioral Health & Reentry Services, PREA Screening Checklist
7. Interview with the Treatment Coordinator/Case Manager
8. Interview with the Program Assistant
9. Interview with the Program Director
10. Interview with the PREA Coordinator
11. Interview with random and targeted residents

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 600.09 Client Grievance Procedure, Policy Number 700.12 Continuous Training, Policy Number 300.04 Rights of the Client, Employee Handbook, Resident Handbook, and Fletcher House Grievance Form address Standard 115.251.

115.251 (a) Volunteers of America Delaware Valley, Inc., provides multiple internal ways for residents to privately report: Sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Resident reporting options are made known to them during the intake and orientation process. Residents are issued a handbook which outlines sexual abuse reporting options such as telling a trusted staff person, filing a grievance, or reporting their allegation to the external entity. During the facility tour the Auditor notes PREA and victim advocacy information poster in administration, common area and on each floor where living units are located. During staff PREA Training (e.g., new employee onboarding, annual PREA Training) Fletcher House staff are trained to accept reports of sexual abuse and sexual

harassment made verbally, in writing, anonymously, and from third parties. During random and specialized interviews all staff sampled confirmed a duty to report sexual abuse or sexual harassment to a supervisor, the Program Director, Assistant Program Director, PREA Coordinator, NJDOC or the Camden Police Department.

115.251 (b) Volunteers of America Delaware Valley, Inc., provides 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. The private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. The private entity or office allows the resident to remain anonymous upon request. Residents have the option to report an incident of sexual harassment to the NJDOC, Special Investigations Division or the Camden Police Department, verbally, in writing or anonymously.

115.251 (c) During interviews with random and specialized staff, the Auditor determined that all staff sampled would accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, notify a supervisor, protect the resident and document the incident.

115.251 (d) Volunteers of America Delaware Valley, Inc., staff are provided reporting methods during new employee onboarding. All staff are issued an employee handbook. The handbook outlines reporting options. Staff reporting methods include reporting the allegations to the Camden Police Department or NJDOC, in writing, verbally, face-to-face, or anonymously. Staff are able to report an allegation of sexual abuse or sexual harassment to a member of the Fletcher House management or the PREA Coordinator. Moreover, random, and specialized staff interviewed confirmed their understanding of their duty to accept reports of sexual abuse and sexual harassment received in any form of communication and immediately document the incident.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 600.09 Client Grievance Procedure
3. Policy Number 700.40, Sexual Abuse and Harassment
4. Policy Number 700.12 Continuous Training
5. Policy Number 300.04 Rights of the Client
6. Employee Handbook
7. Resident Handbook
8. Fletcher House Grievance Form
9. Interview with random and specialized staff
10. Interviews with random and targeted residents

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 600.09 Client Grievance Procedure address Standard 115.252.

115.252 (a) Volunteers of America Delaware Valley, Inc., is not exempt from the administrative remedy process. The agency permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits. Interviews with the PREA Coordinator and Program Director each individually affirm that Volunteers of America Delaware Valley, Inc., and by extension Fletcher House always refrains from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Further, the resident filing an administrative remedy reporting sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint, and the said grievance is not referred to the staff member who is the subject of the complaint.

115.252 (d) According to the PREA Coordinator, Volunteers of America Delaware Valley, Inc., would 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. More, if the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made. 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.

115.252 (e) According to the PREA Coordinator and the Program Director of Fletcher House, third party, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing a request for an administrative remedy relating to allegations of sexual abuse. More, third parties also permitted to file such requests on behalf of a resident. (If a third-party file such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The resident may decline to allow a request to be processed on his behalf. Fletcher/agency would document the incident.

115.252 (f) According to the PREA Coordinator and the Program Director confirmed that all grievances are considered an emergency grievance however the agency procedures mirror Standard 115.252. If the resident perceives themselves as subject to substantial risk of imminent sexual abuse, they may verbally contact or file a grievance immediately with the PREA Coordinator. More, the agency will 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. Volunteers of America Delaware Valley, Inc., and the Fletcher House will provide the resident with an initial response within 48 hours and issue a final agency decision within 5 calendar days. Both responses (e.g., initial, and final) or agency decisions would detail action taken and the agency's determination whether the resident is in substantial risk of imminent sexual abuse, in response to the emergency grievance. The Auditor examined grievances (7) filed during this reporting period, zero were PREA related in any way.

The PREA Coordinator confirmed that; zero emergency grievances alleging substantial risk of imminent sexual abuse were filed in the past 12 months, zero number of emergency grievances had an initial response within 48 hours, zero number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days. In the past 12 months, zero resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

115.252 (g) The PREA coordinator confirmed that if the agency disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the resident filed the grievance in bad faith.

During her interview the Program Director confirmed that if the agency disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the resident filed the grievance in bad faith.

Evidence Reviewed (On-site, documentation, staff and resident interviews):

1. Pre-audit Questionnaire
2. Policy 600.09 Client Grievance Procedure
3. Policy 700.12 Continuous Training
4. Policy 300.04 Rights of the Clients
5. Employee Handbook
6. Resident Handbook
7. Fletcher House Statement of Grievance (Formal grievance form)
8. Interview with the PREA Coordinator
9. Interview with the Program Director
10. Review of Grievances filed during this reporting period

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 400.13 Mental Health and Support Services address Standard 115.253.

115.253 (a) The Fletcher House provides 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. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. More, It is the policy of Volunteers of America Delaware Valley Behavioral Health and Reentry Services Programs to allow all clients access to mental health and confidential emotional support services in the community. Residents in the program that have been identified by the NJDOC as having special mental health needs are placed on a Special Needs roster. Residents on the Special Needs roster are required to go to the regional institution monthly for medication checks. The facility Case Manager or Substance Abuse Counselor are responsible for creating service plans and a discharges plan that addresses and/or incorporates the special needs of their resident with mental health challenges. Residents with sexual abuse histories, victims, and abusers, are permitted to access confidential emotional support services. The Case Manager or Substance Abuse Counselor facilitate access to community mental health and emotional support services (SERV). Other mental health needs are addressed at Garden State Correctional Facility. By examination, the Auditor confirmed that Volunteers of America Delaware Valley has a MOU with SERV to provide emotional support services to victims of sexual abuse. SERV contact information was noted during the facility tour on each floor of the facility and in common area and administration. Other PREA related information posted throughout the facility also included contact information for NJDOC Ombudsman Office, PREA hotline were all visible during the tour.

115.253 (b) The facility informs 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. Residents carry personal cell phone therefore any call from a personal cellphone would be confidential. The facility phones do not record calls.

115.253 (c) The agency maintains a memorandum of understanding (MOU) with a community service provider, SERV to provide residents with confidential emotional support services related to sexual abuse. By examination, the Auditor confirmed that the agency and SERV have an active agreement to provide residents of sexual abuse with emotional support services.

Zero residents reported sexual abuse during the audit review period.

Evidence Reviewed (On-site, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 400.13 Mental Health and Support Services
3. MOU with SERV
4. Publication, " You Have the Right to Be Safe from Sexual Violence"
5. Interview with the PREA Coordinator
6. Interview with the Program Director
7. Interview with random and targeted residents
8. Interview with the Treatment Coordinator
9. Interview with a Case Manager

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment address Standard 115.254.

115.254 (a) Volunteers of America Delaware Valley has established a method to receive third-party reports of sexual abuse and sexual harassment through the New Jersey Corrections Ombudsman/Ombudspersons Office. The NJDOC New Jersey Ombudsman/Ombudsperson Office serves as an available independent, confidential external PREA reporting entity. The Ombudsperson's role has a long and honorable tradition as a means of protecting against abuse, bias and other improper treatment or unfairness. The Office of the Corrections Ombudsperson provides a mechanism for the continuing resolution of concerns or complaints regarding the living conditions and treatment of state sentenced inmates housed in state prison facilities, residential community release programs and sexually violent predators committed to the Special Treatment Unit.

Serving as a designated neutral party, the Corrections Ombudsperson is an advocate for fairness who also acts as a source of information and referral, aids in answering questions, and assists in the resolution of concerns during critical situations. Since the office is independent and external to the correctional facilities, it ensures objectivity and credibility among inmates and staff. In considering any given instance or concern, the interests and rights of all parties who may be involved are considered.

Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?

Interviews with residents confirmed they were made aware of external reporting sources during the intake process and how to make a third-party report. Likewise, staff confirmed they were informed that the agency and Fletcher House accepts third-party reports of sexual abuse and harassment. Staff interviewed (random and specialized) verified that they are aware of third-party reporting duties to immediately alert management on an incident of sexual abuse, the need to safeguard the victim and document the incident.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy 700.40 Sexual Abuse and Harassment
3. Resident Handbook
4. Resident Education Curriculum
5. Ombudsman Posters
6. SERV Posters
7. Publications in common areas
8. Internet search Volunteers of America Delaware Valley <https://vocadv.org/PREA>

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.33 Investigations address Standard 115.261.

115.261 (a) Volunteers of America Delaware Valley, Inc., has a policy that requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The agency requires 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 internally to a supervisor, Program Director, Program Assistant Director, PREA Coordinator or the agency Chief Operating Officer (COO).

Volunteers of America Delaware Valley, Inc., requires 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, sexual harassment, or retaliation.

115.261 (b) According to the PREA Coordinator, apart from reporting to designated supervisors or officials, 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.

During her interview the Program Director confirmed for the Auditor that, apart from reporting to designated supervisors or officials, 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.

115.261 (c) According to the PREA Coordinator, unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to Standard 115.261, provision (a).

115.261 (d) According to the PREA Coordinator, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency reports the allegation to the designated State or local services agency under applicable mandatory reporting laws.

115.261 (e) According to the PREA Coordinator, Fletcher House reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators, Camden Police Department or NJDOC SID.

During her interview the Program Director confirmed, Fletcher House reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Camden Police Department or NJDOC SID.

Random and specialized staff interviews confirmed staff understood their responsibility to report sexual abuse and harassment immediately to a supervisor. Moreover, staff training records and acknowledgments confirmed staff was trained how to report, detect, respond to, and prevent sexual abuse and harassment.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy 700.33 Investigations
3. Interview with the PREA Coordinator
4. Interview with the Program Director
5. Interviews with random and specialized staff
6. Examination of staff PREA training lesson plan

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 600.10 Client Rights and 700.33 Investigations address Standard 115.262.

115.262 (a) When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident. Interviews with a sample of random and specialized staff confirmed their understanding or their role and responsibility when learning that a resident is subject to a substantial risk of imminent sexual abuse. Staff interviewed (100%) indicated a need to safeguard the victim, notify a supervisor and document the incident.

The PREA Coordinator and the Program Director each explained that safeguarding a resident could include moving the resident or the aggressor to another facility, a room assignment change, consultation with resident referral source (e.g., NJDOC) and to implement appropriate protective measures. Interviews with first responder staff (security and non-security) confirmed their understanding of protection duties and what it means to safeguard a resident who is subject to a substantial risk of imminent sexual abuse.

The PREA Coordinator confirmed that in the past 12 months, zero times during the audit review period did the Fletcher House determined that a resident was subject to substantial risk of imminent sexual abuse. Fletcher House met the requirements of Standard 115.262.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 600.10 Client Rights
4. Policy Number 700.40 Sexual Abuse and Harassment
5. Interview with the PREA Coordinator
6. Interview with the Program Director
7. Interviews with random and specialized staff

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.33 Investigations address Standard 115.263.

115.263 (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, Fletcher/ Program Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and document the incident.

115.263 (b) The program Director indicated during her interview that the said notification would be provided as soon as possible, but no later than 72 hours after receiving the allegation. According to the

PREA Coordinator, zero allegations of resident sexual abuse was received by the agency during this reporting period.

115.263 (c) The PREA Coordinator indicated that she would document the notification.

115.263 (d) The facility head or agency office that receives such notification would ensure that the allegation is investigated in accordance with Standard 115.263.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number Sexual Abuse and Harassment
4. Interview with the PREA Coordinator
5. Interview with the Program Director

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 300.06 Sexual Misconduct Inappropriate Behavior, Policy Number 700.33 Investigations and Policy Number 700.12 Continuous Training, address Standard 115.264.

115.264 (a) Upon learning of an allegation that a resident was sexually abused, the Fletcher House, the first security staff responder has been trained and is required to: Separate the alleged victim and abuser, preserve, and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and 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.

115.264 (b) Further, if the Fletcher first staff responder is not a security staff member, the first responder (non-security) is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Interviews with random and specialized staff confirmed that all staff were aware of their role and responsibilities in the event a resident make an allegation of sexual abuse.

Each staff member is trained regarding the PREA Protocol which outlines their responsibilities as a first responder to an alleged sexual assault incident. Interviews with specialized staff (security/non-security) regarding their first responder responsibilities confirmed their understanding of the role of learning of an allegation that a resident was sexually abused.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.33 Investigations

3. Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior
4. Policy Number 700.40 Sexual Abuse and Harassment
5. Policy Number 700.12 Continuous Training
6. PREA Training (PowerPoint)
7. PREA Employee Training Sign- in Sheets
8. Interview with the PREA Coordinator
9. Interview with the Program Director

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.33 Investigations and Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior address Standard 115.265.

115.265 (a) By examination the Auditor confirmed that Fletcher House has 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.

The plan describes the duties of staff first responder, staff and facility leadership. Staff first responders have a responsibility to;

- Not leave the victim alone;
- Call the Person in Charge to request the assistance of the Shift Manager, Assistant Program Director, Program Director, or senior agency management staff;
- Call 911 to obtain emergency medical transportation for the resident to Fletcher Hospital;
- Separate the alleged victim and abuser;
- Preserve and protect the crime scene;
- Contact SERV to arrange for a sexual assault advocate to go to the hospital to meet with the resident.

Fletcher House does not employ medical and mental health practitioners. Investigators are external entities. Interviews with the Program Director and the PREA Coordinator confirmed their understanding of the institutional coordinated action plan established by Fletcher House.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Policy Number 700.40, Sexual Abuse and Harassment
3. Policy Number 700.33 Investigations
4. Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior
5. Interview with the PREA Coordinator
6. Interview with the Program Director

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment address Standard 115.266.

115.266 (a) Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering 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. Fletcher House does not participate in collective bargaining. Fletcher House is a private, non-profit agency. Fletcher House is not unionized. Volunteers of America Delaware Valley, Inc., and by extension Fletcher House does not enter into collective bargaining agreements pertinent to staffing. This standard is not applicable.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-Audit Questionnaire
2. Interview with the PREA Coordinator
3. Interview with the Program Director

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.33 Investigations address Standard 115.267.

115.267 (a) Volunteers of America Delaware Valley, Inc., has 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. The agency omitted designating which staff members or departments are charged with monitoring retaliation. Problematic, the policy omits designating staff members or departments are charged with monitoring retaliation. The PREA Coordinator indicated during the onsite portion of the audit that she is the designated Retaliation Monitor for the agency.

115.267 (b) During her interview the PREA Coordinator explained that in her role of retaliation monitor she would 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. During this reporting period, the PAQ indicates zero incidents of retaliations monitoring and zero allegations of sexual abuse in 2020 and to date in 2021.

Retaliation Monitor during the onsite audit. The monitor explained what protective measures Fletcher House would employ to safeguard a resident (victim), such as;

- Consulting with a judicial referral source;
- Removing alleged resident abusers from contact with victims;
- Removing alleged staff abusers from contact with victims;
- Monitoring resident rooms, including by direct observation, if necessary;
- Transferring potential victims/abusers to other facilities, if operationally possible;
- Segregation of the resident and the abuser during transportation in transport vehicles;
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation;

- Protecting individuals who cooperate in investigations who express fear of retaliation.

115.267 (c) Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, the PREA Coordinator indicates, Volunteers of America Delaware Valley, Inc., would: 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, .

According to the PREA Coordinator, 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, the agency would: 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.

According to the PREA Coordinator, 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, the agency would: Act promptly to remedy any such retaliation.

According to the PREA Coordinator, 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, the agency would: Monitor any resident disciplinary reports.

According to the PREA Coordinator, 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, the agency would: Monitor resident housing changes.

According to the PREA Coordinator, 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, the agency would: Monitor resident program changes.

According to the PREA Coordinator, 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.

According to the PREA Coordinator, 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, the agency would: Monitor reassignments of staff.

According to the PREA Coordinator, the agency will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.267 (d) During her interview the PREA Coordinator confirmed that in the role of retaliation monitor her responsibility would include periodic status checks.

115.267 (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency would take appropriate measures to protect that individual against retaliation, according to the PREA Coordinator.

115.267 (f) The Auditor is not required to audit this provision.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-audit Questionnaire

2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Volunteers of America Valley Retaliation Monitoring/Tracking Log (115.67) Form
5. Interview with the PREA Coordinator/Retaliation Monitor

Corrective Action:

Volunteers of America Delaware Valley, Inc., has 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. The agency omitted designating which staff members or departments are charged with monitoring retaliation. The PREA Coordinator indicated during the onsite portion of the audit that she is the designated Retaliation Monitor for the agency. The agency has a policy that neglects to identify the PREA Coordinator as the Retaliation Monitor for Fletcher House. Volunteers of America Delaware Valley will document the designation of the PREA Coordinator as the Retaliation Monitor and provide the Auditor a copy of the document as evidence of compliance with provision 115.267 (a). **Corrected**

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment and Policy Number 700.33 Investigations address Standard 115.271.

115.271 (a) According to the PREA Coordinator, the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.

According to the PREA Coordinator, the agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations for any allegation made by a third party and anonymous report.

115.271 (b) According to the PREA Coordinator, where sexual abuse is alleged, the agency uses investigators (e.g., Camden PD and NJDOC SID) who have received specialized training in sexual abuse investigations as required by 115.234.

115.271 (c) According to the PREA Coordinator, investigators for the NJDOC Special Investigations Division (SID) and the Camden Police Department, would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, witnesses, and review prior reports and complaints of sexual abuse involving the suspected perpetrator.

115.271 (d) When the quality of evidence appears to support criminal prosecution, the Camden Police Department of NJDOC SID would conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.271 (e) Agency investigators (e.g., Camden Police Department and NJDOC SID) assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as resident or staff. The agency investigates 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.

115.271 (f) According to the PREA Coordinator, administrative investigations would include an effort to determine whether staff actions or failures to act contributed to the abuse. More, written reports of administrative investigations would document a description of any physical evidence, testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.271 (g) Are criminal investigations completed by the Camden Police Department of NJDOC SID would be documented in a written report and contain a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.271 (h) Are all substantiated allegations of conduct that appears to be criminal would be referred for prosecution by the Camden Police Department in conjunction with the NJDOC SID.

115.271 (i) According to the PREA Coordinator, the agency, Volunteers of America Delaware Valley, Inc., retains all written reports referenced in Standard 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271 (j) According to the PREA Coordinator, the agency, Volunteers of America Delaware Valley, Inc., ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

115.271 (k) The Auditor is not required to audit this provision.

115.271 (l) The PREA Coordinator confirmed during her interview that an outside entity investigates sexual abuse, Fletcher House would cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

The Program Director confirmed during her interview that an outside entity investigates sexual abuse, Fletcher House would cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. During this reporting period, Fletcher House reported zero allegations of sexual abuse or sexual harassment (2020-2021).

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Interview with the Program Director
5. Interview with the PREA Coordinator

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.33 Investigations and Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior address Standard 115.272.

115.272 (a) The PREA Coordinator confirmed during her interview 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.

The Program Director confirmed during her interview 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.

The agency does not conduct investigation investigations are conducted by the Camden Police Department of the NJDOC SID.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior
5. Interview with the Program Director
6. Interview with the PREA Coordinator

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.33 Investigations and

Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior, Policy Number 600.09 Client Grievance address Standard 115.273.

115.273 (a) According to the PREA Coordinator, 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.

115.273 (b) The agency/facility is not responsible for conducting administrative and criminal investigations.

115.273 (c) According to the PREA Coordinator, 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, the agency subsequently informs the resident whenever: The staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (d) According to the PREA Coordinator, following a resident's allegation that he has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.273 (e) According to the PREA Coordinator, the agency documents all such notifications or attempted notifications a resident of an outcome of an investigation.

115.273 (f) The Auditor is not required to audit this provision.

Noteworthy:

When an allegation is made, the both residents involved are removed from Fletcher House pending the outcome of the investigation. The PREA Coordinator indicated that once a resident is removed from the program, they are returned to a NJDOC facility. In the event the resident returns to Fletcher House, the outcome of the investigation would be communicated to the resident.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior
5. Policy Number 600.09 Client Grievance
6. Interview with the Program Director
7. Interview with the PREA Coordinator

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.33 Investigations and Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior, Policy Number 3-3 Personnel, Policy Number 3-9 Standards of Conduct, Employee Code of Ethics and Employee Performance Plan address Standard 115.276.

115.276 (a) Volunteers of America Delaware Valley, Inc., staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies according to the Program Director.

115.276 (b) The PREA Coordinator confirmed that termination is a presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.276 (c) The PREA Coordinator confirmed that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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.

115.276 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to: Law enforcement agencies and or the relevant licensing bodies, unless the activity was clearly not criminal, according to the PREA Coordinator.

During this reporting period 2020-2021 to date Fletcher House reported zero allegations of sexual abuse or sexual harassment. There were no allegations of resident and staff engaging in sexual activity during this auditing period.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior
5. Policy Number 3-3 Personnel
6. Policy Number 3-9 Standards of Conduct
7. Employee Code of Ethics
8. Employee Performance Improvement Plan
9. Interview with the Program Director
10. Interview with the PREA Coordinator

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.33 Investigations and Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior address Standard 115.277.

115.277 (a) According to the PREA Coordinator, any contractor or volunteer who engages in sexual abuse would be prohibited from further contact with a resident. More, any contractor or volunteer who engages in sexual abuse would be reported to: Law enforcement agencies unless the activity was clearly not criminal and any relevant licensing bodies.

115.277 (b) In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, Fletcher House would take appropriate remedial measures, and consider whether to prohibit further contact with residents, as confirmed by the Program Director.

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, Fletcher House would take appropriate remedial measures, and consider whether to prohibit further contact with residents, as confirmed by the PREA Coordinator during her interview.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Pre-audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior
5. Interview with the Program Director
6. Interview with the PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 600.11 Client Discipline address Standard 115. 278.

115.278 (a) According to the PREA Coordinator, 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, the resident would be subject to disciplinary sanctions pursuant to a formal disciplinary process.

115.278 (b) According to the PREA Coordinator, sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

115.278 (c) According to the PREA Coordinator, when determining what types of sanctions to impose, if any sanction should be imposed, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior.

115.278 (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits. Mental health services are obtained from either Garden State Prison or in the local community. Advocacy

services would be utilized through NJ State Certified Sexual Violence Response Advocates can be reached through 24/7 toll-free hotlines: Camden County: 1-866-295-SERV (7378).

115.278 (e) According to the PREA Coordinator, the agency would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (f) According to the PREA Coordinator, for the purpose of disciplinary action, 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.

115.278 (g) According to the PREA Coordinator, the agency always refrains from considering non-coercive sexual activity between residents to be sexual abuse.

There were zero allegations of staff and residents engaging in sexual activity during the auditing period.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Fletcher House Pre-Audit Questionnaire
2. Policy Number 600.11 Client Discipline
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Resident Handbook
5. Interviews with the PREA Coordinator
6. Interview with the Program Director
7. Interview with the Treatment Coordinator

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 115.282.

115.282 (a) According to the PREA Coordinator, a resident victim of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by a community medical and mental health practitioner according to their professional judgment.

115.282 (b) Volunteers of America Delaware Valley, Inc., does not employ medical or mental health practitioners, Fletcher House staff first responders are trained to take preliminary steps to protect the victim pursuant to § 115.262 and seek medical care for the victim in the community.

115.282 (c) As confirmed by the PREA Coordinator, resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.282 (d) As confirmed by the PREA Coordinator, treatment services provided to the victim would be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Fletcher House Pre-Audit Questionnaire
2. Policy Number 400.07 Access to Medical/Dental Services
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Resident Handbook
5. Notification of Emergency Room Visits (B)
6. Special Incident Report Form
7. Interviews with the PREA Coordinator
8. Interview with the Program Director
9. Interview with the Treatment Coordinator

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 400.07 Access to Medical/Dental Services address Standard 115.282.

115.283 (a) Fletcher House through community medical and mental health practitioners 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. Referrals are made to SERV and Our Lady of Lourdes Hospital for PREA related services.

115.282 (d) According to the PREA Coordinator, treatment services would be 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. The Treatment Coordinator would assist in scheduling follow up services for a victim of sexual abuse. During the reporting period zero incidents of sexual abuse were reported during this audit period.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Fletcher House Pre-Audit Questionnaire
2. Policy Number 400.07 Access to Medical/Dental Services
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Resident Handbook
5. Notification of Emergency Room Visits (B)
6. Special Incident Report Form
7. Interviews with the PREA Coordinator
8. Interview with the Program Director
9. Interview with the Treatment Coordinator

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.33 Investigations address Standard 115.286.

115.286 (a) According to the Program Director, Fletcher House would 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. During this reporting period zero sexual abuse or sexual harassment allegations were reported.

115.286 (b) According to the Program Director, Fletcher House would review ordinarily occur within 30 days of the conclusion of the investigation.

115.286 (c) According to the Program Director, Fletcher House incident review team includes upper-level management officials such as the Assistant Program Manager and the PREA Coordinator, and with input from line supervisors.

115.286 (d) According to the Program Director, Fletcher House the incident review team would consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in the area of the incident during different shifts, assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and 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 PREA Coordinator and COO.

115.286 (e) Fletcher House would either implement the recommendations for improvement, or document its reasons for not doing so, as confirmed by the Program Director and PREA Coordinator.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Fletcher House Pre-Audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Interview with a member of the Incident Review Team
5. Special Incident Report Form
7. Interview with the PREA Coordinator
8. Interview with the Program Director

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.34 Data Collection addresses Standard 115.287.

115.287 (a) Volunteers of America Delaware Valley, Inc., collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Problematic the instrument neglected to include a set of definitions.

115.287 (b) By examination the Auditor determined that, Volunteers of America Delaware Valley, Inc., aggregates the incident-based sexual abuse data at least annually.

115.287 (c) By examination the Auditor determined that the incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.287 (d) The PREA Coordinator confirmed during her interview and the designated head of the agency Volunteers of America Delaware Valley, Inc., maintains, reviews, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.287 (e) Volunteers of America Delaware Valley, Inc., does not contract for the confinement of its residents.

115.287 (f) Volunteers of America Delaware Valley, Inc., upon request, provides all such data from the previous calendar year to the Department of Justice no later than June 30.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Fletcher House Pre-Audit Questionnaire
2. Policy Number 700.33 Investigations
3. Policy Number 700.34 Data Collection
4. Policy Number 700.40 Sexual Abuse and Harassment
5. Interview with the PREA Coordinator
6. Interview with the agency head/CEO

Corrective Action:

Volunteers of America/Fletcher House will modify the uniform data instrument to include a set of definitions. The agency will provide the Auditor with documented evidence of compliance with this standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual, Policy Number 700.40, Sexual Abuse and Harassment, Policy Number 700.34 Data Collection addresses Standard 115.288.

115.288 (a) According to the agency head, CEO and PREA Coordinator, Volunteers of America Delaware Valley reviews 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.

According to the agency head, CEO and PREA Coordinator, Volunteers of America Delaware Valley reviews data 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.

According to the agency head, CEO and PREA Coordinator, Volunteers of America Delaware Valley reviews 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.

115.288 (b) According to the agency head, CEO and PREA Coordinator, Volunteers of America Delaware Valley the agency's annual report includes 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.

According to the agency head, CEO and PREA Coordinator, Volunteers of America Delaware Valley, the agency's annual report includes 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.

115.288 (c) According to the agency head, CEO and PREA Coordinator, Volunteers of America Delaware Valley annual report is approved by the agency head/CEO and made readily available to the public through its website. (www.voadv.org/pdf_files/2020-annual-prea-report).

115.288 (d) According to the agency head, CEO and PREA Coordinator, Volunteers of America Delaware Valley would indicate the nature of a 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.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Fletcher House Pre-Audit Questionnaire
2. Policy Number 700.34 Data Collection
3. Policy Number 700.40 Sexual Abuse and Harassment
4. Interview with the PREA Coordinator
5. Interview with the agency head/CEO
6. Interview with the PREA Compliance Manager

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.289 (a) According to the agency head, Volunteers of America ensures that data collected pursuant to § 115.287 are securely retained.

115.289 (b) According to the agency head, the agency makes 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.

115.289 (c) According to the agency head, the agency removes all personal identifiers before making aggregated sexual abuse data publicly available.

115.289 (d) According to the agency head, the agency maintains 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.

Evidence Reviewed (on-site visit, documentation, staff, and resident interviews):

1. Fletcher House Pre-Audit Questionnaire
2. Interview with the agency head
3. Interview with the PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401 (a) During the prior three-year audit period, Volunteers of America ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.

115.401 (b) 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.

115.401 (h) The Auditor had access to, and the ability to observe, all areas of the audited facility.

115.401 (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

115.401 (m) The Auditor was permitted to conduct private interviews with inmates, residents, and detainees.

115.401 (n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. This Auditor received zero correspondence from residents or staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.403 (f) By examination, the Auditor determined that Volunteers of America has published on its agency website, all Final Audit Reports within 90 days of issuance by Auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love
Auditor Signature

12/04/2021
Date

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

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