

# PREA Facility Audit Report: Final

**Name of Facility:** Fletcher House

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 05/27/2025

**Date Final Report Submitted:** 07/08/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sonya Love	<b>Date of Signature:</b> 07/08/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Love, Sonya
<b>Email:</b>	sonya.love57@outlook.com
<b>Start Date of On-Site Audit:</b>	10/16/2024
<b>End Date of On-Site Audit:</b>	10/17/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Fletcher House
<b>Facility physical address:</b>	517 Penn Street, Camden, New Jersey - 08102
<b>Facility mailing address:</b>	531 Market Street , Camden , New Jersey - 08102

Primary Contact
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<b>Name:</b>	Tamara Davis
<b>Email Address:</b>	davis@voadv.org
<b>Telephone Number:</b>	8568544660

<b>Facility Director</b>	
<b>Name:</b>	Kyrea Roberson
<b>Email Address:</b>	KRoberson@voadv.org
<b>Telephone Number:</b>	8569645100

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	84
<b>Current population of facility:</b>	54
<b>Average daily population for the past 12 months:</b>	52
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	33-57
<b>Facility security levels/resident custody levels:</b>	Low
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	19
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Volunteers of America Delaware Valley
<b>Governing authority or parent agency (if applicable):</b>	Volunteers of America, Inc.
<b>Physical Address:</b>	531 Market Street, Camden, New Jersey - 08102
<b>Mailing Address:</b>	
<b>Telephone number:</b>	8568544660

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Dan Lombardo
<b>Email Address:</b>	DZippy@voadv.org
<b>Telephone Number:</b>	8568544660

<b>Agency-Wide PREA Coordinator Information</b>
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<b>Name:</b>	Tamara Davis	<b>Email Address:</b>	Tdavis@voadv.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0	
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#### Number of standards met:

41	
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#### Number of standards not met:

0	
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-16
2. End date of the onsite portion of the audit:	2024-10-17

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	SERV

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	84
15. Average daily population for the past 12 months:	52
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	52
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>19</p>
<p><b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Residents were sampled by living unit, availability, ethnicity, and length of stay.
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Barriers in the selection were dependent on availability. Residents work and receive programming and services either in the community or through NJDOC.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite part of this audit, the Auditor verified the population characteristics with the Program Director and the PREA Coordinator. Additionally, during the facility tour and site review, the Auditor held informal conversations with residents as they prepared for work.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility tour verified that Fletcher House does not utilize segregated housing for any reason.</p>

<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Random residents were oversampled. Zero residents met the criteria for the targeted group according to the PREA Coordinator and Program Director.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
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<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
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**Specialized Staff, Volunteers, and Contractor Interviews**

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

<p><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>6</p>
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<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Volunteers of America does not employ contractors. The agency does not utilize the services of volunteers, according to the PREA Coordinator and Program Director.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

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

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>78. Explain why you were unable to review any sexual abuse investigation files:</b>	Zero allegations of sexual abuse were reported during this reporting period as confirmed by the PREA Coordinator and Program Director.

<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>Zero allegations of sexual harassment were reported during this reporting period as confirmed by the PREA Coordinator and Program Director.</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>Zero allegations of sexual abuse and sexual harassment were reported during this reporting period, as confirmed by the PREA Coordinator and Program Director.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>115.211 (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</b></p> <p>115.211 (a)-1 Volunteers of America, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p>Volunteers of America, POLICY NUMBER: 700.40, Sexual Abuse and Harassment (effective 2024), pages 1-6.</p> <p>115.211 (a)-2 Fletcher House has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and</p>

Harassment (effective 2024) page 1-6.

115.211 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and Harassment (effective 2024) page 1-6.

115.211 (a)-4 The policy includes sanctions for those found to have participated in prohibited behaviors.

Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and Harassment (effective 2024) page 1-6.

115.211 (a)-5 The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and Harassment (effective 2024) page 1-6.

**115.211 (b): An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.**

115.211 (b)-1 Volunteers of America, the agency employs or designates an upper-level, agency-wide PREA Coordinator.

Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and Harassment (effective 2024) page 1-6.

The Volunteers of America Delaware Valley Organization Chart confirms that the PC is a member of upper management. She reports to the Chief Operations Officer, who reports to the organization's president.

The Fletcher House Program Director serves as the facility's PREA Compliance Manager (PCM). The PCM reports to the Agency PREA Coordinator (PC) at the corporate level.

115.211 (b)-2 The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

During this audit, the Auditor interviewed the PC. She confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

115.211 (b)-3 The position of the PREA Coordinator in the agency's organizational structure:

	<p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. <b>Pre-audit questionnaire</b></li> <li>2. Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and Harassment (effective 2024), pages 1-6.</li> <li>3. Interview with the PC</li> <li>4. Interview with the PCM</li> <li>5. Volunteers of America Delaware Valley Organization Chart</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.212 (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</b></p> <p>115.212 (a)-1 The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. Not applicable. The facility does not contract with other facilities for the confinement of its residents.</p> <p>115.212 (a)-2 All of the above contracts require contractors to adopt and comply with PREA standards. Not applicable.</p> <p>115.212 (a)-3 The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: Not applicable.</p> <p>115.212 (a)-4 The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: Not applicable.</p> <p><b>115.212 (b): Any new contract or contract renewal shall provide for agency</b></p>

	<p><b>contract monitoring to ensure that the contractor is complying with the PREA standards.</b></p> <p>115.212 (b)-1 All of the above contracts require the agency to monitor the contractor's compliance with PREA standards. Not applicable.</p> <p>115.212 (b)-2 The number of contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor the contractor's compliance with PREA standards: Not applicable.</p> <p><b>115.212 (c): Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.</b></p> <p>115.212 (c)-1 Since August 20, 2012, the agency has entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards. No, skip to 115.213(a).</p> <p>115.212 (c)-2 If YES, these contracts were a result of emergency circumstances. Not applicable.</p> <p>115.212 (c)-3 The agency documents unsuccessful attempts to find an entity compliant with the standards. Not applicable.</p> <p><b>Evidence relied upon:</b></p> <p style="padding-left: 40px;">1. Pre-audit questionnaire</p> <p><b>Conclusion:</b></p> <p>The narrative below includes 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.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.213 (a): For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In</b>

**calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors.**

115.213 (a)-1 For each facility, the agency develops and documents a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse.

Volunteers of America, POLICY NUMBER: 200.02 Staffing (effective 2024), pages 1-2.

By examination, this Auditor confirmed that Fletcher House has a staffing plan for its facility. The plan ensures adequate staffing levels and, when necessary, video monitoring to protect residents from sexual abuse. When determining staffing needs and the necessity for video monitoring, agencies should consider: (1) the physical layout of each facility; (2) the composition of the resident population; (3) the frequency of confirmed and unconfirmed sexual abuse incidents; and (4) any other relevant factors.

115.213 (a)-2 Since August 20, 2012, or last PREA audit, whichever is later, the Fletcher House average daily number of residents was 52.

115.213 (a)-3 Since August 20, 2012, or last PREA audit, whichever is later, the Fletcher House average daily number of residents on which the staffing plan was predicated was 54.

#### **PREA Audit Site Review**

During the site review, the Auditor compared the written staffing plan to the following observations to determine whether the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and if the facility is staffed according to the plan. The Auditor:

- Observe the number of staff,
- Zero volunteers were present
- Zero contractors were present
- Observed security and non-security staffing patterns during every shift,
- Observed staffing security and non-security staffing patterns on all living units, in areas where sexual abuse is known to be more likely to occur, according to the staffing plan.
- Observe areas where residents are not allowed.
- Confirmed by examining the facility's video monitoring system, to determine whether movement in and out of common areas is monitored (e.g., by cameras or other forms of surveillance), to ensure that confined persons never enter those areas.
- Observe the level of supervision and frequency of room checks in housing

areas where residents have roommates and congregate housing settings (if applicable).

- Observe direct and indirect supervision practices, including camera placement.

115.213 (b): When the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

115.213 (b)-1 The facility documents and justifies all deviations from the staffing plan each time it is not complied with. Fletcher House confirmed that during this reporting period there are no deviations from the plan.

The Director confirmed in an interview with the Auditor that the facility has a staffing plan ensuring adequate staffing levels to protect residents from sexual abuse. The plan takes into account factors such as the physical layout, the resident population, and the history of substantiated and unsubstantiated sexual abuse incidents. The Director also confirmed that the facility would document all instances of non-compliance with the staffing plan where appropriate.

The PC confirmed in an interview with the Auditor that Fletcher House has a staffing plan that provides an adequate staffing level to protect residents from sexual abuse. The staff plan considers factors such as the physical layout, population type, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

115.213 (b)-2 If documented, the six most common reasons for deviating from the staffing plan in the last 12 months: Not applicable, see.115.213 (b)-1.

**115.213 (c): Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.**

115.213 (c)-1 At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America, POLICY NUMBER: 200.02 Staffing (effective 2024), pages 1-2.

	<ol style="list-style-type: none"> <li>3. Interview with the Program Director</li> <li>4. Interview with the PREA Coordinator</li> <li>5. Facility tour and site review</li> <li>6. Volunteers of America, Fletcher House Staffing Plan Annual Review</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.215 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</b></p> <p>115.215 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9.</p> <p>115.215 (a)-2 In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero.</p> <p><b>PREA Audit Site Review</b></p> <p>During the site review, the Auditor did not observe cross-gender strip or cross-gender visual body cavity searches of residents. During a select sample of resident interviews, all residents denied being subjected to a cross-gender strip or cross-gender visual body cavity search. Zero female residents were present. Fletcher House is a male facility.</p> <p><b>115.215 (b): As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.</b></p> <p>115.215 (b)-1 The facility does not permit cross-gender pat-down searches of</p>

female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 residents).

115.215 (b)-2 The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Not applicable. Zero female residents were present. Fletcher House is a male facility.

115.215 (b)-3 The number of pat-down searches of female residents that were conducted by male staff: 0. Zero female residents were present. Fletcher House is a male facility.

115.215 (b)-4 The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s): 0. Zero female residents were present. Fletcher House is a male facility.

**115.215 (c): The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents**

115.215 (c)-1 Fletcher House confirmed during this audit that the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9.

115.215 (c)-2 Facility policy requires documenting all cross-gender pat-down searches of female residents. N/Athe facility does not house female residents.

During the facility tour and site review, this Auditor observed zero female residents.

**115.215 (d): Fletcher House confirmed that the facility has 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. Such policies and procedures 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.**

115.215 (d)-1 Fletcher House confirmed that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9.

115.215 (d)-2 Fletcher House confirmed that policies and procedures 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.

Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9.

A select sample of residents was interviewed at Fletcher. All confirmed that staff of the opposite gender consistently make announcements before entering a room. A select sample of random staff (12) confirmed that opposite gender staff must make opposite-gender announcements before entering a room.

**115.215 (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.**

115.215 (e)-1 TFletcher House confirmed that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9.

115.215 (e)-2 Fletcher House denies that such searches (described in 115.215(e)-1) occurred in the past 12 months.

**115.215 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.**

115.215 (f)-1 The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs:100%.

Volunteers of America, Working with Offenders, What Works (PP) slides 1-40.

**Evidence relied upon:**

1. Pre-audit questionnaire

	<ol style="list-style-type: none"> <li>2. Volunteers of America, Working with Offenders, What Works (PP) slides 1-40.</li> <li>3. Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9.</li> <li>4. Interview with a select sample of residents</li> <li>5. Interviews with a select sample of random staff (12)</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative includes 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.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.216 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</b></p> <p>115.216 (a)-1 The agency has established procedures to provide disabled residents 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.</p> <p>Volunteers of America POLICY NUMBER 300.04 Rights of the Client (effective 2024), Pages 1-4.</p>

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual (effective 3/2024), pages 1-50.

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual affirms 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. This includes residents who are deaf or hard of hearing, blind or have low vision, or have speech disabilities, as well as residents with psychiatric, intellectual, or speech disabilities.

The Agency Head confirmed during his interview that the agency established procedures to provide residents with disabilities and limited English proficiency 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. According to the Program Manager, PREA-related education and orientation to the facility rules will be delivered verbally to residents with low vision or who are blind.

During this audit, the Auditor did not interview any residents who identified as residents with disabilities or who are limited in English proficiency.

**115.216 (b): The agency shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment for residents who are limited English proficient. This includes providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.**

115.216 (b)-1 The agency has established procedures to provide residents with limited English proficiency 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.

Volunteers of America Delaware Valley, Inc. actively works to ensure that residents with limited English proficiency can access all aspects of the agency's efforts to prevent, identify, and respond to sexual abuse and harassment. This includes providing interpreters who communicate effectively, accurately, and impartially, both in understanding and speaking, utilizing any required specialized vocabulary. The PREA Coordinator noted that the facility has established specific procedures for residents with limited English skills, delivering PREA-related information through alternative comprehension methods. The language line assists residents who are hearing impaired or cannot communicate in English or Spanish. When needed, the facility also uses CyraCom, a leading provider of phone and video interpretation services.

Fletcher House offers alternative learning and communication options to ensure residents with disabilities have equal access to the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. For example, the Auditor

verified through examination that PREA signage, the resident handbook, and advocacy information are available in both English and Spanish.

**115.216 (c): The agency shall not rely 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.**

115.216 (c)-1 Volunteers of America confirmed during this audit that the agency's policy prohibits use of 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.

Volunteers of America POLICY NUMBER 300.04 Rights of the Client (effective 2024), Pages 1-4.

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual (effective 3/2024), pages 1-50.

115.216 (c)-2 Volunteers of America confirmed during this audit that the agency or facility would document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

The Program Director states that Volunteers of America generally do not rely on resident interpreters, readers, or other resident assistants, except in rare cases where waiting for an effective interpreter could endanger the resident's safety, hinder first-response duties under §115.264, or affect the investigation of the resident's claims.

Fletcher House has a policy that 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.

115.216 (c)-3 In the past 12 months, the number of instances 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: 0.

In the past 12 months, there have been no PREA-related incidents involving resident interpreters, readers, or other types of resident assistants. A delay in obtaining

another interpreter did not 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 Relied Upon:**

1. Pre-audit questionnaire
2. Interview with the PREA Coordinator
3. PREA Posters (English/Spanish)
4. Policy Number 300.04 Rights of Clients
5. Policy Number 700.40 Sexual Abuse and Harassment
6. Interviews with residents
7. Interviews with random and specialized staff
8. Interview with the Program Director
9. Interview with the PREA Coordinator
10. Interview with the Agency Head

**Conclusion:**

The narrative above includes 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.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.217 (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</b></p> <p>115.217 (a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <p>(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement</p>

facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);  
(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or  
(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Volunteers of America Policy Number 700.06, Employee Selection (effective 2024), pages 1-2.

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 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 an interview with the Auditor, the PREA Coordinator verified that the agency bans hiring or promoting individuals who have had contact with residents and have been civilly or administratively adjudicated for such activities, in accordance with Standard 115.217. Additionally, the PREA Coordinator confirmed that the agency prohibits contracting services from anyone who has engaged in sexual abuse within prisons, jails, lockups, community confinement facilities, juvenile facilities, or other institutions as defined by 42 U.S.C. 1997.

The PREA Coordinator confirmed that the agency prohibits hiring any contractor who may contact residents involved in sexual activities in the community that involve force, threats, or coercion, especially if the victim did not or could not consent. The Coordinator also confirmed that the agency disallows hiring contractors who have been civilly or administratively judged to have engaged in the activities described in Standard 115.

**115.217 (b): The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents**

115.217 (b)-1 Agency policy requires the consideration of 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.

The PREA Coordinator confirmed that the agency has a policy that requires the consideration of 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.

Volunteers of America Policy Number 700.06, Employee Selection (effective 2024), pages 1-2.

**115.217 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and (2) 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.**

115.217 (c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, 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.

Volunteers of America Policy Number 700.06, Employee Selection (effective 2024), pages 1-2.

115.217 (c)-2 In the past 12 months, eight persons have been hired who may have contact with residents with criminal background record checks.

**115.217 (d): The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.**

115.217 (d)-1 Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

Volunteers of America Policy Number 700.06, Employee Selection (effective 2024), pages 1-2.

115.217 (d)-2 In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was zero.

**115.217 (e): The agency shall 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.**

115.217 (e)-1 Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Volunteers of America Policy Number 700.06, Employee Selection (effective 2024), pages 1-2.

**115.217 (f): The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose any such misconduct upon employees.**

The Auditor reviewed documentation of five background records checks of current employees at five-year intervals.

**115.217 (g): Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.**

115.217 (g)-1 Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Volunteers of America Policy Number 700.06, Employee Selection (effective 2024), pages 1-2.

**115.217 (h): Unless prohibited by law, the agency shall 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 relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America Policy Number 700.06, Employee Selection (effective 2024), pages 1-2.
3. Interview with the PREA Coordinator
4. Examination of criminal records (5)

**Conclusion:**

The narrative above includes 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.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.218 (a): When designing or acquiring any new facility and in planning</b>

**any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.**

115.218 (a)-1 The Volunteers of America and Fletcher House deny that the agency/facility has acquired a new facility or substantially expanded or modified existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

During an interview with the Agency Head, he confirmed that the facility has not acquired a new facility or substantially expanded or modified existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

During an interview with the Program Director, the director confirmed that the facility has not acquired a new facility or substantially expanded or modified existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

**115.218 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.**

115.218 (b)-1 The agency/facility has 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. No.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Interview with the Agency Head
3. Interview with the Program Director
4. Facility tour and site review

**Conclusion:**

The narrative above includes 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.

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.221 (a): To the extent the agency is responsible for investigating</b>

**allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.**

115.221 (a)-1 The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

Volunteers of America POLICY 300.06 Sexual Misconduct and Inappropriate Behavior

Volunteers of America POLICY 700.33 Investigations

115.221 (a)-2 The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

No, the New Jersey Department of Corrections.

115.221 (a)-3 If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, skip to 115.221(c)-1):

115.221 (a)-4 Fletcher House confirms that agency investigators follow a uniform evidence protocol when conducting a sexual abuse investigation.

A select sample of random staff were interviewed by the Auditor (12). All confirmed that they understood the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and identified the PREA Coordinator as the initial person responsible for conducting sexual abuse investigations and notifying the NJDOC or the Camden Police Department.

**115.221 (b): The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.**

115.221 (b)-1 The protocol is developmentally appropriate for youth. During the site review and tour, the Auditor confirmed that this facility houses adult residents rather than youth. Not applicable.

115.221 (b)-2 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. Yes.

**115.221 (c): The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility,**

**without financial cost, where evidentiarily or medically appropriate. Such examinations shall 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 examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.**

115.221 (c)-1 Fletcher House confirms that the facility offers all residents who experience sexual abuse access to forensic medical examinations.

115.221 (c)-2 Fletcher House confirms that a forensic medical examination would be offered without financial cost to the victim.

115.221 (c)-3 Fletcher House confirms that, where possible, examinations are conducted by sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs).

115.221 (c)-4 Fletcher House confirms that when SANEs or SAFEs are unavailable, a qualified medical practitioner performs forensic medical examinations.

115.221 (c)-5 Fletcher House confirms the facility would document efforts to provide SANEs or SAFEs.

115.221 (c)-6 The number of forensic medical exams conducted during the past 12 months was zero according to the PREA Coordinator.

115.221 (c)-7 The number of exams performed by SANEs/SAFEs during the past 12 months was zero, according to the PREA Coordinator.

115.221 (c)-8 The number of exams performed by a qualified medical practitioner during the past 12 months was zero according to the PREA Coordinator.

**115.221 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.**

115.221 (d)-1 The facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means.

Memorandum of Understanding with the Center for Family Services, Empowering Rights of Victims (SERV), and Volunteers of America to provide a victim advocate from a rape crisis center.

115.221 (d)-2 These efforts are documented, yes.

Memorandum of Understanding with the Center for Family Services, Empowering Rights of Victims (SERV), and Volunteers of America to provide a victim advocate from a rape crisis center.

115.221 (d)-3 If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

**115.221 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.**

115.221 (e)-1 If the victim requests, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

This Auditor interviewed the facility Director of SERV. She confirmed that SERV provides victim advocates and provides emotional support, crisis intervention, information, and referrals.

Zero residents reported sexual abuse during this reporting period.

**115.221 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.**

115.221 (f)-1 If the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

The PREA Coordinator confirmed during her interview that, where applicable, Volunteers of America would request that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

**115.221 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in community confinement facilities; and (2) Any Department of Justice component that**

**is responsible for investigating allegations of sexual abuse in community confinement facilities.**

Auditor is not required to audit this provision.

**115.221 (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.**

Fletcher House/Volunteers of America employs the services of an organization (SERV) which, under state license, employs licensed advocates. During an interview with the SERV Director she confirmed that the State of New Jersey licenses the staff victim advocates.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Interview with the SERV Director
3. Interview with the PREA Coordinator

**Conclusion:**

The narrative above includes 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.

115.222	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  <b>115.222 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</b>  115.222 (a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).  Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Harassment (effective 2024) pages 1-3.  Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-3.

Volunteers of America Delaware Valley, Inc. ensures that all allegations of sexual harassment are thoroughly investigated through administrative or criminal means, based on individual interviews conducted with the PREA Coordinator and the Program Director.

115.222 (a)-2 In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was zero.

115.222 (a)-3 In the past 12 months, zero allegations have resulted in an administrative investigation.

115.222 (a)-4 In the past 12 months, zero allegations were referred for criminal investigation.

115.222 (a)-5 Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed. Not applicable. Zero allegations of sexual abuse were reported during this reporting period.

During an interview with the Agency Head, he confirmed that the agency ensures all allegations of sexual abuse or sexual harassment lead to a completed administrative or criminal investigation. All administrative allegations are initiated by the PREA Coordinator, who serves as the agency's investigator. The PREA Coordinator coordinates PREA allegations with NJDOC and the local police department.

**115.222 (b): The agency shall have in place a policy 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. The agency shall publish such policy on its Web site or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.**

115.222 (b)-1 The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Harassment (effective 2024) pages 1-3.

Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-3.

115.222 (b)-2 The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means.

	<p>115.222 (b)-3 The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>115.222 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>115.222 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.</p> <p>115.222 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with the Agency Head</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-3.</li> <li>5. Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Harassment (effective 2024) pages 1-3.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.231 (a): The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse</b>

**and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.**

115.231 (a)-1 The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2024), pages 1-3.

Relias PREA Investigations (PP) 1-20.

Volunteers of America Delaware Valley Professionalism and Ethics Training (PP) 1-49.

115.231 (a)-2 Volunteers of America confirmed during this audit that the agency trains all employees who may have contact with residents on fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

115.231 (a)-3 Volunteers of America, the agency confirmed during this audit that the agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.

115.231 (a)-4 Volunteers of America, the agency confirmed during this audit that the agency trains 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.

115.231 (a)-5 Volunteers of America, the agency confirmed during this audit that the agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.

115.231 (a)-6 Volunteers of America, the agency confirmed during this audit that the agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.

115.231 (a)-7 Volunteers of America, the agency confirmed during this audit that the agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.

115.231 (a)-8 Volunteers of America, the agency confirmed during this audit that the agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.

115.231 (a)-9 Volunteers of America, the agency confirmed during this audit that the agency trains 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.

115.231 (a)-10 Volunteers of America, the agency confirmed during this audit that the agency trains 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.

**115.231 (b): Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.**

115.231 (b)-1 Volunteers of America, the agency confirmed during this audit that the training is tailored to the gender of the residents at the facility.

115.231 (b)-2 Volunteers of America, the agency confirmed during this audit that the employees reassigned from facilities housing the opposite gender are given additional training.

**115.231 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.**

115.231 (c)-2 Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. See Volunteers of America, the agency confirmed during this audit that the 115.231.

115.231 (c)-3 Volunteers of America, the agency confirmed during this audit that the frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

**115.231 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.**

115.231 (d)-1 Volunteers of America, the agency confirmed during this audit that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

By examination of training records this Auditor confirmed that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

	<p>During interviews with a select sample of random staff confirmed that they receive training at least annually from the organization.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interviews with random staff (12)</li> <li>3. Examination of training documents</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>115.232 (a): The agency shall ensure 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.</b></p> <p>115.232 (a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Volunteers of America POLICY NUMBER 700.24 Volunteer Services (effective 2024), pages 1-2.</p> <p>115.232 (a)-2 Volunteers of America confirmed during this reporting period that the number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response was zero.</p> <p>During this audit, the Auditor interviewed the PREA Coordinator. The PC confirmed that Fletcher House had zero volunteers during this reporting period. Zero volunteer(s) or contractor(s) who may have contact with residents were interviewed. Residents at Fletcher House obtain program services in the community.</p> <p><b>115.232 (b): 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, but all volunteers and contractors who</b></p>

	<p><b>have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</b></p> <p>115.232 (b)-1 The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. Not applicable.</p> <p>115.232 (b)-2 All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Not applicable.</p> <p><b>115.232 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</b></p> <p>115.232 (c)-1 The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>See 115.232 (a)-1 and 2.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with the PREA Coordinator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.233 (a): During the intake process, residents shall 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 and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</b></p> <p>115.233 (a)-1 Residents receive information at time of intake about the zero-</p>

tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Volunteers of America POLICY NUMBER 300.04 Rights of the Clients (effective 2024) pages 1-4.

This Auditor confirmed that Fletcher House residents received information during intake about the zero-tolerance policy, reporting procedures for sexual abuse or harassment, their rights to be protected from such abuse and retaliation, and the agency's policies for handling these incidents. Additionally, all residents interviewed during the onsite audit affirmed they were informed at intake about the zero-tolerance policy, reporting methods, their rights, and the agency's procedures.

115.233 (a)-2 Fletcher House confirmed during the on-site portion of this audit that 78 residents admitted during the past 12 months were given this information at intake.

**115.233 (b): The agency shall provide refresher information whenever a resident is transferred to a different facility.**

115.233 (b)-1 Fletcher House confirmed that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.

115.233 (b)-2 Fletcher House confirmed that zero residents were transferred from a different community confinement facility during the past 12 months.

115.233 (b)-3 Fletcher House confirmed that the number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information 78.

During the onsite portion of this audit, the auditor interviewed the intake staff. The intake staff explained how the agency/Fletcher House ensures that residents are educated about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, as well as the agency's policies and procedures for responding to these situations. Residents generally become aware of these rights shortly after their arrival, usually by the next day. Additionally, all residents interviewed during the onsite audit confirmed they were informed at intake about the zero-tolerance policy, reporting methods, their rights, and the agency's procedures.

**115.233 (c): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills.**

115.233 (c)-1 Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

Volunteers of America POLICY NUMBER 300.04 Rights of the Clients (effective 2024) pages 1-4.

115.233 (c)-2 Resident PREA education is available in formats accessible to all residents, including those who are deaf.

All residents interviewed during the on-site audit confirmed they were informed at intake about the zero-tolerance policy, reporting methods, their rights, and the agency's procedures. Resident PREA education is available in formats accessible to all residents.

115.233 (c)-3 Resident PREA education is available in formats accessible to all residents, including the visually impaired.

Intake staff interviewed during the onsite portion of this audit confirmed that resident PREA education is delivered in numerous formats, including verbally and in English/Spanish, with the assistance of an interpreter.

115.233 (c)-4 Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. See 115.233 (c)-3.

115.233 (c)-5 Resident PREA education is available in formats accessible to all residents, including those with limited reading skills. See 115.233 (c)-3.

**115.233 (d): The agency shall maintain documentation of resident participation in these education sessions.**

115.233 (d)-1 Fletcher House confirms that the facility/Volunteers of America maintains documentation of resident participation in PREA education sessions. See 115.233 (a)-1.

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

115.233 (e)-1 Volunteers of America confirms that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Interviews with residents
3. Interview with Intake Staff
4. Examination of resident training records

**Conclusion:**

The narrative above includes 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.

**115.234 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.234 (a): In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.**

115.234 (a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-3.

Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-3.

Relias PREA Investigations (PP) slides 1-20.

During the onsite portion of this audit, the Auditor interviewed an investigator who confirmed completion of the required training as outlined in this standard. Sample training records confirm this.

**115.234 (b): Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.**

115.234 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. See 115.234 (a)-1.

115.234 (c)-1 The agency maintains documentation showing that investigators have completed the required training. See 115.234 (a)-1

115.234 (c)-2 The number of current investigators who have completed the required training: 2.

**115.234 (d): Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.**

	<p>Auditor is not required to audit this provision.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with an investigator</li> <li>3. Examination of a sample of training records</li> </ol> <p><b>Comment:</b></p> <p>While this agency maintains trained investigators following PREA standards, the NJDOC completed all investigations related to PREA.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.235 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</b></p> <p>115.235 (a)-1 The agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. N/A the agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p>115.235 (a)-2 The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is zero. This standard is not applicable. Residents receive treatment and program services in the community.</p> <p>115.235 (a)-3 The percentage of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: N/A.</p> <p><b>115.235 (b): If agency medical staff conduct forensic examinations, they</b></p>

	<p><b>shall receive the appropriate training.</b></p> <p>115.235 (b)-1 Agency medical staff at this facility conduct forensic medical exams. Zero.</p> <p><b>115.235 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</b></p> <p>115.235 (c)-1 The agency maintains documentation showing that medical and mental health practitioners have completed the required training. N/A: The agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p>115.235 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending on their status at the agency. This is not applicable.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with the PREA Coordinator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.241 (a): All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.</b></p> <p>115.241 (a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.</p> <p>115.241 (b): Fletcher House confirmed during the onsite portion of this audit that the facility intake screening ordinarily takes place within 72 hours of arrival at the facility.</p>

115.241 (b)-1 The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. See 115.241.

115.241 (b)-2 Fletcher House confirmed that the number of residents entering the facility (either through intake or transfer) within the past 12 months, who stayed for 72 hours or more, and were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry: 84.

115.241 (c): Such assessments shall be conducted using an objective screening instrument.

115.241 (c)-1 Risk assessment is conducted using an objective screening instrument.

Interviews with Staff Responsible for Risk Screening and the Treatment Coordinator verified a thorough system for collecting information and conducting ongoing reassessment and follow-up services as needed.

115.241 (d): The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's own perception of vulnerability.

115.241 (e): The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

115.241 (f): Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

115.241 (f)-1The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.

115.241 (f)-2 Fletcher House confirmed during the onsite portion of this audit the number of residents entering the facility (either through intake or transfer) within the past 12 months, whose length of stay was 30 days or more and who were

reassessed for their risk of sexual victimization or being sexually abusive within 30 days of their arrival, based on any additional relevant information received since intake: 84.

**115.241 (g): A resident's risk level shall be 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.**

Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.

The Auditor interviewed the Staff Responsible for Risk Screening and the Treatment Coordinator during separate interviews, confirmed that each resident's risk level is 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.

115.241 (g)-1 The policy requires that a resident's risk level be 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.

Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.

**115.241 (h): Residents may not be 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.**

115.241 (h)-1 The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.

**115.241 (i): The agency shall implement 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.**

Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.

### **PREA Audit Site Review**

#### **RECORD STORAGE**

During the site review, the Auditor:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, sexual abuse allegations) to determine if the area is secured (e.g., lock and key, file cabinets).
- Observe electronic safeguards of any information/documentation collected and maintained electronically under the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.
3. Volunteers of America, PREA Screening Checklist
4. Interview with Treatment Coordinator
5. Staff Responsible for Risk Screening
6. Facility Tour and Site Review
7. Interview with a select sample of residents

**Corrective Action:**

Fletcher will employ a PREA screening assessment conducted using an objective screening instrument. The Auditor will monitor for compliance during the corrective action period.

**Conclusion:**

The narrative above includes 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. Residents are assessed within 72 hours of their arrival for vulnerability. Interviews with Staff Responsible for Risk Screening and the Treatment Coordinator verified a thorough system for collecting information and conducting ongoing reassessment and follow-up services as needed. All residents are evaluated before arriving at Fletcher House, and staff typically perform assessments within 24 hours of the resident’s arrival. This process was confirmed through a review of forms and interviews with staff and residents.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.242 (a): The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at</b>

**high risk of being sexually victimized from those at high risk of being sexually abusive.**

115.242 (a)-1 The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.

**115.242 (b): The agency shall make individualized determinations about how to ensure the safety of each resident.**

115.242 (b)-1 Volunteers of America confirmed that the agency/facility makes individualized determinations about how to ensure the safety of each resident.

Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.

**115.242 (c): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.**

115.242 (c)-1 In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety.

The Program Director and PREA Coordinator confirmed that zero transgender or intersex residents were assigned to Fletcher House during the on-site portion of this audit.

115.242 (c)-2 Fletcher House confirmed during the onsite portion of this audit that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether placing a transgender or intersex resident would present management or security problems.

115.242 (d): Fletcher House confirmed during the onsite portion of this audit that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

115.242 (e): Fletcher House confirmed during the onsite portion of this audit that transgender and intersex residents shall be allowed to shower separately from other residents.

115.242 (f): Fletcher House confirmed during the onsite portion of this audit that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in a dedicated facility, unit, or wing established in

	<p>connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America, POLICY NUMBER: 700.37 (effective 2024) page 1-2.</li> <li>3. Interview with a select sample of random residents</li> <li>4. Interview with the Program Director</li> <li>5. Interview with the PREA Coordinator</li> <li>6. Facility tour and site review.</li> </ol> <p><b>Corrective Action:</b></p> <p>See 115.241</p> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>115.251 (a): The agency shall provide multiple internal ways for residents to privately report sexual abuse and 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.</b></p> <p>115.251 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.</p> <p>Volunteers of America, POLICY NUMBER 700.40, Sexual Abuse and Harassment</p>

Volunteers of America, Behavioral Health and Re-Entry Services, Fletcher House Resident Handbook, pages 1-50.

Volunteers of America, POLICY NUMBER 300.04, Rights of the Client

Interviews with a select group of random staff (12) detailed during individual interviews how residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by telling a trusted staff member, or filing a grievance, to a supervisor, the Program Director, Assistant Program Director, PREA Coordinator, NJDOC or the Camden Police Department.

A selected sample of residents was interviewed during the onsite portion of this audit. All residents interviewed confirmed that when they first arrived at Fletcher House, they received information about the facility's rules against sexual abuse and harassment. Additionally, during a meeting with intake staff, either on the day of arrival or the next day, each resident confirmed reading PREA-related information or being read to by staff, and facility rules provided by Fletcher House regarding:

- Their right not to be sexually abused or sexually harassed.
- How to report sexual abuse or sexual harassment.
- Your right not to be punished for reporting sexual abuse or sexual harassment.

### **PREA Audit Site Review**

During an interview with intake staff, the Auditor confirmed who is responsible for conducting the intake process. The intake staffer conducted a mock intake for the Auditor.

This Auditor observed:

- The PREA-related sexual safety information (PREA information/zero-tolerance information) is provided at the point of intake (English/Spanish)
- Test the telephone bank
- Confirmed residents have access to personal phones
- Grievance forms and writing instruments are available for use by residents
- Fletcher has a contractual agreement for online, on-demand language interpreter services
  - Accessibility
  - Availability
- Staff are prepared to read PREA-related sexual safety information (PREA information/zero-tolerance information) provided at the point of intake.
- Spot checked intake records of residents entering the facility.

- Observe whether signage throughout the facility can be easily read/ accessed by persons in the facility, specifically
- Signage language is clear and easy to understand.
- Signage was specific to services, such as emotional support services and external reporting, detailing services available
- The signage text size, formatting, and physical placement accommodate most readers.
- Confirmed the information on the signage for the Auditor was accurate and consistent throughout the facility.
- Observe the placement of PREA-related signage to ensure it is accessible to staff.
  - How to report sexual abuse and/or sexual harassment (external and internal reporting methods).
  - Posted in any areas frequented by persons confined in the facility, including housing/living areas, programming areas, work areas, education areas, etc.
- Confirmed internal reporting methods

### **RECORD STORAGE**

During the site review, the Auditor:

- Observe the physical storage area of any information or documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, sexual abuse allegations) to determine if the area is secure (e.g., locked and key-controlled).
- Observe the electronic safeguards for any information or documentation collected and maintained electronically under the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password-protected, accessible only in certain areas, role-based security).

**115.251 (b): The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.**

115.251 (b)-1 The Fletcher House confirmed that the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

See 115.251 (a)-1.

**115.251 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any**

**verbal reports.**

115.251 (c)-1 Volunteers of America confirmed that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

Interviews with a select sample of random staff confirmed that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

During interviews with a select group of random residents, each described several ways to report any sexual abuse or harassment involving you or someone else, such as filing a grievance, telling a trusted staff member, or reporting the incident to the PREA Compliance Manager or the PREA Coordinator. Additionally, residents were aware that they could report such incidents by notifying the Camden Police Department.

115.251 (c)-2 Volunteers of America confirmed that staff are required to document verbal reports. Immediately.

**115.251 (d): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.**

115.251 (d)-1 Volunteers of America confirmed that the agency has established procedures for staff to report sexual abuse and sexual harassment of residents privately.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

115.251 (d)-2 Staff are informed of these procedures in the following ways:

- Reporting the incident to a supervisor who is not the subject of the allegation
- Reporting the incident to the Program Director/PCM
- Reporting the incident to the PREA Coordinator
- Reporting the incident to the COO
- Reporting the incident to the Camden Police Department

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.
3. Volunteers of America, POLICY NUMBER 700.40, Sexual Abuse and Harassment

	<ol style="list-style-type: none"> <li>4. Volunteers of America, Behavioral Health and Re-Entry Services, Fletcher House Resident Handbook, pages 1-50.</li> <li>5. Volunteers of America, POLICY NUMBER 300.04, Rights of the Client</li> <li>6. Facility tour and site review</li> <li>7. Interview with random staff</li> <li>8. Interview with random residents</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.252 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</b></p> <p>115.252 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.</p> <p><b>115.252 (b): (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</b></p> <p>115.252 (b)-1 Volunteers of America confirmed during the onsite portion of this audit that the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.</p> <p>Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.</p>

115.252 (b)-2 Volunteers of America confirmed during the onsite portion of this audit that the agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

**115.252 (c): The agency shall ensure that: (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.**

115.252 (c)-1 Volunteers of America, the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

115.252 (c)-2 Volunteers of America, the agency's policy and procedure requires that a resident's grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

**115.252 (d): (1) The agency shall 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. (2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.**

115.252 (d)-1 Volunteers of America, agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

115.252 (d)-2 In the past 12 months, the number of grievances filed that alleged sexual abuse was zero.

115.252 (d)-3 In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed was zero. See 115.252.

115.252 (d)-4 In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because the final decision was not reached within 90 days was zero. See 115.252.

115.252 (d)-5 In cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. Not applicable. See 115.252.

115.252 (d)-6 The number of grievances that took longer than a 70-day extension period to resolve was zero. See 115.252.

115.252 (d)-7 Volunteers of America confirmed during the onsite portion of this audit that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Residents who reported sexual abuse during this reporting period were zero.

**115.252 (e): (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.**

115.252 (e)-1 Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

115.252 (e)-2 Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure

(effective 2024), pages 1-5.

115.252 (e)-3 The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, was zero. Fletcher House reported that zero residents reported sexual abuse during this reporting period.

**115.252 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision document the agency's determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.**

115.252 (f)-1 The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

115.252 (f)-2 Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

115.252 (f)-3 The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero.

115.252 (f)-4 The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours was zero.

115.252 (f)-5 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.

115.252 (f)-6 The number of grievances alleging substantial risk of imminent sexual

	<p>abuse filed in the past 12 months that reached final decisions within 5 days was zero.</p> <p><b>115.252 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</b></p> <p>115.252 (g)-1 The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.</p> <p>115.252 (g)-2 In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.</li> <li>3. Facility tour and site review</li> <li>4. Interview with random staff</li> <li>5. Interview with a random resident</li> </ol> <p><b>Clarification:</b></p> <p>115.252 (c)-1 The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Fletcher House replied no.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.253 (a): The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse</b>

**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, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.**

115.253 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.

Volunteers of America POLICY NUMBER 400.13 Mental Health and Support Services (effective 2024), pages 1-2.

Volunteers of America Behavioral Health and Re-Entry Services Fletcher House Resident Handbook

115.253 (a)-2 The Fletcher House confirmed during the onsite portion of this audit that the facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.

Volunteers of America POLICY NUMBER 400.13 Mental Health and Support Services (effective 2024), pages 1-2.

115.253 (a)-3 The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Volunteers of America POLICY NUMBER 400.13 Mental Health and Support Services (effective 2024), pages 1-2.

Volunteers of America Behavioral Health and Re-Entry Services Fletcher House Resident Handbook

During this reporting period, the PREA Coordinator confirmed that no residents reported allegations of sexual abuse. The Fletcher House offers residents access to outside victim advocates for emotional support related to sexual abuse by providing mailing addresses and phone numbers, including toll-free hotlines when available, of local, state, or national victim advocacy or rape crisis organizations. The facility facilitates reasonable communication between residents and these organizations and agencies, maintaining as much confidentiality as possible. Additionally, Volunteers of America Delaware Valley Behavioral Health and Reentry Services Programs policy ensures all clients can access mental health and confidential emotional support services in the community. Residents identified by the NJDOC as having special mental health needs are placed on a Special Needs roster. These residents are required to visit the regional institution monthly for medication checks. The facility's Case Manager or Substance Abuse Counselor develops service plans and discharge plans that address or incorporate the residents' mental health challenges.

Residents with histories of sexual abuse, victims, and abusers are allowed to access confidential emotional support services. The Case Manager or Substance Abuse Counselor facilitates connection to community mental health and emotional support services (SERV). Additional mental health services are available at Garden State Correctional Facility. The Auditor verified that Volunteers of America Delaware Valley has a Memorandum of Understanding (MOU) with SERV to provide emotional support to sexual abuse victims. During the facility tour, SERV contact details were noted on each floor, in common areas, and at administration. Other PREA-related information posted throughout the facility, including contact details for the NJDOC Ombudsman Office and PREA hotline, was visible during the tour.

**115.253 (b): The facility shall 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.**

115.253 (b)-1 The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

Volunteers of America POLICY NUMBER 400.13 Mental Health and Support Services (effective 2024), pages 1-2.

Volunteers of America Behavioral Health and Re-Entry Services Fletcher House Resident Handbook

115.253 (b)-2 The Fletcher House confirmed during this audit that the facility informs residents, before giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Volunteers of America POLICY NUMBER 400.13 Mental Health and Support Services (effective 2024), pages 1-2.

Volunteers of America Behavioral Health and Re-Entry Services Fletcher House Resident Handbook

**115.253 (c): The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.**

115.253 (c)-1 The agency or facility maintains a memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

	<ul style="list-style-type: none"> <li>• MOU with SERV (10/2025 to 10/2025)</li> <li>• Interview with SERV Director</li> </ul> <p>115.253 (c)-2 The agency or facility maintains copies of those agreements.</p> <p>See 115.253 (c)-1</p> <p>115.253 (c)-3 Volunteers of America confirmed during the onsite portion of this audit that the agency has an MOU or other agreements with community service providers that can provide such services.</p> <p>See 115.253 (c)-1.</p> <p>115.253 (c)-4 The Volunteer of America confirms during this reporting period that the agency maintains documentation of attempts to enter into such agreements.</p> <ul style="list-style-type: none"> <li>• MOU with SERV (10/2025 to 10/2025)</li> </ul> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America POLICY NUMBER 400.13 Mental Health and Support Services (effective 2024), pages 1-2.</li> <li>3. Volunteers of America Behavioral Health and Re-Entry Services Fletcher House Resident Handbook</li> <li>4. MOU with SERV (10/2025 to 10/2025)</li> <li>5. Interview with SERV Director</li> <li>6. Interview with the PREA Coordinator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.254 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</b>

115.254 (a)-1 The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual

Volunteers of America Policy Number 700.40, Sexual Abuse and Harassment

Volunteers of America has a process to accept third-party reports of sexual abuse and harassment through the New Jersey Corrections Ombudsman/Ombudspersons Office. This office acts as an independent, confidential, and accessible external PREA reporting body for the NJDOC. The Ombudsperson offers a way to address concerns or complaints about the living conditions and treatment of inmates in state prisons, residential community release programs, and sexually violent predators in the Special Treatment Unit. During this reporting period, this Auditor confirmed with the Ombudsmen's Office accepts third-party reports of sexual abuse and forwards the allegations to the NJDOC PREA Coordinator or the applicable agency for immediate action.

During the onsite portion of this audit and interviews with a random sample of residents, all confirmed awareness that the New Jersey Corrections Ombudsman/Ombudspersons Office accepts third-party reports of sexual abuse or sexual harassment from residents.

115.254 (a)-2 Volunteers of America, the agency confirmed during an interview with the PREA Coordinator that the agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

- Internet search

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Facility tour and site review
3. Volunteers of America Delaware Valley, Inc., Behavioral Health and Re-Entry Services Policy Manual
4. Volunteers of America Policy Number 700.40, Sexual Abuse and Harassment
5. Interview with a select group of random residents
6. Conversation with the New Jersey Corrections Ombudsman/Ombudspersons Office

**Conclusion:**

The narrative above includes 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.

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 622"><b>115.261 (a): The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</b></p> <p data-bbox="280 663 1474 824">115.261 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p data-bbox="280 864 1474 936">Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</p> <p data-bbox="280 976 1474 1048">Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.</p> <p data-bbox="280 1088 1461 1330">Volunteers of America mandates that all staff must promptly report any knowledge, suspicion, or information about sexual abuse or harassment that happens in a facility, following agency policies. Additionally, staff are required to immediately report any retaliation against residents or staff who report sexual abuse or harassment internally, whether the retaliation involves a supervisor, Program Director, Program Assistant Director, PREA Coordinator, or the agency COO.</p> <p data-bbox="280 1370 1401 1487">115.261 (a)-2 Volunteers of America confirmed during the onsite portion of this audit that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who report such an incident.</p> <p data-bbox="280 1527 1401 1688">115.261 (a)-3 Volunteers of America confirmed during the onsite portion of this audit that the agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 1729 1474 2047">During the onsite audit, a sample of staff members was interviewed. They were asked whether the agency requires all staff to report any knowledge, suspicion, or information about incidents of sexual abuse or harassment in a facility, retaliation against residents or staff who report such incidents, and staff neglect or responsibility violations that could contribute to these issues. All interviewees confirmed that the agency mandates reporting of such incidents and concerns. This same staff indicated that they would report all allegations to a shift supervisor unless the supervisor were the subject of the allegation.</p>

**115.261 (b): Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.**

115.261 (b)-1 Volunteers of America confirmed during the onsite portion of this audit that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. See 115.261.

Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.

Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.

#### **PREA Audit Site Review**

#### **RECORD STORAGE**

During the site review, the Auditor:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, , sexual abuse allegations) to determine if the area is secured (e.g., lock and key).
- Observe the electronic safeguards for any information or documentation collected and maintained electronically under the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password-protected, accessible only in certain areas, role-based security).

**115.261 (c): Volunteers of America confirmed during the onsite portion of this audit that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.**

This standard is not applicable. Fletcher does not provide these services. These services are either provided in the community or by NJDOC.

**115.261 (d): Volunteers of America confirmed during the onsite portion of this audit that 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 shall report the allegation to the designated State or local services**

**agency under applicable mandatory reporting laws.**

During an interview with the PREA Coordinator, she stated that all Fletcher House residents are at least 18 years old, and none are classified as vulnerable adults under state law.

During an interview with the Program Director, the Director stated that all residents of Fletcher House are at least 18 years old. None are classified as vulnerable adults under state and all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

**115.261 (e): Fletcher House confirmed during the onsite portion of this audit that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.**

See 115.261 (d).

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Facility Tour and Site Review
  - Storage
3. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.
4. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.
5. Interview with the Program Director
6. Interview with the PREA Coordinator
7. Interview with a select sample of random staff

**Conclusion:**

The narrative above includes 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.

115.262	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.262 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</b>

115.262 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

Volunteers of America POLICY NUMBER 600.10 Client Rights (effective 2024) pages 1-3.

115.262 (a)-2 Volunteers of America confirmed during the onsite portion of this audit that in the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.

115.262 (a)-3 Volunteers of America confirmed during the onsite portion of this audit that if the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action:

115.262 (a)-4 Volunteers of America confirmed during the onsite portion of this audit that the most extended amount of time (in hours or days) elapsed before taking action--would be immediate (i.e., without unreasonable delay).

During this audit, the Agency Head indicated that when a resident is subject to a substantial risk of imminent sexual abuse, Fletcher House would immediately safeguard the resident and notify the PREA Coordinator.

During this audit, the Program Director indicated that when a resident is subject to a substantial risk of imminent sexual abuse, Fletcher House would immediately safeguard the resident and notify the COO and the PREA Coordinator.

Interviews with a select sample of random staff confirmed that if you learn a resident is at risk of imminent sexual abuse, the resident would be immediately safeguarded and a supervisor notified. a

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America POLICY NUMBER 600.10 Client Rights (effective 2024) pages 1-3.
3. Interview with the Program Director
4. Interview with the PREA Coordinator
5. Interview with the Agent Head

**Conclusion:**

The narrative above includes 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.

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1453 501"><b>115.263 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</b></p> <p data-bbox="280 542 1469 734">115.263 (a)-1 Volunteers of America confirms that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p data-bbox="280 775 1469 851">Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</p> <p data-bbox="280 891 1469 967">Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.</p> <p data-bbox="280 1008 1430 1120">115.263 (a)-2 Volunteers of America confirmed during the onsite portion of this audit that in the past 12 months, the facility received zero allegations of resident abuse while confined at another facility.</p> <p data-bbox="293 1214 983 1249">115.263 (a)-3 Not applicable, see 115.263 (a)-2.</p> <p data-bbox="280 1290 1445 1402"><b>115.263 (b): Volunteers of America confirmed during this audit that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</b></p> <p data-bbox="280 1442 1469 1554">115.263 (b)-1 Volunteers of America confirmed during this audit that the agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="280 1594 1469 1671">Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</p> <p data-bbox="280 1711 1469 1787">Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.</p> <p data-bbox="280 1827 1326 1895"><b>115.263 (c): The agency shall document that it has provided such notification.</b></p> <p data-bbox="280 1935 1445 2011">115.263 (c)-1. Volunteers of America, the agency or facility, documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="280 2051 1469 2087">Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate</p>

	<p>Behavior (effective 2024), pages 1-5.  Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024), pages 1-5.</p> <p><b>115.263 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</b></p> <p>115.263 (d)-1 The Program Director confirmed during the onsite portion of this audit that the agency or facility policy requires that allegations received from other facilities and agencies are investigated under the PREA standards.</p> <p>Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-5.  Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024), pages 1-5.</p> <p>115.263 (d)-2 Volunteers of America confirmed during the onsite portion of this audit that in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-5.</li> <li>3. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024), pages 1-5.</li> <li>4. Interview with the Program Director</li> <li>5. Interview with the PREA Coordinator</li> <li>6. Interview with the Agency Head</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.264 (a): Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and</b>

**protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.**

115.264 (a)-1 Volunteers of America confirmed during the onsite portion of this audit that the agency has a first responder policy for allegations of sexual abuse.

Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.

Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.

Upon learning of an allegation that a resident was sexually abused, the first security staff responder at Fletcher House are trained and are required to: separate the alleged victim and the abuser; preserve and protect any crime scene until proper evidence collection can be undertaken; advise the alleged victim not to take actions that could destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the incident occurred within a timeframe that allows evidence collection; and ensure the alleged abuser does not take any actions that could destroy evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the event still permits physical evidence collection.

115.264 (a)-2 Volunteers of America confirmed that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.

See 115.264 (a)-1.

115.264 (a)-3 Volunteers of America confirmed that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

115.264 (a)-4 Volunteers of America confirmed that the policy requires that, upon learning of an allegation that a resident was sexually abused. The abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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.

115.264 (a)-5 Volunteers of America confirmed that the policy requires that, upon learning of an allegation that a resident was sexually abused. If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.264 (a)-6 Volunteers of America confirmed that in the past 12 months, the number of allegations that a resident was sexually abused was zero.

115.264 (a)-7 Not applicable. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser.

115.264 (a)-8 Volunteers of America confirmed that in the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.

115.264 (a)-9 Volunteers of America confirmed that of these allegations in the past 12 months, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero.

115.264 (a)-10 Volunteers of America confirmed that of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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 was zero.

115.264 (a)-11 Volunteers of America confirmed that of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero.

A Non-Security Staff First Responder was interviewed during the onsite portion of this audit. The first responder indicated actions to be taken as a first responder to an allegation of sexual abuse would include:

- Separating the victim and the abuser
- Safeguard the victim
- Requested that the alleged victim not take any actions that could destroy physical evidence
- Notify a supervisor
- Notify the Program Director
- Notify the PREA Coordinator

**115.264 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not to take any actions that could destroy physical evidence and then notify security staff.**

115.264 (b)-1 Volunteers of America confirmed that the agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

115.264 (b)-2 Volunteers of America confirmed that the agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

115.264 (b)-3 Volunteers of America confirmed that of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

115.264 (b)-4 Volunteers of America confirmed that of those allegations, the number of times a non-security staff member responded by requesting that the alleged victim not take any actions that could destroy physical evidence was zero.

115.264 (b)-5 Volunteers of America confirmed that of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff was zero.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.
3. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.
4. Interview with a Non-Security Staff First Responder

**Conclusion:**

The narrative above includes 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.

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1406 501"><b>115.265 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</b></p> <p data-bbox="280 537 1433 698">115.265 (a)-1 The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="280 734 1414 896">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.</p> <p data-bbox="280 931 625 967"><b>Evidence relied upon:</b></p> <ol data-bbox="280 1048 1401 1330" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Volunteers of America Policy Number 700.40, Sexual Abuse and Harassment</li> <li>3. Volunteers of America Policy Number 700.33 Investigations</li> <li>4. Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior</li> <li>5. Interview with the PREA Coordinator</li> <li>6. Interview with the Program Director</li> </ol> <p data-bbox="280 1366 568 1402"><b>Corrective Action:</b></p> <p data-bbox="280 1438 1471 1809">Fletcher House provided the POLICY Ref.: 300.06 Sexual Misconduct and Inappropriate Behavior and 700.33 Investigations, as evidence of compliance with this standard. 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 the staff first responder, staff, and facility leadership. Staff first responders have a responsibility to;</p> <ul data-bbox="280 1859 1471 2060" style="list-style-type: none"> <li>• Do not leave the victim alone;</li> <li>• Call the Person in Charge to request the assistance of the Shift Manager, Assistant Program Director, Program Director, or senior agency management staff;</li> <li>• Call 911 to obtain emergency medical transportation for the resident to Fletcher Hospital.</li> </ul>

	<ul style="list-style-type: none"> <li>• Separate the alleged victim and abuser;</li> <li>• Preserve and protect the crime scene;</li> <li>• Contact SERV to arrange for a sexual assault advocate to go to the hospital to meet with the resident</li> </ul> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.266 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.</b></p> <p>115.266 (a)-1 The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>As confirmed by the Agency Head, Volunteers of America does not participate in collective bargaining. This standard is not applicable.</p> <p><b>115.266 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §115.272 and 115.276; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</b></p> <p>This standard is not applicable.</p> <p><b>Evidence relied upon:</b></p> <p style="margin-left: 40px;">1. Pre-audit questionnaire</p>

	<p>2. Interview with the Agency Head</p> <p><b>Conclusion:</b></p> <p>Fletcher House met this standard.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.267 (a): The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</b></p> <p>115.267 (a)-1 Volunteers of America confirmed during this audit that the agency has 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.</p> <p>Volunteers of America Policy Number 700.33 Investigations (effective 2024), pages 1-3</p> <p>Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3.</p> <p>During an interview with the Agency Head, he confirmed that the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations by monitoring for retaliations, or the removal of the abuser.</p> <p>During an interview with the Program Director, it was indicated that staff would monitor the victim with face-to-face interaction and the removal of the abuser by the agency.</p> <p>The designated staff member responsible for monitoring retaliation confirmed that the abuser would be transferred away from the facility. However, the victim would be monitored for retaliation for 90 days or longer if necessary.</p> <p>Zero residents reported sexual abuse during this reporting period.</p> <p>115.267 (a)-2 Volunteers of America confirmed during this audit that the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If "YES", provide staff name(s), title(s), and department(s) in the comments section.</p>

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3.

The designated staff member responsible for monitoring retaliation confirmed that the abuser would be transferred away from the facility. However, the victim would be monitored for retaliation for 90 days or longer if necessary.

**115.267 (b): The agency shall 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.**

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

**115.267 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.**

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

115.267 (c)-1 Volunteers of America/Fletcher House confirmed that, when applicable, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if any changes may suggest possible retaliation by residents or staff.

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

115.267 (c)-2 Volunteers of America confirmed the length of time that the agency/facility monitors the conduct or treatment.

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

115.267 (c)-3 Volunteers of America confirmed that the agency/facility acts promptly to remedy any such retaliation.

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate

Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

115.267 (c)-4 Volunteers of America confirmed that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

115.267 (c)-5 Volunteers of America confirmed that the number of times an incident of retaliation occurred in the past 12 months was zero.

**115.267 (d): For residents, this monitoring shall also include periodic status checks.**

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

**115.267 (e): Volunteers of America confirmed during the onsite portion of this audit that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.**

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

**115.267 (f): Volunteers of America confirmed that the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.**

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3. See 115.267 (a)-2

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America Policy Number 700.33 Investigations (effective 2024), pages 1-3
3. Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024), pages 1-3.
4. Interview with the designated staff member responsible for monitoring retaliation

**Conclusion:**

The narrative above includes 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.

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1436 501"><b>115.271 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</b></p> <p data-bbox="280 537 1471 613">115.271 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="280 649 1471 725">Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</p> <p data-bbox="280 761 1471 837">Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.</p> <p data-bbox="280 873 1471 1285">According to the PREA Coordinator, the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. The agency will initiate the process but protecting the victim and safeguarding evidence. The agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations for any allegation made by a third party or an anonymous report. 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. The facility reports all allegations of sexual abuse and harassment, including third-party and anonymous reports, to the NJDOC.</p> <p data-bbox="280 1339 1445 1456"><b>115.271 (b): Volunteers of America confirmed that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.</b></p> <p data-bbox="280 1491 536 1527">See 115.271(a)-1.</p> <p data-bbox="280 1568 1445 1809"><b>115.271 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</b></p> <p data-bbox="280 1845 536 1881">See 115.271(a)-1.</p> <p data-bbox="280 1921 1477 2078"><b>115.271 (d): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</b></p>

See 115.271(a)-1.

**115.271 (e): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.**

See 115.271(a)-1.

**115.271 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.**

See 115.271(a)-1.

**115.271 (g): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.**

See 115.271(a)-1.

**115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.**

115.271 (h)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

See 115.271(a)-1.

115.271 (h)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later, was zero.

**115.271 (i): Volunteers of America confirmed that the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.**

115.271 (i)-1 Volunteers of America confirmed that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**115.271 (j): Volunteers of America confirmed that the departure of the**

**alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.**

**115.271 (k): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.**

Auditor is not required to audit this provision.

**115.271 (l): Volunteers of America confirmed during this audit that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.**

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.
3. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.
4. Interview with the PREA Coordinator

**Conclusion:**

The narrative above includes 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.

115.272	Evidentiary standard for administrative investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.272 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</b></p> <p>115.272 (a)-1 The agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p>115.271 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.</p>

	<p>Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</p> <p>Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.</p> <p>According to the PREA Coordinator, the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. The agency will initiate the process but protecting the victim and safeguarding evidence. The agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations for any allegation made by a third party or an anonymous report. 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. The facility reports all allegations of sexual abuse and harassment, including third-party and anonymous reports, to the NJDOC.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</li> <li>3. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5</li> <li>4. Interview with the PREA Coordinator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>115.273 (a): Following an investigation into an resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</b></p> <p>115.273 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed,</p>

verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

Volunteers of America POLICY NUMBER 600.09 Client Grievance (effective 2024), pages 1-5.

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 (a)-2 According to the PREA Coordinator, the agency/facility completed zero criminal and/or administrative investigations of alleged resident sexual abuse within the past 12 months.

115.273 (a)-3 The PREA Coordinator reported that, among the alleged sexual abuse investigations completed in the past 12 months, no residents were notified of the results, either verbally or in writing.

**115.273 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.**

115.273 (b)-1 According to the PREA Coordinator, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity to inform the resident of the investigation's outcome. The number of investigations of alleged resident sexual abuse in the facility that an outside agency completed in the past 12 months was zero.

115.273 (b)-3 Not applicable. See 115.273 (b)-1.

**115.273 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.**

115.273 (c)-1 Volunteers of America/Fletcher House confirmed that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer

employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (c)-2 Volunteers of America/Fletcher House deny that there has been any substantiated or unsubstantiated (i.e., not unfounded) complaint of sexual abuse by a staff member against a resident in an agency facility within the past 12 months.

PAQ 115.273 (c)-2 is a reporting error. There has been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse by a staff member against a resident in an agency facility in the past 12 months.

115.273 (c)-3 No. See 115.273 (c)-2. See 115.276 (b)-1. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies

**115.273 (d): Following a resident's allegation that another resident has sexually abused him or her, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented.**

115.273 (d)-1 Volunteers of America/PREA Coordinator confirmed that when a resident reports being sexually abused by another resident at an agency facility, the agency will notify the alleged victim if: (a) the agency discovers that the alleged abuser has been indicted for a sexual abuse charge related to the facility; or (b) the agency learns that the alleged abuser was convicted of a sexual abuse charge related to the facility.

**115.273 (e): All such notifications or attempted notifications shall be documented.**

115.273 (e)-1 The Volunteers of America/PREA Coordinator confirmed that the agency has a policy requiring all notifications to residents described under this standard to be documented.

115.273 (e)-2 Volunteers of America/PREA Coordinator confirmed that in the past 12 months, the number of notifications to residents that were provided pursuant to this standard:

115.273 (e)-3 Not applicable See 115.273 (b)-1.

**115.273 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.**

**Evidence relied upon:**

	<ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America POLICY NUMBER 600.09 Client Grievance (effective 2024), pages 1-5.</li> <li>3. Interview with the PREA Coordinator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</b></p> <p>115.276 (a)-1 Volunteers of America confirmed during this audit that staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies.</p> <p>Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</p> <p>Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.</p> <p>The Agency Head confirmed during this audit that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies.</p> <p>The Program Director confirmed during this audit that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies.</p> <p>The PREA Coordinator confirmed during this audit that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies.</p> <p><b>115.276 (b): Volunteers of America confirmed during this audit that staff termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</b></p>

115.276 (b)-1 Volunteers of America confirmed during this audit that in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero.

115.276 (b)-2 Volunteers of America confirmed during this audit that, in the past 12 months, no staff from the facility have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

**115.276 (c): Volunteers of America confirmed during this audit that, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.**

115.276 (c)-1 Volunteers of America confirmed during this audit that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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 (c)-2 Volunteers of America confirmed during this audit that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) was zero.

**115.276 (d): Volunteers of America confirmed during this audit that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.**

115.276 (d)-1 Volunteers of America confirmed during this audit that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was not criminal) and to any relevant licensing bodies.

115.276 (d)-2 Volunteers of America confirmed during this audit that in the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation before termination) for violating agency sexual abuse or sexual harassment policies was zero.

**Evidence relied upon:**

	<ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.</li> <li>3. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.</li> <li>4. Interview with the Agency Head</li> <li>5. Interview with the Program Director</li> <li>6. Interview with the PREA Coordinator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.277 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</b></p> <p>115.277 (a)-1 Volunteers of America confirmed during this audit that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was not criminal) and to relevant licensing bodies.</p> <p>In an interview with the Agency Head, he confirmed that the agency policy mandates reporting any contractor or volunteer involved in sexual abuse to law enforcement (unless the activity was not criminal) and to relevant licensing authorities. It should be noted that Fletcher has no contractors or volunteers working for or interacting with residents within the facility. Program services are exclusively provided in the community or at NJDOC.</p> <p>115.277 (a)-2 Volunteers of America confirmed during this audit that the agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>115.277 (a)-3 Volunteers of America confirmed during this audit that in the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>115.277 (a)-4 Volunteers of America confirmed during this audit that in the past 12</p>

months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.

**115.277 (b): The Program Director and PREA Coordinator, during separate interviews, confirmed that Fletcher House would take appropriate remedial measures, and shall consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.**

115.277 (b)-1 The Program Director and PREA Coordinator, during separate interviews, confirmed that Fletcher House would, where appropriate, take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2024) pages 1-5.
3. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2024) pages 1-5.
4. Interview with the Agency Head
5. Interview with the Program Director
6. Interview with the PREA Coordinator

**Conclusion:**

The narrative above includes 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.

115.278	Disciplinary sanctions for residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.278 (a): Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</b></p> <p>115.278 (a)-1 Volunteers of America confirmed during this audit that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.</p>

Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.

115.278 (a)-2 Volunteers of America confirmed during this audit that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.

115.278 (a)-3 Volunteers of America confirmed during this audit in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero.

115.278 (a)-4 Volunteers of America confirmed during this audit in the past 12 months in the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.

**115.278 (b): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.**

Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.

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): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.**

Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.

According to the PREA Coordinator, when deciding which sanctions to impose, if any, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to their 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, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.**

115.278 (d)-1 The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

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 available through either Garden State Prison or the local community. Advocacy support is provided by NJ State Certified Sexual Violence Response Advocates, who can be contacted via 24/7 toll-free hotlines: Camden County: 1-866-295-SERV (7378).

115.278 (d)-2 If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

See 115.278 (d)-1.

**115.278 (e): Volunteers of America confirmed during this audit that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.**

115.278 (e)-1 The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.

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): 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 shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.**

115.278 (f)-1 The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.

According to the PREA Coordinator, for 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): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.**

115.278 (g)-1 The agency prohibits all sexual activity between residents.

Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.

The PREA Coordinator states that the agency consistently does not classify non-coercive sexual activity between residents as sexual abuse. During the auditing period, there were no allegations involving staff and residents engaging in sexual activity.

115.278 (g)-2 If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.
3. Interview with the PREA Coordinator

**Conclusion:**

The narrative above includes 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.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.282 (a): Resident victims of sexual abuse shall 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.</b></p> <p>115.282 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p>

115.282 (a)-2

The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

115.282 (a)-3

Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)

**115.282 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.**

**115.282 (c): Resident victims of sexual abuse while incarcerated shall 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 (c)-1

Resident victims of sexual abuse while incarcerated are 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): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.**

115.282 (d)-1

Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Evidence relied upon:**

1. **Pre-audit questionnaire**

**115.283**

**Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.283 (a): The facility shall 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.**

115.283 (a)-1

The facility offers 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.

**115.283 (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.**

**115.283 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.**

**115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.**

115.283 (d)-1

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check N/A if an all-male facility.

**115.283 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.**

115.283 (e)-1

If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check N/A if an all-male facility.

**115.283 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.**

115.283 (f)-1

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

**115.283 (g): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.**

	<p><b>115.283 (h): The facility shall 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.</b></p> <p>115.283 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p><b>Evidence relied upon:</b></p> <p style="padding-left: 40px;">1. <b>Pre-audit questionnaire</b></p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.286 (a): The facility shall 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.</b></p> <p>115.286 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p>Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.</p> <p>Volunteers of America POLICY NUMBER 700.33 Investigations</p> <p>Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Harassment</p> <p>115.286 (a)-2 Volunteers of America/Fletcher House confirmed that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, was zero.</p> <p><b>115.286 (b): Volunteers of America/Fletcher House confirmed that, where applicable, such review shall ordinarily occur within 30 days of the conclusion of the investigation.</b></p> <p>115.286 (b)-1 Volunteers of America/Fletcher House confirmed that, where applicable, the facility ordinarily conducts a sexual abuse incident review within 30</p>

days of the conclusion of the criminal or administrative sexual abuse investigation.

115.286 (b)-2 Volunteers of America/Fletcher House confirmed that, where applicable, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was zero.

**115.286 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.**

115.286 (c)-1 Fletcher House confirmed that when applicable, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, but no medical or mental health practitioners. Medical and mental health services are obtained either in the community or from NJDOC.

**115.286 (d): The PREA Coordinator confirmed that the review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility PREA Coordinator.**

115.286 (d)-1 Fletcher House confirmed where applicable, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the PREA Coordinator.

**115.286 (e): Fletcher House confirmed that the facility shall implement the recommendations for improvement or shall document its reasons for not doing so.**

115.286 (e)-1 Fletcher House would implement the recommendations for improvement or document its reasons for not doing so.

**Evidence relied upon:**

	<ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Volunteers of America POLICY NUMBER 600.11 Client Discipline (effective 2024), pages 1-2.</li> <li>3. Volunteers of America POLICY NUMBER 700.33 Investigations</li> <li>4. Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Harassment</li> <li>5. Interview with the PREA Coordinator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.287 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</b></p> <p>115.287 (a)-1 Volunteers of America confirmed that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Volunteers of America POLICY NUMBER 700.34 Data Collection (effective 2024) pages 1-4.</p> <p>Volunteers of America Delaware Valley, Inc., confirmed that the agency 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 however the set of definitions was omitted. A set of definitions was omitted. Fletcher House reports to the NJDOC, where the standardized instrument is used for reporting purposes, with definitions as specified in this standard.</p> <p><b>115.287 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</b></p> <p>115.287 (b)-1 Volunteers of America confirms that the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>During this reporting period, Fletcher House reported zero allegations of sexual</p>

abuse. The Auditor reviewed zero aggregated sexual abuse data as confirmed by the PREA Coordinator.

**115.287 (c): The incident-based data collected shall 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.**

115.287 (c)-1 Volunteers of America confirms that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

**115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.**

115.287 (d)-1 Volunteers of America confirmed during this audit that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**115.287 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.**

115.287 (e)-1 Not applicable and skip to 115.287 (f).

115.287 (e)-2 Volunteers of America confirmed during this audit that data from private facilities complies with SSV reporting regarding content.

**115.287 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.**

115.287 (f)-1 The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Fletcher House indicates not applicable. See 115.287 (a)-1.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America POLICY NUMBER 700.34 Data Collection (effective 2024), pages 1-4.
3. Interview with the PREA Coordinator

**Noteworthy:**

1. A set of definitions was omitted. Fletcher House reports to the NJDOC, where the standardized instrument is used for reporting purposes, with

definitions as specified in this standard.

**Conclusion:**

The narrative above includes 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.

115.288	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.288 (a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</b></p> <p>115.288 (a)-1 The agency reviews data collected and aggregated pursuant to §115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Volunteers of America POLICY NUMBER 700.34 Data Collection (effective 2024), pages 1-4.</p> <p>During this reporting period, Fletcher House reported no incidents of sexual abuse; therefore, no evidence of a corrective action plan was needed according to the PREA Coordinator.</p> <p>In an interview with the Agency Head, he detailed for the Auditor how the agency uses incident--based sexual abuse data where appropriate to assess and improve sexual abuse prevention, detection, and response policies, practices, and training.</p> <p>In an interview with the PREA Coordinator, she explained that Volunteers of America reviews data collected and summarized under 115.287 to evaluate and improve the effectiveness of its policies and training related to sexual abuse prevention, detection, and response. The agency gathers and consolidates data under 115.287 to assess and enhance its implementation and management of PREA standards across all its facilities. The data is used to develop and improve policies, practices,</p>

and training related to the prevention, detection, and response to sexual abuse. Based on the collected data, the agency continuously takes corrective actions based on these findings. Furthermore, the agency prepares an annual report detailing the findings from its data review, along with any corrective actions taken for each facility and the agency as a whole.

**115.288 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.**

115.288 (b)-1 Volunteers of America confirmed that the agency's report includes a comparison of the current year's data and corrective actions with those from prior years.

115.288 (b)-2 Volunteers of America confirmed that the agency's annual report provides an assessment of the agency's progress in addressing sexual abuse.

**115.288 (c): The agency's report shall be approved by the agency head and made readily available to the public through its Web site or, if it does not have one, through other means.**

115.288 (c)-1 Volunteers of America confirmed that the agency's annual report is readily available to the public at least once a year through its website or on request.

Volunteers of America POLICY NUMBER 700.34 Data Collection (effective 2024), pages 1-4.

115.288 (c)-2 Not applicable

115.288 (c)-3 Volunteers of America confirmed during this audit that the Agency Head approves the annual reports. The Agency Head, during his interview, confirmed that he approves annual reports written under 115.288.

**115.288 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.**

115.288 (d)-1 Volunteers of America confirmed during the onsite portion of this audit that the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility, according to the PREA Coordinator.

115.288 (d)-2 Volunteers of America confirmed during the onsite portion of this audit that the agency indicates the nature of material redacted.

**Evidence relied upon:**

1. Pre-audit questionnaire

	<ol style="list-style-type: none"> <li>2. Volunteers of America POLICY NUMBER 700.34 Data Collection (effective 2024), pages 1-4.</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with the Agency Head</li> <li>5. Sample of annual report</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes 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.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.289 (a): The agency shall ensure that data collected pursuant to § 115.287 are securely retained.</b></p> <p>115.289 (a)-1 Volunteers of America confirmed during this audit that the agency ensures that incident-based and aggregate data are securely retained. According to the Agency Head, Volunteers of America ensures that data collected according to § 115.287 are securely retained through physical lock storage or electronic platforms with password protection.</p> <p>Volunteers of America POLICY NUMBER 700.34 Data Collection (effective 2024), pages 1-4.</p> <p><b>115.289 (b): The agency shall 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.</b></p> <p>115.289 (b)-1 Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p>According to the agency head, the agency makes all aggregated data on sexual abuse, 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 other means.</p> <p>115.289 (b)-2 Volunteers of America confirmed during this audit that the agency makes it available through other means if requested; however, the agency makes this information readily available to the public at least annually through its website</p>

or other means.

**115.289 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.**

115.289 (c)-1 During an interview with the PREA Coordinator, she confirmed that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

115.289 (c)-2 During an interview with the PREA Coordinator, she confirmed that the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

**115.289 (d): During an interview with the PREA Coordinator, she confirmed that the agency shall 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.**

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Volunteers of America POLICY NUMBER 700.34 Data Collection (effective 2024), pages 1-4.
3. Interview with the PREA Coordinator
4. Interview with the Agency Head
5. Internet search

**Conclusion:**

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.

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</b>

	<p><b>115.401 (b):</b> During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p><b>115.401 (h):</b> The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p><b>115.401 (i):</b> The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p><b>115.401 (m):</b> The auditor shall be permitted to conduct private interviews with residents.</p> <p><b>115.401 (n):</b> Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> </ol> <p><b>Conclusion:</b></p> <p>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.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.403 (f):</b> The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p><b>Conclusion:</b></p> <p>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.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

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

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	no
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	no
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

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