

PREA Facility Audit Report: Final

Name of Facility: Hope Hall

Facility Type: Community Confinement

Date Interim Report Submitted: 01/12/2026

Date Final Report Submitted: 02/26/2026

Auditor Certification

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



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



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



Auditor Full Name as Signed: Sonya Love

Date of Signature: 02/26/2026

AUDITOR INFORMATION

Auditor name: Love, Sonya

Email: sonya.love57@outlook.com

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

End Date of On-Site Audit: 09/10/2025

FACILITY INFORMATION

Facility name: Hope Hall

Facility physical address: 676 Fairview Street , Camden, New Jersey - 08104

Facility mailing address:

Primary Contact

Name:	Tamara Davis
Email Address:	Tdavis@voadv.org
Telephone Number:	8568544660

Facility Director	
Name:	Michael Turner
Email Address:	Mturner@voadv.org
Telephone Number:	6096656923

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

Facility Health Service Administrator On-Site	
Name:	Michael Turner
Email Address:	Mturner@voadv.org
Telephone Number:	6096656923

Facility Characteristics	
Designed facility capacity:	175
Current population of facility:	124
Average daily population for the past 12 months:	124
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18-55
Facility security levels/resident custody levels:	low
Number of staff currently employed at the facility who may have contact with residents:	23
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Dan Lombardo
Email Address:	DZippy@voadv.org
Telephone Number:	8568544660

Agency-Wide PREA Coordinator Information

Name:	Tamara Davis	Email Address:	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

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-09
2. End date of the onsite portion of the audit:	2025-09-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	NJDOC Ombudsman's Office - Director

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	175
15. Average daily population for the past 12 months:	130
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	122
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	26
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	25
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were chosen based on living unit, history of victimization, physical or emotional disability, availability, and work schedule.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Random residents were oversampled because there were few interviewees in other categories, such as those who were blind or cognitively impaired.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the onsite portion of this PREA audit.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the onsite portion of this PREA audit.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the onsite portion of this PREA audit.
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the onsite portion of this PREA audit.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the onsite portion of this PREA audit. Also, through informal conversation, I confirmed the absence of certain populations.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the onsite portion of this PREA audit.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the onsite portion of this PREA audit.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Facility tour and Site Review. The Auditor also confirmed with the PREA Coordinator and Director that specific targeted populations were not assigned to Hope Hall during the on-site portion of this PREA audit.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Hope Hall has a staff of 23. This Auditor interviewed 12.

Specialized Staff, Volunteers, and Contractor Interviews

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

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

9

63. Were you able to interview the Agency Head?

☒ Yes

☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Volunteers of America volunteers meet residents in the community.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

Hope Hall had zero allegations of sexual abuse or sexual harassment in 2025 and 2024.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	Zero allegations of sexual abuse or sexual harassment in year 2024 and 2025.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Zero incidents of sexual abuse or sexual harassment in year 2024 and 2025.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 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. Volunteers of America, POLICY NUMBER: 700.40, Sexual Abuse and Harassment (effective 2024), pages 1-6. 115.211 (a)-2 Hope Hall has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and 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, agencywide 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 Hope Hall 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:

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.

Evidence Relied Upon:

	1. Pre-audit questionnaire 2. Volunteers of America Delaware Valley Organization Chart 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager 5. Volunteers of America, POLICY NUMBER: 700.40 Sexual Abuse and Harassment (effective 2024) page 1-6. Conclusion: The narrative above provides a thorough discussion of all the evidence used in making the compliance or non-compliance decision, including the Auditor's analysis, reasoning, and conclusions.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 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 to confine its residents. 115.212 (a)-2 All of the above contracts require contractors to adopt and comply with PREA standards. Not applicable. 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. 115.212 (a)-4 The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: Not applicable. 115.212 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Not applicable. 115.212 (b)-1 All of the above contracts require the agency to monitor the

	contractor's compliance with PREA standards. Not applicable. 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. 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. 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. Not applicable. No, skip to 115.213(a). 115.212 (c)-2 If YES, these contracts were a result of emergency circumstances. Not applicable. 115.212 (c)-3 The agency documents unsuccessful attempts to find an entity compliant with the standards. Not applicable. Evidence relied upon: 1. Pre-audit questionnaire Conclusion: The narrative below provides a detailed discussion of all the evidence used to determine compliance or non-compliance, the auditor's analysis and reasoning, and the auditor's conclusions.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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 Hope Hall 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 the last PREA audit, whichever is later, the Hope Hall average daily number of residents was 129.

115.213 (a)-3 Since August 20, 2012, or the last PREA audit, whichever is later, the Hope Hall average daily number of residents on which the staffing plan was predicated was 129.

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 facility's staffing and/or electronic monitoring needs with sexual safety in mind, and whether the facility is staffed according to the plan. The Auditor:

- Observe the number of staff present during the onsite audit
- Zero volunteers were present
- Zero contractors were present
- Observed security and non-security staffing patterns during every shift
- Reviewed staffing security and non-security staffing patterns across all living units, particularly in areas where sexual abuse is more likely to happen, based on the staffing data plan.
- Observe areas where residents are not allowed.
- Confirmed by reviewing the facility's video monitoring system whether movement in and out of common areas is tracked, such as through cameras or other surveillance methods, to ensure that confined individuals do not enter these areas.
- Observe the supervision level and how often room checks are conducted in housing areas where residents have roommates and in 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. Hope Hall confirmed that there were no deviations from the plan during this reporting period.

In an interview with the Auditor, the Director stated that the facility has a staffing

plan in place to ensure adequate staffing levels for protecting residents from sexual abuse. This plan accounts for the facility's physical layout, resident population, and past cases of both confirmed and unconfirmed sexual abuse. The Director also confirmed that the facility will record all relevant instances of staffing plan violations when necessary.

- Staffing Plan Review dated March 30, 2025

The PC stated during an interview with the Auditor that Hope Hall has a staffing plan ensuring sufficient staffing levels to safeguard residents from sexual abuse. This plan takes into account factors like the facility's physical layout, resident population, and the frequency of both substantiated and unsubstantiated sexual abuse cases.

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.

- Hope Hall Staffing Plan 2025

Evidence relied upon:

1. Pre-audit questionnaire
2. Volunteers of America, POLICY NUMBER: 200.02 Staffing (effective 2024), pages 1-2.
3. Examine the Hope Hall Staffing Plan 2025
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Conclusion:

The narrative below provides a detailed discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 115.215 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents. Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9. 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. PREA Audit Site Review During the site review, the Auditor observed no instances of cross-gender strip or visual body cavity searches of residents. In selected resident interviews, all residents denied experiencing such searches. No female residents were present, as Hope Hall is a male facility. 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 to comply with this provision. Hope Hall is a male facility. 115.215 (b)-1 According to the Program Director and PREA Coordinator, Hope Hall does not permit cross-gender pat-down searches of 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). Hope Hall is a male facility. 115.215 (b)-2 According to the Program Director and PREA Coordinator, the facility does not restrict female residents' access to regularly available programming or other outside opportunities to comply with this provision. Not applicable. Zero female residents were present. Hope Hall is a male facility. 115.215 (b)-3 According to the Program Director and PREA Coordinator, the number of pat-down searches of female residents that were conducted by male staff: 0. Zero female residents were present. Hope Hall is an adult male facility. 115.215 (b)-4 According to the Program Director and PREA Coordinator, 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. Hope Hall is an adult male facility.

115.215 (c): According to the Program Director and PREA Coordinator, 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. Hope Hall is an adult male facility.

115.215 (c)-1 Hope Hall confirmed during this audit that the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Hope Hall is an adult male facility.

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

115.215 (c)-2 Facility confirmed that agency policy requires documenting all cross-gender pat-down searches of female residents. N/A The facility does not house female residents. Hope Hall is a male facility.

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

During the facility tour and site review, this Auditor observed zero female residents. Hope Hall is an adult male facility.

115.215 (d): Hope Hall confirmed that the facility has policies in place allowing residents to shower, use the bathroom, and change clothes without nonmedical staff of the opposite gender seeing their breasts, buttocks, or genitals, except in emergencies or when such viewing is incidental to routine checks. These policies require staff of the opposite gender to announce themselves when entering areas where residents may be showering, using the bathroom, or changing. Hope Hall is an adult male facility.

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

115.215 (d)-1 Hope Hall 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). Hope Hall is an adult male facility.

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

115.215 (d)-2 Hope Hall 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. Hope Hall is an adult male facility.

	Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9. A select group of residents at Hope Hall confirmed that staff of the opposite gender always announce themselves before entering a room. Likewise, a random sample of 12 staff members affirmed that opposite-gender staff must make such announcements before entering. Hope Hall is an adult male facility. 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. This provision is no longer applicable to your compliance finding. N/A. 115.215 (f): During the onsite audit, the agency confirmed that they trained all security staff to conduct cross-gender pat-downs and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive way possible, while still meeting security requirements. This provision is no longer applicable to your compliance finding. N/A. Evidence relied upon: 1. Pre-audit questionnaire 2. Volunteers of America, POLICY NUMBER: 200.08 Contraband and Client Searches (effective 2024), pages 1-9. 3. Interview with a select sample of residents (24) 4. Interviews with a select sample of random staff (12) Note: Hope Hall is an adult male facility. Conclusion: 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.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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.

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

Volunteers of America Delaware Valley, Professionalism and Ethics Training

- Training guidelines and expectations
 - Conduct, qualities that characterize professionalism
 - Follow the rules
 - Use positive emotional tones
- Issues that prevent you from accomplishing the mission statement
 - Unclear boundaries
 - Hostile workplace
- Active listening
- Being Clear
- Verbal/Non-verbal communication

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 Director, 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 having disabilities or as 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 in speaking, and who utilize 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 who cannot communicate in English or Spanish. When needed, the facility also uses CyraCom, a leading provider of phone and video interpretation services.

Hope Hall provides alternative learning and communication methods to ensure residents with disabilities can equally access the facility's initiatives to prevent, detect, and address sexual abuse and harassment. For instance, the Auditor confirmed through review that PREA signage, the resident handbook, and advocacy resources are accessible 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 indicates that Volunteers of America typically does not depend on resident interpreters, readers, or other resident assistants, except in rare situations where waiting for an effective interpreter could jeopardize the resident's

	safety, impede first-response responsibilities under §115.264, or interfere with the investigation of the resident's claims. Hope Hall restricts the use of resident interpreters, readers, or other resident assistants to specific situations where delays in securing a qualified interpreter could jeopardize the resident's safety, interfere with first-response responsibilities under § 115.264, or affect the investigation of the resident's claims. 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. Hope Hall 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.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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.

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:

- (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.

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 found civilly or administratively to have engaged in the activities described in the PREA Standards.

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/Human Resources agent confirmed that the agency has a policy that requires 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 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 to otherwise capture 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 be 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. Corrective action is required.

This review of the standard shows that evidence from a specific sample indicates that background checks for five current employees, conducted every five years, were not completed before the finalization of the interim report. Corrective Action.

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 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.

Corrective Action:

1. A review of a specific sample of evidence indicates that background checks

	for five current employees, conducted at five-year intervals, were missing prior to the interim report's finalization. Corrective Action. Update: Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant review period): A review of the evidence shows that background checks for five current employees were conducted every 5 years. Conclusion: The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination and corrective actions, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.218 (a): When designing or acquiring any new facility and in planning 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 agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Volunteer of America Delaware Valley, INC. Behavioral Health and Re-Entry Services, Policy and Procedures, POLICY NUMBER 100.05 Physical Plant (effective 2025), page 1. 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. During this reporting period, the Auditor interviewed the Agency Head. The Agency Head stated that the agency or facility has implemented electronic monitoring technology, such as cameras, along with staff supervision to enhance the protection of residents from incidents of sexual abuse. The Agency Head confirmed that no new facility design, renovation, modification, or expansion is currently planned. During this reporting period, the Auditor interviewed the Facility Program Director. The Program Director confirmed that his facility has implemented electronic monitoring technology, such as cameras, to enhance staff supervision and better protect residents from incidents of sexual abuse.

	115.218 (b)-1 The agency, Volunteer of America Delaware Valley, INC./Hope Hall, the facility confirmed during this audit that no additional installs or updates to a video monitoring system, electronic surveillance system, or other monitoring technology have been made since August 20, 2012, or since the last PREA audit, whichever is later. 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 on upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the auditor's conclusions.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.221 (a): To the extent the agency is responsible for investigating 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. 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 not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Volunteers of America POLICY 700.33 Investigations indicates that the New Jersey Department of Corrections conducts the investigations. 115.221 (a)-3 See 115.221 (a)-2. 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): Not applicable. Skip to 115.221 (c)-1. 115.221 (a)-4 When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Not applicable. Skip to 115.221 (c)-1.

A select sample of random staff were interviewed by the Auditor (12). All confirmed they understood the agency's protocol for collecting usable physical evidence when a resident claims sexual abuse. They also identified the PREA Coordinator as the primary person responsible for conducting sexual abuse investigations and notifying either 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.

- Hope Hall is an adult community facility. All adults are age 18 or older.

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.

- Review the uniform evidence protocol for evidence that it is developmentally appropriate for youth, where applicable, and, as appropriate, adapted from or otherwise based on the DOJ's publication.

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. Sexual Assault Forensic Examiners shall perform such examinations (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 Hope Hall confirms that the facility offers all residents who experience sexual abuse access to forensic medical examinations.

- Medical examinations are conducted at Cooper Hospital.

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

115.221 (c)-3 Hope Hall confirms that, where possible, examinations are conducted by sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners

(SANEs).

- County SANE Coordinator -TML

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

- Through the Prosecutor's Office, each county is assigned a SANE point of contact. Camden County's SANE Coordinator is TML; Office number: (856) 365-3111.

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

- Count FNE/SART Program Coordinators/Contact
 - County/Coordinator/Email
 - Office number
 - Cell Number
- Through the Prosecutor's Office, each county is assigned a SANE point of contact. Camden County's SANE Coordinator is TML; Office number: (856) 365-3111.

Document Review

Documentation to corroborate that all resident victims of sexual abuse have access to forensic medical examinations.

- Volunteers of America POLICY 300.06 Sexual Misconduct and Inappropriate Behavior
- Volunteers of America POLICY 700.33 Investigations

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.

During this reporting period, this Auditor interviewed a representative from the FNE/ SART Program Coordinators/Contact list. The interviewee confirmed that they work in concert with the prosecutor's office when an inmate or resident is the subject of sexual abuse and is transported to a local hospital for a forensic examination. Forensic examination takes place at Cooper Hospital by a crisis county rape center SANE nurse. Further, if a SANE nurse is unavailable at Cooper Hospital, the facility will transport the inmate or resident to a location where a forensic nurse is available

to conduct a forensic examination.

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 may make a qualified staff member from a community-based organization or a qualified agency staff member available to provide these services. Agencies shall document efforts to secure services from rape crisis centers. For 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 the Volunteers of America to provide a victim advocate from a rape crisis center.

- According to the PREA Coordinator, during this reporting period, the facility has not used the services of Cooper Hospital or the mental health follow-up service for a resident stemming from a sexual abuse allegation.

115.221 (d)-2 The facility confirms that the efforts are documented, yes.

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

- Error noted in OAS. The facility failed to provide documentation of an agreement with a rape crisis center or documentation of its efforts. See 115.221 (c)-5 for more information.

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

- Error noted OAS. The facility failed to provide documentation of an agreement with a rape crisis center or documentation of its efforts. See 115.221 (c)-5 for more information.

During this reporting period, the Auditor interviewed the PREA Coordinator. The PREA Coordinator explained that the agency collaborates with the county Prosecutor's Office, the Center for Family Services, Empowering Rights of Victims (SERV), and Volunteers of America to provide a victim advocate from a rape crisis

center. All efforts to give a victim access to services are documented. According to the PREA Coordinator, no resident reported sexual abuse during this reporting period.

- See MOU 115.221 (e)-1, Center for Family Services.

During this reporting period, the Auditor interviewed the PREA Coordinator. According to the PREA Coordinator, the PC confirmed that no resident reported sexual abuse during this reporting period. However, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member may accompany the victim and provide emotional support, crisis intervention, information, and referrals.

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

- See 115.221 (e) -1 for relevant documentation.

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.

	Documentation Review - Documentation of the request regarding requirements of 115.221(a) through (e) with the outside investigating agency. - Volunteers of America POLICY 300.06 Sexual Misconduct and Inappropriate Behavior - Volunteers of America POLICY 700.33 Investigations 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. - The Auditor is not required to audit this provision. 115.221 (h): For 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. Hope Hall/Volunteers of America contracts with an organization (SERV) that, 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: - Pre-audit questionnaire - Interview with the SERV Director - Interview with the PREA Coordinator - Random staff (12) 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.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.222 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

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. This policy indicates that 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.

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. Hope Hall omitted evidence to support compliance with this standard. Additional documentation requested.

115.222 (a)-3 In the past 12 months, the number of allegations resulting in an administrative investigation. Hope Hall omitted evidence to support compliance with this standard. Additional documentation requested.

During this reporting period, the Auditor interviewed the Agency Head. The Agency Head confirmed that allegations of sexual abuse from a resident 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 staff would document the initial allegations, notify administrative managers, who in turn would inform the appropriate authorities to complete an investigation into the allegation.

Documentation Review

- Documentation of reports of sexual abuse and sexual harassment, and documentation of investigations, including complete investigative reports with findings. Additional documentation requested.

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 website 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 700.33 Investigations (effective 2024) pages 1-3. This policy indicates that 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.

115.222 (b)-2 Volunteers of America, the agency confirms having a policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation, which is published on the agency website or made publicly available via other means.

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

115.222 (b)-3 Volunteers of America, the agency confirms that it would document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

During this audit, the Auditor interviewed the PREA Coordinator, who acts as investigative staff to oversee the investigative procedure for notification of the appropriate authorities in the event of an allegation of sexual abuse or sexual harassment by a resident. The PREA Coordinator confirmed that 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 or administrative investigations.

Documentation Review

- Internet search

Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. Additional documentation requested.

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. Additional documentation requested.

Documentation Review

- Internet search
- Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. Additional documentation requested.

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.

- Auditor is not required to audit this provision.

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.

- Auditor is not required to audit this provision.

Evidence Relied Upon:

1. PREA audit questionnaire
2. Interview Agency Head
3. Interview with Investigative Staff/PREA Coordinator
4. Internet search Volunteers of America Delaware Valley

Corrective Action/Additional Information Requested/Clarification:

1. 115.222 (a)-1 Does the agency ensure 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)? Additional information requested.
2. 115.222 (a)-2 In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received. Hope Hall omitted evidence to support compliance with this standard. Additional documentation requested.
3. 115.222 (a)-3 In the past 12 months, the number of allegations resulting in an administrative investigation. Hope Hall omitted evidence to support compliance with this standard. Additional documentation requested.
4. 115.222 (a)-4 In the past 12 months, the number of allegations referred for criminal investigation. Additional documentation requested.
5. Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. Additional documentation requested.

6. 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. Additional documentation requested.

Update:

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Volunteers of America Delaware Valley/Hope Hall confirmed that 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).
2. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.222 (a)-2 In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received. Hope Hall omitted evidence to support compliance with this standard. Additional documentation requested. Zero.
3. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.222 (a)-3 In the past 12 months, the number of allegations resulting in an administrative investigation. Hope Hall omitted evidence to support compliance with this standard. Additional documentation requested. Zero.
4. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Publication (website or paper) that outlines the investigative responsibilities of both the agency and any separate entity conducting criminal investigations for the agency, if applicable. Additional documentation may be requested. www.voadv.org.
5. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.222 (c): If a separate entity is responsible for conducting criminal investigations, this publication shall describe the responsibilities of both the agency and the investigating entity. During an interview with the PREA Coordinator, she confirmed that the NJ Department of Corrections would investigate allegations of sexual abuse or sexual harassment or report them to local law enforcement.
6. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 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. Additional documentation requested. During an interview with the PREA Coordinator, she confirmed that the NJ Department of Corrections would investigate allegations of sexual abuse or sexual harassment or report them to local law enforcement.

Conclusion:

Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). The narrative above includes a comprehensive

	discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's request for additional information, clarification, corrective action, analysis, and reasoning, and the Auditor's conclusions.
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 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 Volunteers of America confirmed during this reporting period that 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 2025) pages 1-3. • Annual - Training documentation 2024 - Professionalism and Ethics and PREA, October 8, 2024 • Annual -Training documentation 2024 - Professionalism and Ethics and PREA, December 3, 2024 • Annual - Training documentation 2025 - Professionalism and Ethics and PREA, April 8, 2025 • Annual - Training documentation 2025 - Professionalism and Ethics and PREA, July 8, 2025 115.231 (a)-2 The Volunteers of America confirmed during this reporting period that the agency trains all employees who may have contact with residents on how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

115.231 (a)-3 The Volunteers of America confirmed during this reporting period 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.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

115.231 (a)-4 The Volunteers of America confirmed during this reporting period 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.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

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

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

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

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

115.231 (a)-7 The Volunteers of America confirmed during this reporting period 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.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

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

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

115.231 (a)-9 The Volunteers of America confirmed during this reporting period 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.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

115.231 (a)-10 The Volunteers of America confirmed during this reporting period 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.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.
- Annual - Training documentation 2024 - Professionalism and Ethics and PREA, October 8, 2024
- Annual -Training documentation 2024 - Professionalism and Ethics and PREA, December 3, 2024
- Annual - Training documentation 2025 - Professionalism and Ethics and PREA, April 8, 2025
- Annual - Training documentation 2025 - Professionalism and Ethics and PREA, July 8, 2025

During this audit, the Auditor interviewed a random sample of staff. All staff (12) selected for the interview sample confirmed completing PREA training at least annually.

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 reassigned from a facility that houses only male residents to one that houses only female residents, or vice versa.

115.231 (b)-1 The Volunteers of America confirmed that the training is tailored to the gender of the residents at the facility.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

115.231 (b)-2 The Volunteers of America confirmed during this reporting period that the employees who are reassigned from facilities housing the opposite gender are given additional training.

- See 115.231 (a)-1, Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.

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 The Volunteers of America confirmed during this reporting period that, between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

- Annual - Training documentation 2024 - Professionalism and Ethics and PREA, October 8, 2024
- Annual -Training documentation 2024 - Professionalism and Ethics and PREA, December 3, 2024
- Annual - Training documentation 2025 - Professionalism and Ethics and PREA, April 8, 2025
- Annual - Training documentation 2025 - Professionalism and Ethics and PREA, July 8, 2025

115.231 (c)-3 The Volunteers of America confirmed during this reporting period that the frequency with which employees who may have contact with residents receive refresher training on PREA requirements is at least annually, but at least every two years.

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 The Volunteers of America confirmed during this reporting period that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Documentation Review

- See 115.231 (c)-2

Evidence Relied Upon:

1. Pre audit questionnaire
2. Volunteers of America POLICY NUMBER 700.12 Continuous Training (effective 2025) pages 1-3.
3. Annual - Training documentation 2024 - Professionalism and Ethics and PREA, October 8, 2024

	4. Annual -Training documentation 2024 - Professionalism and Ethics and PREA, December 3, 2024 5. Annual - Training documentation 2025 - Professionalism and Ethics and PREA, April 8, 2025 6. Annual - Training documentation 2025 - Professionalism and Ethics and PREA, July 8, 2025 7. Interview with random staff (12) 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.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 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. Volunteers of America POLICY NUMBER 700.24 Volunteer Services (effective 2025) pages 1-2. According to the PREA Coordinator and Program Director, there are no volunteers who have contact with residents and have been trained in agency policies and procedures concerning sexual abuse and sexual harassment prevention, detection, and response. Volunteer services are sourced within the community. Refer to PAQ 115.232 (a)-2. 115.232 (a)-2 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: 0. 115.232 (b): The level and type of training provided to volunteers and contractors shall be based on the services they offer and the level of contact they have with residents, but all volunteers and contractors who 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. 115.232 (b)-1 Volunteers of America confirmed during this audit that the level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with residents. • Volunteers of America, Sexual Misconduct and Inappropriate Behavior Policy (effective 2025), pages 1-2. • Volunteer(s) or Contractor(s) who may have Contact with Residents: see 115.232(a)-2. 115.232 (b)-2 Volunteers of America confirmed during this audit that 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. 115.232 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. 115.232 (c)-1 Volunteers of America confirmed during this audit that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. Evidence Relied Upon: 1. Pre audit questionnaire 2. Interview with the PREA Coordinator 3. Interview with the Program Director 4. Volunteers of America, Sexual Misconduct and Inappropriate Behavior Policy (effective 2025), pages 1-2. 5. Volunteers of America POLICY NUMBER 700.24 Volunteer Services (effective 2025) pages 1-2. 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.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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.

115.233 (a)-1 Volunteers of America confirmed during this audit that residents receive information at the time of intake about the zero- 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.

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

This Auditor confirmed that Hope Hall 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 guidelines 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 Hope Hall confirmed during the on-site portion of this audit that 200 residents admitted during the past 12 months were given this information at intake.

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

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

During the on-site portion of this audit, the Auditor interviewed the intake staff. The staff confirmed that each resident receives information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. During the intake process, residents receive a facility handbook that outlines the zero-tolerance policy and reporting procedures. Additionally, each resident participates in a one-on-one interview with intake staff to confirm their understanding of the information provided and to ask questions.

During this audit, the Auditor interviewed a random sample of residents. Each resident confirmed that when they arrived, they were given a facility handbook outlining the facility's rules against sexual abuse and harassment, resident rights, how to report sexual abuse or harassment, and their right not to be punished for reporting such issues.

PREA Audit Site Review

INTAKE: PREA INFORMATION

The Auditor:

Confirmed who is responsible for conducting the intake process during an interview with the intake staff.

Observed how the facility provides the necessary PREA information to all confined persons, regardless of ability and language, including whether:

- Confirmed that the written information was clear
- Confirmed that the resident sampled understood the written information provided to them during intake.
- Confirmed that the resident sampled was provided information at an appropriate reading level,
- Zero LEPs were present during this audit
- Confirmed that the facility provides PREA education in English and Spanish, the languages most commonly spoken in the facility
- Confirmed that the facility provides translation services on demand (Mock).
- The facility provides interpreters, as needed, to assist Deaf and non-English-speaking persons confined in the facility (see section Interpretation Services below).
- Intake staff confirmed that they are prepared to read written information aloud, if applicable, to accommodate persons confined in the facility when necessary (e.g., Blind or have low vision, limited reading skills).
- Skilled educators/staff provide the required information to confined persons with cognitive or functional disabilities.

INTERPRETATION SERVICES

- Zero LEPs were present during this audit.

During the site review, the Auditor:

- Test the facility's process for securing on-demand interpretation services. (Mock)
- Determine if persons confined in the facility must self-identify (e.g., enter pin, provide name/ID number) to access interpretation services. Corrective action.
- Assess the availability of interpretation services (e.g., ability to access

immediate interpretation services). (Mock) Corrective Action.

- Assess the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter). (Mock) Corrective Action.
- Observe the location of interpretation services (e.g., whether services are provided in a location that provides some privacy for persons confined in the facility). According to the PREA Coordinator interpretive services would occur in a private setting or office.
- Conducted informal conversations with staff and residents in the facility regarding accessibility of interpretation services.

115.233 (b): Volunteers of America confirmed during this audit that the agency provides refresher information whenever a resident is transferred to a different facility.

115.233 (b)-1 Hope Hall confirmed that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. Hope Hall did not complete this portion of the PAQ. The PREA Coordinator confirmed that no residents were transferred during this reporting period; however, if a transfer were to occur, Hope Hall would complete PREA education and orientation as required by PREA.

115.233 (b)-2 Hope Hall confirmed that zero residents were transferred from a different community confinement facility during the past 12 months. Additional documentation requested. Hope Hall did not complete this portion of the PAQ. Corrective action.

115.233 (b)-3 115.233 (b)-3 Hope Hall confirmed that the number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information. Hope Hall did not complete this portion of the PAQ. Additional documentation requested. Corrective action.

During the on-site portion of this audit, the Auditor interviewed the intake staff (1). The intake staff member indicated that all residents are educated about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, as well as about the agency policies and procedures for responding to these incidents either the day of their arrival or the following day. Upon arrival, residents receive a resident handbook, review a PREA video, and have a one-on-one interview with program staff.

During the on-site audit, the Auditor interviewed a sample of residents (24). All confirmed that they participated in an interview with intake staff on either the day of arrival or the following day. Residents agree that the facility provided each with a handbook, showed them a video, and conducted a one-on-one interview with intake staff.

115.233 (c): Hope Hall confirmed during this audit that the agency shall provide resident education in formats accessible to all residents, including those who are

limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

115.233 (c)-1 Hope Hall confirmed during this audit that 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.

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

115.233 (c)-2 Hope Hall confirmed during this audit that resident PREA education is available in formats accessible to all residents, including those who are deaf.

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

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

115.233 (c)-3 Hope Hall confirmed during this audit that resident PREA education is available in formats accessible to all residents, including those who are visually impaired.

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

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

115.233 (c)-4 Hope Hall confirmed during this audit that resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.

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

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

115.233 (c)-5 Hope Hall confirmed during this audit that resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

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

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

Documentation Review

- Resident education materials. Additional information requested.

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

115.233 (d)-1 The agency maintains documentation of resident participation in PREA education sessions

- Sample of documentation of resident participation in education sessions.—additional information requested. Corrective action.

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 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.

During the Facility tour and Site Review, the Auditor observed that key information about the agency's PREA policies is consistently and readily available or visible through posters, resident handbooks, or other written formats.

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

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident

Handbook (effective 8/2025), pages 1-40.

Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.

PREA Audit Site Review

During the site review, the Auditor:

- Observe whether PREA signage (e.g., posters, brochures, and the resident handbook) and reporting information are displayed throughout the facility, in resident common areas, and in administrative areas.
- The Auditor confirmed that the PREA signage and reporting information are easily readable and accessible to persons in the facility.
- Language on the signage was clear, easy to understand, accurate, and consistent throughout the facility.
- Signage specific to emotional support services and external reporting included detailed language outlining the services available and their purposes.
- Signage was displayed in English and Spanish, two languages most commonly spoken at the facility.
- The signage's font size, formatting, and placement accommodate most readers, including those of average height, those with low vision/visual impairment, and those who use wheelchairs.
- The signage was free of graffiti or missing information due to damage. Informal conversations with residents confirmed that the PREA signage and reporting information were readable for most residents.

Evidence Relied Upon:

1. Pre audit questionnaire
2. Facility Site Review and Facility Tour
3. Volunteers of America POLICY NUMBER 300.04 Rights of the Clients (effective 2024) pages 1-4.
4. Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.
5. Literacy & Education Support, Literacy Volunteers of Camden County (LVCC), provides free one-on-one and group tutoring in basic reading, math, ESL, financial literacy, digital literacy, and citizenship preparation.
6. Interview with random and targeted residents (24)
7. Interview with Intake Staff (1)

Corrective Action/Additional Information/Clarification:

1. 115.233 (b)-1 Hope Hall confirmed that the facility provides residents who are transferred from a different community confinement facility with

refresher information referenced in 115.233(a)-1. Hope Hall did not complete this portion of the PAQ.

2. 115.233 (b)-2 Hope Hall confirmed that zero residents were transferred from a different community confinement facility during the past 12 months. Additional documentation requested. Hope Hall did not complete this portion of the PAQ. Corrective action.
3. 115.233 (b)-3 Hope Hall confirmed that the number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information. Hope Hall did not complete this portion of the PAQ. Additional documentation requested. Corrective action.
4. 115.233 (d)-1 The agency maintains documentation of resident participation in PREA education sessions. Sample of documentation of resident participation in education sessions.—additional information requested. Corrective action.

INTERPRETATION SERVICES

As part of the formal interview process, the Auditor must interview LEP individuals held in the facility. Zero residents required interpretive assistance. The Auditor confirmed with the PREA Coordinator and the Director that no residents required an interpreter to communicate with staff or others. The Auditor asked the PREA Coordinator to explain the process for obtaining interpretive services.

1. Assess the availability of interpretation services (e.g., ability to access immediate interpretation services). (Mock) Corrective Action.
2. Assess the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter). (Mock) Corrective Action.
3. Observe the location of interpretation services (e.g., are services provided in a location that provides some privacy for the persons confined in the facility?)
4. Test the facility's process for securing on-demand interpretation services. The service does not require a pin. Assess the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter).
5. Review resident education materials. Additional information requested. Sample of documentation of resident participation in education sessions.—additional information requested. Corrective action.

Update.

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). The Auditor verified training acknowledgements obtained from the PREA Coordinator to confirm that residents have been trained in accordance with Standard 115.233. Training

	education information was obtained from the PREA Resource Center library. 2. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Language services are provided via a language line; the Auditor tests access to the language line to verify that the phones used to access it function properly. Persons confined in the facility <u>must not</u> self-identify (e.g., enter pin, provide name/ID number) to access interpretation services. The interpretive service is on-demand. 3. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period)115.233 (b)-1 Hope Hall confirmed that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. Hope Hall did not complete this portion of the PAQ. The PREA Coordinator confirmed that no residents were transferred during this reporting period; however, if a transfer were to occur, Hope Hall would complete PREA education and orientation as required by PREA. 4. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.233 (b)-2 Hope Hall confirmed that zero residents were transferred from a different community confinement facility during the past 12 months. Additional documentation requested. Hope Hall did not complete this portion of the PAQ. Corrective action. The PREA Coordinator confirmed that no residents were transferred from another community confinement facility during the past 12 months. 5. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.233 (b)-3 Hope Hall confirmed that the number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information. Hope Hall did not complete this portion of the PAQ. Additional documentation requested. Corrective action. The PREA Coordinator confirmed that, during the past 12 months, no residents transferred from another community confinement facility received refresher information. Conclusion: Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). The narrative above includes a comprehensive discussion of all the evidence relied upon in making the corrective action, additional documentation, compliance or non-compliance determination, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.
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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 be trained in conducting sexual abuse investigations in confinement settings.

- Not applicable. The agency does not conduct administrative or criminal sexual abuse investigations. Skip to 115.235(a)-1.

Volunteers of America POLICY NUMBER 700.33 Investigations, Procedure 9, (effective 2025) page 2, 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.

Volunteers of America POLICY NUMBER 700.33 Investigations, Procedure 10, (effective 2025), page 2: the facility shall report all allegations of sexual abuse and harassment, including third-party and anonymous reports, to the NJDOC. Documentation will be kept for all investigations and referrals.

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During the on-site portion of this audit, the Auditor interviewed an investigator who confirmed completion of the required training as outlined in this standard, Relias PREA Investigations (PP) slides 1-20. Sample training records confirm this. It should be noted that the role of an investigator as it pertains to this facility would be minimal, to alert the legal authority to investigate allegations of sexual abuse and sexual harassment, and assist where necessary.

During the on-site portion of this audit, the Auditor interviewed a random sample of 12 staff members. All confirmed they completed the agency's PREA training and reviewed policies. They discussed topics such as the agency's zero-tolerance policy, their responsibilities under sexual abuse and harassment prevention, detection, reporting, and response policies, residents' right to be free from abuse and harassment, protection from retaliation for reporting such issues, common reactions of victims, and how to avoid inappropriate relationships with residents.

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: 1. Noteworthy: The agency does not conduct investigations. Investigations are conducted by either local law enforcement or the NJ Department of Corrections. 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. • The Auditor is not required to audit this provision. Evidence Relied Upon: 1. Pre audit questionnaire 2. Training certificate 3. Interview with an investigator 4. Interview with a random sample of staff (12) 5. Sample training records 6. Documentation of the employee verification comprehension of the training 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.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 115.235 (a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

- N/A - the agency does not have medical or mental health practitioners who periodically work in its facilities.

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: 0.

- N/A - the agency does not have medical or mental health practitioners who periodically work in its facilities.

115.235 (a)-3 The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0.

- N/A - the agency does not have medical or mental health practitioners who periodically work in its facilities.

115.235 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

115.235 (b)-1 Agency medical staff at this facility conduct forensic medical exams.

- N/A - the agency does not have medical or mental health practitioners who periodically work in its facilities.

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.

- N/A - the agency does not have medical or mental health practitioners who periodically work in its facilities.

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.

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 upon the practitioner's status at the agency.

- N/A - The agency does not have medical or mental health practitioners or volunteers who regularly work in its facilities.

	Evidence Relied Upon: 1. Pre audit questionnaire 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.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 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. Volunteers of America POLICY NUMBER 700.37, Intake (effective 2025), pages 1-2, states that all new clients in the program will complete an intake interview with a staff member upon arrival. Information collected at intake will be used to promote all residents' health and safety in the program, and, where possible, residents' safety-related views will be given serious consideration throughout their treatment. During the on-site portion of this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member confirmed that all residents are screened for risk of victimization upon admission to your facility or transfer from another facility, either the same day or the following day, but within 72 hours of arrival at the facility. During this audit, the Auditor interviewed a random and targeted sample of residents. All sampled residents (24) confirmed that they participated in an interview with intake staff in a private setting and were screened for risk of victimization upon admission to the facility, either the same day or the following day, but within 72 hours of arrival at the facility. 115.241 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility. • See 115.241 (a)-1.

PREA Audit Site Review

INTAKE: PREA RISK SCREENING

During the site review, the Auditor

- Observed a mock intake screening

During the mock intake screening, the Auditor:

- Confirm who is responsible for risk screening.
- Confirmed with the intake staff where the screening process occurs.
- Assess how the intake screening staff ask sensitive screening questions
- Assess methods by which intake staff assess inmates for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility.
- Examine the screening instrument and how intake staff use it to collect information during the risk screening process.
- Confirmed through the interview process that intake screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI.
- Confirmed through the interview process that the intake staff makes a subjective determination about an inmate's perceived status.
- Confirmed that intake screening staff utilize additional sources of information, such as court documents, to complete the initial risk screening assessment.
- Confirmed that the completion of the risk screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive.
- Conducted informal conversations with staff while conducting risk screening (or mock demo) regarding the risk screening process (e.g., how information is collected/specifics of the screening tool, how privacy is maintained).

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.

Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2.

- Hope Hall, PREA Screening Designation and Room Assignment (sample) (effective 9/11/2025).
- Examined a sample of 24 risk assessments/reassessments.

115.241 (b)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: Incomplete.

Corrective action.

During the on-site portion of this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member confirmed that all residents are screened for risk of victimization upon admission to your facility or transfer from another facility, either the same day or the following day, but within 72 hours of arrival at the facility.

During the on-site audit, the Auditor interviewed a selected sample of residents (24). All participants confirmed that, during intake, they were asked questions such as whether they had been jailed or imprisoned before, whether they had ever experienced sexual abuse, whether they identify as gay, lesbian, or bisexual, and whether they believe they might be at risk of sexual abuse from intake staff.

- Examination of records of residents (24) admitted to the facility within the past 12 months revealed that appropriate screening was performed within 72 hours.

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

115.241 (c)-1 Hope Hall confirmed during this audit that risk assessments are conducted using an objective screening instrument.

- Examination of records (24) of residents admitted to the facility within the past 12 months revealed that appropriate screening was performed within 72 hours.

During the on-site portion of this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member confirmed that all residents are screened for risk of victimization upon admission to your facility or transfer from another facility, either the same day or the following day, but within 72 hours of arrival at the facility.

During the on-site audit, the Auditor interviewed 24 residents (random and targeted). All of them confirmed that during intake, they were asked questions about previous jailing or imprisonment, experiences of sexual abuse, sexual orientation (such as gay, lesbian, or bisexual), and whether they felt at risk of sexual abuse from intake staff.

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.

During this audit, the Auditor interviewed staff who perform screening for risk of victimization. In the interview, the staff member described using an objective screening instrument to assess specific risk screening factors, including facility considerations, such as physical build, history of victimization, criminal history, sex offenses, and history of violence.

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

During this audit, the Auditor interviewed staff who perform screening for risk of victimization. In the interview, the staff member described using an objective screening instrument to assess specific risk screening factors, the facility considerations, such as physical build, history of victimization, criminal history, sex offenses, and history of violence.

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)-1 Hope Hall confirmed during this audit that the agency/facility has a policy that requires the facility to 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, Intake (effective 2025), pages 1-2, states that the Treatment Director or a similar position will be responsible for collecting and securely storing all risk assessments related to sexual victimization and abuse in a separate binder. All clients assessed as a risk for sexual victimization or abusiveness will be reassessed within 30 days of their arrival or at any point where warranted. Clients will not be disciplined for refusing to participate in this assessment.

115.241 (f)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: Incomplete. Corrective Action.

During this audit, the Auditor interviewed staff who perform screening for risk of victimization. In the interview, the staff member responsible for risk screening indicated that a reassessment is required for risk of sexual victimization or of being

sexually abusive within 30 days after the arrival of the resident to the facility, or based upon any additional, relevant information received since intake.

During this audit, the Auditor interviewed a select sample of random residents (24). All recalled participating in a reassessment within 30 days of their arrival.

- Examination of a sample of risk reassessment forms (24) revealed the following:
- 22 reassessments were completed within thirty days of the resident's arrival.
- The first assessment was dated 8/7/25, and the reassessment was conducted on the same day. This requires corrective action.
- The initial evaluation was dated 8/7/25, and the reassessment was on 9/21/25, exceeding the required 30-day period specified in this standard. This requires corrective action.

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.

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, Intake, (effective 2025) pages 1-2.

During this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member confirmed that the facility would reassess a resident's risk level as needed, based on a referral, request, incident of sexual abuse, or receipt of additional information.

During this audit, the Auditor interviewed a random selection of residents (24) in the facility. Each resident recalls staff asking risk assessment questions such as " Have you ever been sexually abused, " Do you identify as gay, bisexual, or lesbian, and " Are you in danger of sexual abuse here?"

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.

During this audit, the Auditor interviewed a staff member responsible for risk

screening. The staff member confirmed that a resident would not be disciplined in any way for refusing to respond to or for not disclosing or completing information related to the following:

- Whether the resident has a mental, physical, or developmental disability.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, non-conforming
- Whether the resident has previously experienced sexual victimization.
- The resident's own perception of vulnerability.

115.241 (i): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

During this audit, the Auditor separately interviewed the PREA Coordinator and staff responsible for risk screening. Both agency staff and the PREA Coordinator, along with a risk screener, explained who within the facility should have access to a resident's risk assessment, including program staff. According to the PC, access to resident-sensitive PII is limited to those with a need to know, based on their role and responsibilities.

RECORD STORAGE

During the site review and facility tour, the Auditor:

- Observe the physical storage area in the administration area of sensitive documentation collected and maintained in locked file cabinets.
- Hope Hall also maintains PII on secure, password-protected cloud-based systems.
- Observe electronic safeguards of any PII documentation collected and maintained electronically.
- Conducted an informal conversation with program staff to confirm who would have access to secure information, including sexual abuse and sexual harassment reports, etc.

Evidence Relied Upon:

1. Pre audit questionnaire
2. Facility tour and site review
3. Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2.
4. Interview with the PREA Coordinator
5. Staff Responsible for Risk Screening (1)
6. Resident random sample (24)
7. Examination of risk assessments (24)
8. Examination of reassessments (24)
9. Examination of the objective screening instrument, Volunteers of America

PREA Screening with Score document.

10. Hope Hall, PREA Screening Designation and Room Assignment form (effective 9/11/2025).

Corrective Action/Clarification/Additional Information:

1. 115.241 (b)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: Incomplete.
2. 115.241 (f)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after they arrived at the facility based upon any additional, relevant information received since intake: Incomplete.
3. 115.241 (f)-2 The initial risk assessment evaluation was dated 8/7/25, and the reassessment was on 9/21/25, exceeding the required 30-day period specified in this standard. This requires corrective action.
4. 115.241 (f)-2 The first risk assessment was dated 8/7/25, and the reassessment was conducted on the same day. This requires corrective action

Update:

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.241 (b)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose stay was 72 hours or more) who were screened for risks of sexual victimization or sexually abusing other residents within 72 hours of entry: Incomplete. According to the PREA Coordinator, the number is 200.
2. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.241 (f)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: Incomplete. Corrective Action. According to the PREA Coordinator, the number is 200.
3. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.241 (f)-2 The initial risk assessment evaluation was dated 8/7/25, and the reassessment was on 9/21/25, exceeding the required 30-day period specified in this standard. The PREA Coordinator will monitor risk assessments and reassessments to improve accuracy in accordance with PREA Standards. The Auditor will

	continue to monitor this standard throughout the corrective action period. 4. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.241 (f)-2 The first risk assessment was dated 8/7/25, and the reassessment was conducted on the same day. This requires corrective action. The Auditor resampled five risk assessments to confirm compliance during the corrective action period. The PREA Coordinator will issue a memorandum reviewing the outcome of this standard and outlining the requirements for completing the risk assessments and reassessments in accordance with it. Conclusion: The narrative above includes a comprehensive discussion of all the evidence relied upon in determining the need for corrective action, clarification, additional information, and compliance or non-compliance; the Auditor's analysis and reasoning; and the Auditor's conclusions.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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 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 to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Documentation Review • Documentation of risk-based housing decisions. See 115.241 (a)-1. Hope Hall, PREA Screening Checklist • Hope Hall, PREA Screening Designation and Room Assignment form (effective 9/11/2025) • Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2. During the audit, the Auditor spoke with the PREA Coordinator about how risk assessments are used and the information they yield. The PREA Coordinator explained that risk assessments help protect residents with past sexual victimization or those who are vulnerable from potential sexual abuse by other

residents, particularly those at high risk of abusive behavior. Consequently, a history of abuse, vulnerability, or victimization plays a key role in decisions about program placements and housing assignments at Hope Hall.

During the audit, the Auditor interviewed a staff member responsible for risk screening regarding how risk assessments are used and the information they yield during intake to keep residents safe from being sexually victimized or sexually abused. The staff member explained that risk factors, as outlined in PREA Standard 115.41, drive program and housing placement in the facility.

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 during this reporting period that the agency/facility makes individualized determinations about how to ensure the safety of each resident.

Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2.

During this reporting period, the Auditor interviewed staff responsible for risk screening. The staff member indicated that during intake, the facility uses information from the risk screening to inform program and housing placement decisions to keep residents safe from being sexually victimized or abused and ensure resident safety.

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 Volunteers of America confirmed during this reporting period that, 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.

Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2.

115.242 (c)-2 Volunteers of America confirmed during this reporting period that, in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.

Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2.

During the on-site part of this audit, the Auditor interviewed the PREA Coordinator. The PC explained how the agency or facility decides housing and program placements for transgender or intersex residents. The agency uses an objective screening tool along with an individual interview. The facility also considers other factors such as history of victimization, abusiveness, violence, incarceration, and

criminal record to protect the resident's health and safety. During the on-site part of this audit, the Auditor verified with the PC and Program Director that no residents who identify as transgender or intersex were assigned to Hope Hall.

115.242 (d): Volunteers of America confirmed during this reporting period that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

- This provision is no longer applicable to your compliance finding

115.242 (e): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

- This provision is no longer applicable to your compliance finding

115.242 (f): The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

During this audit, the Auditor interviewed the PREA Coordinator, who confirmed that Hope Hall is not subject to any consent decree, legal settlement, or court judgment requiring such. Placement into resident programs and housing is based on factors like criminal history involving violence, history of sexual abuse, victimization, incarceration, and patterns of abusiveness.

During the on-site portion of this audit, the Auditor confirmed that Hope Hall had no residents who identified as transgender/Intersex/Lesbian.

Evidence Relied Upon:

1. Pre audit questionnaire
2. Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2.
3. Documentation of risk-based housing decisions. See 115.241 (a)-1. Hope Hall, PREA Screening Checklist
4. Hope Hall, PREA Screening Designation and Room Assignment form (effective 9/11/2025)
5. Interview with the PREA Coordinator
6. Interview with the staff responsible for risk screening.

Conclusion:

1. 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.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard Auditor Discussion 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. 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. Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2025), pages 1-4. Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Sexual Harassment (effective 2025), pages 1-6. Specifically, the subsection on Reporting (pages 4-5) indicates that clients can report sexual abuse or harassment anonymously, verbally, in writing, or through a third party to staff, the PREA Coordinator, an external hotline, agency management, the grievance process, or the Ombudsmen's Office. During this on-site part of the audit, the Auditor interviewed a random sample of 24 residents. Each resident confirmed they can contact local law enforcement, a family friend, or the NJDOC Ombudsman Bureau using their personal cell phone. Likewise, the same residents confirmed that Hope Hall has a row of pay phones in a common area accessible to residents without phones. For residents unable to use a pay phone, the facility can provide a phone upon request. Residents who report an allegation can also report sexual abuse or harassment through the following methods: • Verbally • In writing • Local law enforcement • NJDOC Ombudsman Bureau • Grievance • Family or friend Residents also stated they can contact a family friend or the NJDOC Ombudsman Bureau via their personal cell phones. They confirmed that Hope Hall offers a row of pay phones in a common area accessible to residents without phones. For residents who cannot use a pay phone, the facility can provide phone access upon request. Allegations of sexual abuse or harassment can be reported verbally, in writing, or directly to authorities such as local law enforcement, the NJDOC Ombudsman Bureau, or through a grievance process, with assistance from family or friends.

Residents may privately report sexual abuse, harassment, retaliation by other residents or staff for reporting such incidents, or staff neglect or misconduct, using the same methods mentioned above.

During the on-site portion, the Auditor interviewed a random selection of staff (12). The staff confirmed that they accept reports of sexual abuse or sexual harassment that happened to them or someone else, made verbally, in writing, anonymously, and from third parties.

PREA Audit Site Review

During the site review, the Auditor:

- Observe that PREA signage and reporting information were displayed throughout the facility.
- Confirmed that PREA signage and reporting information can be easily read/ accessed by residents in the facility.
- Confirmed the PREA signage and reporting information and language were clear and easy to understand.
- Confirmed that signage specific to services, such as emotional support services and external reporting, clearly details what services are available and for what purposes.
- Signage is provided in English and Spanish, the two most commonly spoken languages in the facility.
- Confirmed that the PREA signage and reporting information text size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
- Confirmed that the PREA signage and reporting information provided by the signage is not obscured, unreadable due to graffiti, or missing due to damage or illegible.
- Observe that PREA signage and reporting information is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/ organization name(s), addresses, phone number(s)).
- Observe that PREA signage and reporting information were posted in the facility at locations accessible to visitors, staff, and residents who may need them or the services they provide.
- Confirmed the posting of the following types of signage: How to report sexual abuse and/or sexual harassment (external and internal reporting methods).

TESTING INTERNAL REPORTING METHODS FOR RESIDENT PERSONS

- Methods of reporting include:
 - personal cellphones
 - facility pay telephones

- facility telephone
- verbally to staff
- local law enforcement
- grievance
- written

RECORD STORAGE

During the site review, the Auditor:

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

Documentation Review

Sample of training records.

Professionalism and Ethics and PREA Training, dated 8 July 2025. (18)

Professionalism and Ethics and PREA Training, dated 8 April 2025. (24)

Professionalism, Ethics, and PREA Training, dated 3 December 2024. (13)

Professionalism and Ethics and PREA Training, dated 8 October 2024. (15)

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 can 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 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.

Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Sexual Harassment (effective 2025) pages 1-6.

Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Sexual Harassment (effective 2025), pages 1-6. Specifically, the subsection on Reporting (pages 4-5) indicates that clients can report sexual abuse or harassment anonymously, verbally, in writing, or through a third party to staff, the PREA Coordinator, an external hotline, agency management, the grievance process, or the Ombudsmen's Office.

During the reporting period, the Auditor interviewed the PREA Coordinator. The PC described the agency's process for residents to report abuse or harassment to an external public or private entity, specifically the NJDOC Ombudsman Bureau. The Auditor also spoke with a member of the Ombudsman's Bureau, who confirmed that reports are received and immediately forwarded to agency officials, while residents can remain anonymous if they choose. An online search of the Ombudsman Bureau verified that the NJ Office of the Correctional Ombudsperson (OCO) provides independent oversight for incarcerated individuals in state prisons, investigating complaints related to healthcare, safety, and treatment, inspecting facilities, ensuring confidential communication, and acting as a neutral advocate for inmates when internal channels fall short. However, they cannot give legal advice or enforce changes; they can only recommend them. Inmates may contact the OCO by submitting forms or letters through locked mailboxes or legal mail, and the office offers confidential support to help resolve issues and safeguard rights.

During the on-site portion of this audit, the Auditor interviewed a select sample of residents (random and targeted). All confirmed that they are allowed to file a report without providing their name. The residents mentioned that they can contact local law enforcement, a family friend, or the NJDOC Ombudsman Bureau using their personal cell phone. They also confirmed that Hope Hall has a row of pay phones in a common area accessible to residents without phones. For residents unable to use a pay phone, the facility can provide access to a telephone upon request. Allegations of sexual abuse or harassment can be reported verbally, in writing, or directly to authorities such as local law enforcement, the NJDOC Ombudsman Bureau, or through a grievance process or with the help of family or friends. 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 in the same manner mentioned above.

Documentation Review

Sample of training records

- Professionalism and Ethics and PREA Training, dated 8 July 2025. (18)
- Professionalism and Ethics and PREA Training, dated 8 April 2025. (24)
- Professionalism and Ethics and PREA Training, dated 3 December 2024. (13)
- Professionalism and Ethics and PREA Training, dated 8 October 2024. (15)

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 700.40 Sexual Abuse and Sexual Harassment (effective 2025), page 5, advises clients to report all instances of sexual

misconduct to the identified PREA Coordinator. The Operations Coordinator will serve as the PREA Coordinator for the Division of Behavioral Health and Re-entry Services. Clients can report any instances of sexual misconduct to any staff member at any time. Further, clients can report sexual abuse or sexual harassment anonymously, verbally, in writing, or through a third party to staff, the PREA Coordinator, an external hotline, agency management, or the Ombudsmen's Office.

Interviews with a select sample of random staff (12) 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 this audit, the Auditor interviewed a select group of random and targeted residents (24). All confirmed they can report sexual abuse or harassment either in person or in writing, and that other residents, family, or friends can make a PREA report on their behalf or report anonymously.

Documentation Review

Sample of training records

- Professionalism and Ethics and PREA Training, dated 8 July 2025. (18)
- Professionalism and Ethics and PREA Training, dated 8 April 2025. (24)
- Professionalism and Ethics and PREA Training, dated 3 December 2024. (13)
- Professionalism and Ethics and PREA Training, dated 8 October 2024. (15)

During interviews with a select group of 24 randomly chosen residents, each described several ways to report sexual abuse or harassment involving you or someone else. These included filing a grievance, telling a trusted staff member, or reporting the incident to the PREA Compliance Manager or PREA Coordinator. Additionally, residents confirmed that they could report such incidents to the Camden Police Department.

115.251 (c)-2 Volunteers of America confirmed during this reporting period that staff are required to document verbal reports.

Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Sexual Harassment (effective 2025) pages 1-6.

- According to the PREA Coordinator, no resident reported sexual abuse or sexual harassment in the previous 12-month period.

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

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

Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Sexual Harassment, Reporting, section 8 (effective 2025) page 5, indicates that clients can report sexual abuse or sexual harassment anonymously, verbally, in writing, or through a third party to staff, the PREA Coordinator, an external hotline, agency management, file a grievance, or contact the Ombudsmen's Office.

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:

Sample of training records

- Professionalism and Ethics and PREA Training, dated 8 July 2025. (18)
- Professionalism and Ethics and PREA Training, dated 8 April 2025. (24)
- Professionalism and Ethics and PREA Training, dated 3 December 2024. (13)
- Professionalism and Ethics and PREA Training, dated 8 October 2024. (15)

Staff at Volunteers of America Delaware Valley, Inc. receive training on reporting procedures during new employee onboarding. Each employee receives an employee handbook that outlines reporting options. These include reporting allegations to the Camden Police Department or the NJDOC via written, verbal, face-to-face, or anonymous channels.

Staff can report sexual abuse or harassment to a Hope Hall management team member or the PREA Coordinator. Additionally, both random and specialized staff confirmed during their individual interviews an understanding of their obligation to accept reports of sexual abuse and harassment in any communication form and to promptly document the incident.

Specifically, random staff members interviewed (12) indicated multiple ways to contact a facility manager by phone or email, report an incident to local law enforcement, or reach the PREA Coordinator by email or phone. All staff confirmed they are not required to report to their colleagues or immediate supervisor if they are the subject of an allegation.

Volunteers of America, POLICY NUMBER 700.12 Continuous Training (effective 2025), pages 1-3.

- Omitted was any relevant documentation, such as staff handbooks—additional documentation required. Corrective action.

Evidence Relied Upon:

1. Pre audit questionnaire
2. PREA Audit Site Review and Facility Tour
3. Interview with the PREA Coordinator
4. Interview with random staff (12)

5. Interview with random residents (24)
6. Volunteers of America, POLICY NUMBER 700.12 Continuous Training (effective 2025), pages 1-3.
7. Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Sexual Harassment (effective 2025) pages 1-6.
8. Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.
9. Sample of training records
 - Professionalism and Ethics and PREA Training, dated 8 July 2025. (18)
 - Professionalism and Ethics and PREA Training, dated 8 April 2025. (24)
 - Professionalism and Ethics and PREA Training, dated 3 December 2024. (13)
 - Professionalism and Ethics and PREA Training, dated 8 October 2024. (15)

Corrective Action/Clarification/Additional Documentation:

1. 115.251 (d)-2 Staff are informed of these procedures in the following ways. Omitted was any relevant documentation, such as staff handbooks—additional documentation required. Corrective action.
2. 115.251 (c)-2 Volunteers of America confirmed during this reporting period that staff are required to document verbal reports from a different report period.

Update:

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Volunteers of America provided training evidence to support staff understanding of their responsibility and methods for staff to report sexual abuse and sexual harassment of residents privately.
2. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 115.251 (c)-2 Volunteers of America confirmed during this reporting period that staff are required to document verbal reports from a different report period. See Volunteers of America POLICY NUMBER 700.40 Sexual Abuse and Sexual Harassment (effective 2025), pages 1-6.
3. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Submission of a sample of training records
 - Professionalism and Ethics and PREA Training, dated 8 July 2025. (18)
 - Professionalism and Ethics and PREA Training, dated 8 April 2025. (24)
 - Professionalism and Ethics and PREA Training, dated 3 December 2024. (13)
 - Professionalism and Ethics and PREA Training, dated 8 October 2024. (15)

Conclusion:

The narrative above must include a thorough discussion of all the evidence used to justify the need for corrective action, clarification, additional documentation,

	compliance or non-compliance determinations, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 115.252 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5. 115.252 (b): (1) Volunteers of America confirmed that the agency <u>does not</u> 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 attempt otherwise 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. 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. Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5. During the on-site audit, the Auditor interviewed the Program Director. The Program Director confirmed that no grievances had been filed regarding sexual abuse or sexual harassment during this reporting period. The Auditor reviewed an example of a grievance; however, it was not related to an allegation of sexual abuse or sexual harassment. 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 attempt to resolve with staff, an alleged incident of sexual

abuse.

Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), number 6, page 1.

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, confirmed for the Auditor that 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), number 6, page 1.

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), number 7, page 2.

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 days 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.

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

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.

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.

115.252 (d)-5 In cases where the agency requested an extension of the 90 days 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. Hope Hall indicates no.

115.252 (d)-6 The number of grievances that took longer than a 70-day extension period to resolve was zero. Incomplete. Refer to 115.252 (d)-2

In the past 12 months, the number of grievances filed that alleged sexual abuse was zero.

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. The number of residents who reported sexual abuse during this reporting period was 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 pursue any subsequent steps in the administrative remedy process personally. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

- No residents reported sexual abuse in the past 12 months, according to the PREA Coordinator.
- This Auditor did not review any grievances alleging sexual abuse or their final decisions.

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. Hope Hall 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), number 13, page 3.

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), number 4, page 2.

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 abuse filed in the past 12 months that reached final decisions within 5 days was zero.

PREA Audit Site Review

During the site review, the Auditor:

- Observe whether PREA signage and reporting information throughout the facility can be easily read/accessed by persons in the facility.
- Observed that PREA signage and reporting information throughout the facility, language was clear, accurate, consistent, and easy to understand.
- Confirmed the signage specific to services, such as emotional support services and external reporting, and provided information that clearly details what services are available and for what purposes.
- Observed that PREA signage, reporting information, and emotional support services, and external reporting were displayed in English and Spanish, the most commonly spoken languages in the facility.
- The signage text size, formatting, and physical placement accommodate most readers, including those of average height, those with low vision/visual impairment, and those physically disabled/in a wheelchair, as confirmed during random resident interviews (24).
- The information provided by the signage was not obscured, unreadable due to graffiti, or missing due to damage.
- The audit notice was current to this audit and the Auditor.
- Observe where signage is placed in the facility to assess whether it is accessible to staff/or those confined in the facility, and other persons who may need the information or services provided.
- Observes that third-party reporting information was readable and posted in areas familiar to residents, staff, and visitors.

TESTING THIRD-PARTY REPORTING

The Auditor:

- Confirm that the method(s) the resident could use to submit third-party reports are easily accessible and understandable and can be found in reasonably conspicuous and appropriate locations (e.g., facility/agency website, telephone).
- Confirm that the third-party reporting method is not the general contact information for the facility, but is specific to reporting sexual abuse and sexual harassment in the facility.
- Verify the facility has a process for receiving third-party reports.

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.

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.

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

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.

Evidence relied upon:

1. Pre-audit questionnaire
2. PREA Audit Site Review and Facility Tour
 1. PREA Signage
 1. clear
 2. accurate
 3. consistent
 4. Audit information current
 1. Language English/Spanish
 2. How to Report Internally
 3. External Reporting
 4. Emotional Support
3. Sample grievance
4. Documentation to determine that relevant information is provided
5. Volunteers of America, POLICY NUMBER 600.09, Client Grievance Procedure (effective 2024), pages 1-5.
6. Facility tour and site review

Corrective Action/Clarification:

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. Hope Hall indicated no on the PAQ. This is a reporting error in OAS.

Update:

Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 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.

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

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.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.253 (a): The facility shall 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, 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 2025), pages 1-2. Volunteer of America POLICY NUMBER 400.13 outlines that clients with histories of sexual abuse, victims, and abusers can access confidential emotional support services. The case manager or Substance Abuse Counselor is responsible for connecting clients to these services. They also facilitate access to community mental health and emotional support services (SERV). Other mental health concerns are managed at the 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 information was displayed on each floor, in common areas, and in the administration areas. Clients identified by the NJDOC as having special mental health needs are placed on a Special Needs roster and are required to visit the regional institution monthly for medication checks. 115.253 (a)-2 Volunteers of America, Hope Hall confirmed during this audit that the agency 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, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40. Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook, Section III Prison Rape Elimination Act (PREA) Standards (effective 8/2025), pages 19-20.

Support Services:

Residents have access to confidential emotional support services related to sexual abuse. SERV (Services Empowering Rights of Victims) is the New Jersey State Designated Sexual Violence Program for Camden, Gloucester, and Cumberland Counties.

SERV Services Include:

24/7 crisis intervention

Advocacy

Counseling for survivors of sexual violence (age 12 and older, male or female)

Contact SERV 24/7:

Camden County: 1-866-295-SERV (7378)

115.253 (a)-3 Volunteers of America, Hope Hall confirmed during this audit that 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.

During the Facility Tour and Site Review, this Auditor observed residents carrying personal cellphones and a row of telephones for resident use, if necessary. During interviews, at least 20 of the 24 residents interviewed carried a personal cellphone.

During this audit, the Auditor interviewed a randomly selected group of residents (24). All interviewed residents were on probation or parole from the New Jersey Department of Corrections (NJDOC). Each resident demonstrated familiarity with basic community services, confirming that the intake process involved written information on how to access emotional support either within the community or through the NJDOC.

Zero residents reported sexual abuse during this reporting period.

PREA Audit Site Review

PREA Audit Site Review

During the site review, the Auditor:

- Observe whether PREA signage and reporting information throughout the facility are easily readable and accessible to persons in the facility.
- Observed that PREA signage and reporting information throughout the facility were clear, accurate, consistent, and easy to understand.
- Confirmed the signage specific to services, such as emotional support services and external reporting, and provided information that clearly details what services are available and for what purposes.
- Observed that PREA signage, reporting information, and emotional support services, and external reporting were displayed in English and Spanish, the

most commonly spoken languages in the facility.

- The signage text size, formatting, and physical placement accommodate most readers, including those of average height, those with low vision/visual impairment, and those with physical disabilities or who use wheelchairs, as confirmed through random resident interviews (24).
- The information provided by the signage was not obscured, unreadable due to graffiti, or missing due to damage.
- The audit notice was current to this audit and the Auditor.
- Observe where signage is placed in the facility to assess whether it is accessible to staff/or those confined in the facility, and other persons who may need the information or services provided.
- Observes that third-party reporting information was readable and posted in areas familiar to residents, staff, and visitors.

TESTING THIRD-PARTY REPORTING

The Auditor:

- Confirm that the method(s) the resident could use to submit third-party reports are easily accessible and understandable and can be found in reasonably conspicuous and appropriate locations (e.g., facility/agency website, telephone).
- Confirm that the third-party reporting method is not the general contact information for the facility, but is specific to reporting sexual abuse and sexual harassment in the facility.
- Verify the facility has a process for receiving third-party reports.

TESTING ACCESS TO OUTSIDE EMOTIONAL SUPPORT SERVICES

During the site review, the Auditor:

- Tested access to outside emotional support services via telephone.
- Confirmed the telephones worked
- Residents were allowed to carry their personal cell phones.
- The phone number on the signage connects to the organization that provides external emotional support services.
- The phone number is local.
- A call center service representative answers the phone

Test access via phones by calling the outside emotional support service provider(s) in the same manner that a person confined in the facility would be expected to call (or have a confined person call the service provider(s)), to assess whether: The phones work (e.g., have a dial tone, can call outside the facility, etc.).

The phone number on the signage connects to the organization that provides external emotional support services.

The phone number is local/toll-free.

The phone is answered by a service provider (i.e., a live person, or information on how and when to reach a live person, rather than a recording with no access to a live person).

The service provider is prepared to offer services to callers from the facility. This requires a brief conversation with the person who answers the phone at the service provider to confirm the services provided to residents of the facility.

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 2025), pages 1-2.

Volunteer of America POLICY NUMBER 400.13 outlines that clients with histories of sexual abuse, victims, and abusers can access confidential emotional support services. The case manager or Substance Abuse Counselor is responsible for connecting clients to these services. They also facilitate access to community mental health and emotional support services (SERV).

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.

Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook, Section III Prison Rape Elimination Act (PREA) Standards (effective 8/2025), pages 19-20.

115.253 (b)-2 The facility informs residents, prior to 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.

During the audit, the Auditor interviewed a randomly selected group of recently released prisoners. All residents interviewed believed their calls were not private because of the notifications they received before making calls in the prison. The residents knew they could use their personal cell phones to seek emotional support in the community. However, they all believed that private communication with an emotional support advocate would be kept confidential.

Zero residents reported sexual abuse during this reporting period.

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

Volunteers of America/Hope Hall maintains a memorandum of understanding (MOUs) or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse.

115.253 (c)-2 If YES to 115.253 (c)-1, the agency or facility maintains copies of those agreements. Skip to 115.254. Documentation omitted. Corrective action.

Evidence Relied Upon:

1. Pre audit questionnaire
2. PREA Audit Site Review
3. Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook (effective 8/2025), pages 1-40.
4. Volunteers of America, Behavioral Health and Re-Entry Services, Hope Hall Resident Handbook, Section III Prison Rape Elimination Act (PREA) Standards (effective 8/2025), pages 19-20.
5. Volunteers of America POLICY NUMBER 400.13 Mental Health and Support Services, (effective 2025), pages 1-2.
6. Interviews with random residents (24)
7. Interview with random staff

Corrective Action/Clarification/Additional Information:

1. 115.253 (c)-2 If YES to 115.253 (c)-1, the agency or facility maintains copies of those agreements. Skip to 115.254. Documentation omitted. Corrective action.

Update:

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Volunteer of America POLICY NUMBER 400.13 outlines that clients with histories of sexual abuse, victims, and abusers can access confidential emotional support services. The case manager or Substance Abuse Counselor is responsible for connecting clients to these services. They also facilitate access to community mental health and emotional support services (SERV). Other mental health concerns are managed at the 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 information was displayed on each floor, in common areas, and in the administration areas. Clients identified by the NJDOC as having special mental health needs are placed on a Special Needs roster and are required to visit the regional institution monthly for medication checks.
2. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). By examination of an MOU between

	the Center for Family Services, Empowering Rights of Victims and Volunteers of American Delaware Valley, the Center for Family Services program, Service Empowering Rights of Victims (SERV) in New Jersey, is designated as the sexual assault violence service provider in Camden County. The MOU delineates that SERV will provide a 24/7 toll-free hotline, crisis intervention, counseling advocacy, and accompaniments to hospitals, police stations, and courts for survivors of sexual violence. Ongoing counseling and support groups to empower victims who have become survivors. Conclusion: The narrative above thoroughly discusses all the evidence used to request additional documentation, corrective action, clarification, or compliance and non-compliance determinations, including the Auditor’s analysis, reasoning, and conclusions.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 115.254 (a)-1 Volunteers of America confirmed during this audit that the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. • NJ Office of Corrections Ombudsman -Toll-free (Incarcerated persons in residential community release programs) 1-800-305-1811. 115.254 (a)-2 Volunteers of America confirmed during this audit that the agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. During the on-site portion of this audit, the auditor interviewed a random sample of staff (12). Staff explained that there are multiple ways for residents to report sexual abuse and sexual harassment privately, retaliation by other residents or staff for reporting these issues, or staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment, such as,

- Verbally disclose the allegation to a trusted staff member
- Telephone local law enforcement
- Disclose the allegation to the PREA Coordinator
- Disclose the allegation to the Program Director
- Ombudsman Bureau
- Family/Friends
- Grievance

During the on-site portion of this audit, the Auditor interviewed a random selection of residents (24). All residents interviewed provided the Auditor with at least one method of how to report sexual abuse or sexual harassment that occurred to them or someone else, such as,

- Tell a trusted staff member
- Contact local law enforcement
- Grievance
- Family or friends
- Note
- Ombudsman Bureau

PREA Audit Site Review

During the site review, the Auditor:

- Observed that PREA signage and reporting information were displayed throughout the facility.
- Confirmed that PREA signage and reporting information can be easily read/ accessed by residents in the facility.
- Confirmed the PREA signage and reporting information and language were clear and easy to understand.
- Confirmed that signage specific to services, such as emotional support services and external reporting, clearly details what services are available and for what purposes.
- Signage is provided in English and Spanish, the two most commonly spoken languages in the facility.
- Confirmed that the PREA signage and reporting information text size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
- Confirmed that the PREA signage and reporting information provided by the signage is not obscured, unreadable due to graffiti, or missing due to damage or illegible.
- Observe that PREA signage and reporting information is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/ organization name(s), addresses, phone number(s)).

Observe that PREA signage and reporting information were posted in the facility at locations accessible to visitors, staff, and residents who may need them or the services they provide.

- Confirmed the posting of the following types of signage: How to report sexual abuse and/or sexual harassment (external and internal reporting methods).

TESTING INTERNAL REPORTING METHODS FOR RESIDENT PERSONS

- Methods of reporting include: Personal cellphones
- Facility pay telephone
- Facility telephone
- Verbally to staff
- Local law enforcement
- Grievance
- Written

RECORD STORAGE

During the site review, the Auditor:

Observe the physical storage area for any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, sexual abuse allegations) to determine whether the area is secured (e.g., with a lock and key).

Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password-protected, accessible only in administrative areas, role-based security and access).

TESTING THIRD-PARTY REPORTING

The Auditor:

Complete and submit a third-party report using the same method(s) provided to the public (e.g., via the agency/facility website). NJ.gov/corrections ombudsperson/. A review of the agency website did not find third-party reporting information.

Corrective Action.

- Incarcerated people only toll-free number 555-555-5555
- Toll-free (Incarcerated persons in residential community release programs) 1-800-305-1811
- Email address: info@oco.nj.gov

Confirm that the method(s) to submit third-party reports are easily accessible and understandable and can be found in reasonably conspicuous and appropriate locations (e.g., facility/agency website).

Confirm that the third-party reporting method is not the general contact information for the facility, but is specific to reporting sexual abuse and sexual harassment in the facility. Verify the facility has a process for receiving third-party reports

- Test request submitted

Evidence Relied Upon:

1. Pre audit questionnaire
2. Policy 700.33 Investigations (effective 2025) pages 1-3.
3. Internet search -VOA Delaware Valley
4. Internet search VOA Organization
5. Internet search Hope Hall
6. Email communication NJ Ombudspersons Bureau
7. Internet research - Deaths in Custody, NJ Office of the Corrections Ombudspersons 2024-2025.

Corrective Action:

1. 115.251 (a)-1. TESTING THIRD-PARTY REPORTING. To complete and submit a third-party report using the same method(s) provided to the public (e.g., via the agency/facility website). NJ.gov/correctionsombudsperson/. A review of the agency website did not find third-party reporting information. The NJDOC New Jersey Ombudsman/Ombudsperson Office serves as an available independent, confidential external PREA reporting entity. Corrective Action.

Update:

1. Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period). Using the notification system established by Atlantic, this Auditor completed and submitted a third-party report using the same method(s) provided to the public (e.g., via the agency/facility website). A review of the agency website did not find third-party reporting information.
2. Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period). Hope Hall provides residents with third-party reporting contact information during the intake process/ brochure/handbook.
3. Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period). The Auditor tested the third-party reporting system with the NJ Ombudsman Office. The organization's Director emailed the Auditor a confirmation on the same day as the test.
4. Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period). Volunteers of America Delaware Valley, Behavioral Health and Re-entry Services, Policy 700.33

	Investigations, Procedure, Section 9, indicates that 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. Conclusion: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period). The narrative above includes a comprehensive discussion of the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 115.261 (a)-1 Volunteers of America confirmed during this reporting period that 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. 115.261 (a)-2 Volunteers of America confirmed during this reporting period that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who report such an incident. 115.261 (a)-3 Volunteers of America confirmed during this reporting period 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. During the audit, the Auditor spoke with a random group of staff (12) at Hope Hall. All those interviewed confirmed that the agency mandates reporting any knowledge, suspicion, or information about sexual abuse or harassment incidents, retaliation against those who report such incidents, or staff neglect and violations of responsibilities that may have led to an incident or retaliation. Reports should be

made to a supervisor not involved in the allegation, local law enforcement, the Program Director, the PREA Coordinator, or managers who are not the subject of the allegation.

PREA Audit Site Review

TESTING STAFF REPORTING

During the site review, the Auditor:

- Test by asking a staff person to walk through the staff reporting method(s) provided by the facility.
- Confirmed that the staff reporting method is available, on demand, to all staff in the facility.
- Confirmed through informal conversation and formal interviews that staff are required to report to their direct colleagues or their immediate supervisor unless that supervisor is the subject of the allegation.

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 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.

During the audit, the Auditor spoke with a random group of staff (12) at Hope Hall. All those interviewed confirmed that the agency mandates reporting any knowledge, suspicion, or information about sexual abuse or harassment incidents, retaliation against those who report such incidents, or staff neglect and violations of responsibilities that may have led to an incident or retaliation. Reports should be made to a supervisor not involved in the allegation, local law enforcement, the Program Director, the PREA Coordinator, or managers who are not the subject of the allegation.

PREA Audit Site Review

RECORD STORAGE

During the site review, the Auditor:

- Observe the physical storage area for any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine whether the area is secured (e.g., with a lock and key).

- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to 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): 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.

- **Not applicable. Hope Hall does not employ medical or mental health staff.**

115.261 (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

During this audit, the Auditor spoke with the Program Director and the PREA Coordinator in separate interviews; both managers confirmed that the facility is an adult residential community corrections center and does not accommodate residents under 18 years of age. Additionally, any allegations of sexual abuse or harassment by a vulnerable adult, as defined by state or local laws, would be promptly reported to law enforcement with the authority to investigate, in accordance with PREA. All allegations of sexual abuse and sexual harassment (including those from third parties and anonymous sources) are reported directly to designated facility investigators.

115.261 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

See 115.261 (d) and 115.261 (b)-1

Documentation Review

Sample of sexual abuse and sexual harassment reports to investigators.

Evidence Relied Upon:

1. Pre audit questionnaire
2. Interview with the PREA Coordinator
3. Interview with the Program Director
- 4.

Conclusion:

The narrative above includes a comprehensive discussion of all the evidence relied

	upon in making the compliance or non-compliance determination, corrective action/ clarification or additional information, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 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: 700.40, Sexual Abuse and Harassment (effective 2024), pages 1-6. 115.262 (a)-2 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: 115.262 (a)-3 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 The most extended amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediate, please explain in the comments section. During this reporting period, the Auditor interviewed the Agency Head. The Agency Head confirmed that when the agency learns that a resident faces a substantial risk of imminent sexual abuse, the facility imposes protective measures such as safeguarding the victim, providing medical and mental health intervention, protecting the crime scene, and notifying law enforcement authorities to initiate an investigation. During this audit, the Auditor interviewed a random sample of staff. All staff interviewed confirmed that if they learned that a resident is at risk of imminent sexual abuse, they would take action to protect the resident, which would include immediately relocating the victim to a safe location and notifying a supervisor. Evidence Relied Upon:

	1. Pre audit questionnaire 2. Volunteers of America, POLICY NUMBER: 700.40, Sexual Abuse and Harassment (effective 2024), pages 1-6. 3. Interview with the Agency Head 4. Interview with the Program Director 5. Interview with random staff (12) Conclusion: The narrative above 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.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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 the appropriate office of the agency where the alleged abuse occurred. 115.263 (a)-1 Volunteers of America confirmed during this audit 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 the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 1. Volunteers of America, POLICY NUMBER: 700.40, Sexual Abuse and Harassment (effective 2024), pages 1-6. 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. 115.263 (a)-2 During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0. 115.263 (a)-3 Please describe your facility's response to these allegations: Not applicable. See 115.263 (a)-2. 115.263 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

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.

Volunteers of America, POLICY NUMBER: 700.40, Sexual Abuse and Harassment (effective 2024), number 11, page 5.

115.263 (c): The agency shall document that it has provided such notification.

115.263 (c)-1 The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

- Not applicable. There are no allegations 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 the appropriate office of the agency where the alleged abuse occurred during this reporting period.

115.263 (d): The facility head or agency office that receives such notification shall make sure that the allegation is investigated in accordance with these standards.

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

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.

115.263 (d)-2 In the past 12 months, the number of allegations of sexual abuse that the facility received from other facilities: 0.

The Agency Head and the Program Director confirmed during the on-site portion of this audit that the agency or facility policy requires that allegations received from other facilities and agencies be investigated in accordance with the PREA standards.

Evidence Relied Upon:

1. Pre audit questionnaire
2. Volunteers of America, POLICY NUMBER: 700.40, Sexual Abuse and Harassment (effective 2024), pages 1-6.
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 Agency Head
6. Interview with the Program Director

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.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 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 2025) pages 1-3. 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 Hope Hall is trained and required to: separate the alleged victim from 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 states that when an allegation of sexual abuse by a resident is reported, the first security staff member to respond must preserve and protect any crime scene until proper steps are taken to collect evidence.

See 115.264 (a)-1.

115.264 (a)-4 Volunteers of America confirmed that the policy requires that, upon learning of an allegation that a resident was sexually abused, and 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 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.

See 115.264 (a)-1.

115.264 (a)-5 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 must ensure that the alleged abuser does not take any actions that could destroy physical evidence. This includes, 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.

See 115.264 (a)-1.

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. Among these allegations, the number of times the first security staff member to respond to the report separated the alleged victim from the abuser was zero.

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 in the past 12 months, regarding these allegations, where staff were notified with enough time to collect physical evidence, the number of times the first security staff member to respond preserved and protected any crime scene until proper evidence collection could occur 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 There were no reports of residents experiencing sexual abuse during the previous 12 months. Volunteers of America confirmed that in past allegations, appropriate actions included washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Over the course of 12 months, staff were informed within a timeframe that allowed for the collection of physical evidence. The first security staff member to respond to the report ensured that the alleged abuser did not take any actions that could destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, resulting in zero incidents. A security staff first responder was interviewed during the on-site portion of this audit. The first responder outlined the actions to be taken when responding to an allegation of sexual abuse, including: • Separating the victim and the abuser • Safeguarding the victim • Requesting that the alleged victim refrain from taking any actions that could destroy physical evidence • Notifying a supervisor • Notifying the Program Director • Notifying the PREA Coordinator.

A non-security staff first responder was interviewed during the on-site portion of this audit. The responder outlined the actions to be taken when responding to an allegation of sexual abuse, including:

- Separating the victim and the abuser
- Safeguarding the victim
- Requesting that the alleged victim refrain from taking any actions that could destroy physical evidence
- Notifying a supervisor
- Notifying the Program Director
- Notifying 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 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.

See 115.264 (a)-1.

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.

See 115.264 (a)-1.

	115.264 (b)-3 Volunteers of America confirmed that of the allegations that a resident was sexually abused 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, among those allegations responded to first by a non-security staff member, the number of times that staff member notified security was zero. A non-security staff first responder was interviewed during the on-site portion of this audit. The responder outlined the actions to be taken when responding to an allegation of sexual abuse, including: • Separating the victim and the abuser • Safeguarding the victim • Requesting that the alleged victim refrain from taking any actions that could destroy physical evidence • Notifying a supervisor • Notifying the Program Director • Notifying the PREA Coordinator 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 2025) pages 1-5. 4. Interview with a Non-Security Staff First Responder 5. Interview with a Security 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.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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.

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.

During an interview with the Program Director, he confirmed that Hope Hall has a written coordinated response for an incident of sexual abuse among staff first responders, security, and non-security staff and facility leadership.

Documentation Review

Hope Hall omitted the submission of a written institutional plan for Hope Hall to coordinate actions taken in response to an incident of sexual abuse in accordance with Standard 115.265. This requires corrective action.

Evidence Relied Upon:

1. Pre audit questionnaire
2. Hope Hall Coordinated Response - institutional plan
3. Interview with the Program Director

Corrective Action:

1. Standard 115.265 Hope Hall omitted the submission of a written institutional plan to coordinate actions in response to a sexual abuse incident, as required by Standard 115.265, which necessitates corrective action.

Update:

Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Policy Reference: 300.06 Sexual Misconduct and Inappropriate Behavior and 700.33 Investigations. Hope Hall submitted a Hope Hall Coordinated Response to Sexual Abuse on 1/30/2026. The facility developed a written institutional plan to coordinate actions among staff, first responders, investigators, and facility leadership in response to an incident of sexual abuse. The submission of a written institutional plan for Hope Hall to coordinate actions taken in response to an incident of sexual abuse complies with Standard 115.265.

Conclusion:

The above includes a thorough discussion of all the evidence used to determine the need for corrective action, compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	15.266 (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. 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. Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2. Omitted. • The collective bargaining agreement or other agreement requires clarification or additional documentation. Corrective action. As confirmed by the Agency Head, Volunteers of America does not participate in collective bargaining. This standard is not applicable. 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. The Auditor is not required to audit this provision.
	Evidence Relied Upon: 1. Pre-audit questionnaire 2. Interview with the Agency Head 3. Volunteers of America POLICY NUMBER 700.33 (effective 2025). Sample sign-in sheet. Corrective Action/Clarification/Additional Documentation: 1. 115.266 (a)-1 Submit or clarify the collective bargaining agreement if

	applicable. Volunteers of America POLICY NUMBER 700.37, Intake, (effective 2025) pages 1-2. Update: Meets Standards (Substantial compliance; conforms in all material ways with the standard for the relevant review period. As confirmed by the Agency Head, Volunteers of America does not participate in collective bargaining. This standard is not applicable. This information was submitted in error. Conclusion: The narrative above includes a comprehensive discussion of all the evidence relied upon in making the need for a corrective action, clarification, additional documentation, compliance or non-compliance determination, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 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. Volunteers of America Policy Number 700.33 Investigations (effective 2025), pages 1-3 Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3. Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6. 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 retaliation or the removal of the abuser.

During an interview with the Program Director, it was indicated that staff would monitor the victim with a face-to-face interaction and ensure the removal of the abuser by the agency.

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.

- Zero residents reported sexual abuse during this reporting period.

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.

- The PREA Coordinator, Compliance Manager

Volunteers of America Policy Number 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.

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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.

See 115.267 (a)-2

During this audit, the Auditor interviewed the Agency Head. The Agency Head detailed how the agency protects residents and staff from retaliation for sexual abuse or sexual harassment by separating the victim and the abuser.

During this audit, the Auditor interviewed the Program Director, who described the different measures the Agency takes to protect residents and staff from retaliation.

During this audit, the Auditor interviewed the PREA Coordinator, who acts as the Designated Staff Member Charged with Monitoring Retaliation. The PREA Coordinator confirmed that she would initiate contact with a resident who reported sexual abuse and monitor the resident for retaliation by reviewing disciplinary actions, housing, negative performance, programs, and placement decisions for at least 90 days or longer if necessary.

- Hope Hall reported zero residents who reported sexual abuse.

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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.

See 115.267 (a)-2

115.267 (c)-1 Volunteers of America/Hope Hall 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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.

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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate

Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6. 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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6. 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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.

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.

During this audit, the Auditor interviewed the Program Director. The Program Director explained the measures they take when they suspect retaliation, such as face-to-face monitoring, reviewing disciplinary actions, housing, negative performance, programs, and placement decisions for at least 90 days or longer if necessary.

During this audit, the Auditor interviewed the PREA Coordinator, who acts as the Designated Staff Member Charged with Monitoring Retaliation. The PREA Coordinator confirmed that she would initiate contact with a resident who reported sexual abuse and monitor the resident for retaliation by reviewing disciplinary actions, housing, negative performance, programs, and placement decisions for at least 90 days or longer if necessary.

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

Volunteers of America Policy Number 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment

(effective 2025), pages 1-6.

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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.

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 700.33 Investigations (effective 2025), pages 1-3

Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.

Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.

See 115.267 (a)-2

Evidence relied upon:

1. Pre-audit questionnaire
2. Volunteers of America Policy Number 700.33 Investigations (effective 2025), pages 1-3
3. Volunteers of America Policy Number 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025), pages 1-3.
4. Volunteers of America Policy Number 700.40 Sexual Abuse and Harassment (effective 2025), pages 1-6.
5. 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.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion 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. 115.271 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025) pages 1-5. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2025) pages 1-5. According to the PREA Coordinator, the agency or facility is not responsible for conducting any criminal or administrative sexual abuse investigations. The agency will start the process while protecting the victim and safeguarding evidence. It is not responsible for investigating any allegations of sexual abuse made by a third party or anonymous reports. Victim allegations 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. Documentation Review • During this reporting period, Hope Hall reported no allegations of sexual abuse or harassment. • No samples of investigative records/reports for allegations of sexual abuse or sexual harassment were reviewed. The PREA Coordinator confirmed zero reported allegations of sexual abuse or sexual harassment in the prior 12-month period. 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. See 115.271(a)-1. 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.

See 115.271(a)-1.

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 to subsequent criminal prosecution.

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.

PREA Audit Site Review RECORD STORAGE

During the site review, the auditor must:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, sexual abuse allegations).
- Observed physical cabinets with locks and keys.
- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to 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).

115.271 (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. Not applicable.

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 about 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.

The 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.

During this audit, the Auditor interviewed the Program Director. He confirmed that an outside agency investigates allegations of sexual abuse for Volunteers of America. The agency, through the PREA Coordinator, maintains contact with the legal authorities investigating sexual abuse allegations to stay informed about the progress of those investigations. In a separate interview, the PREA Coordinator confirmed that she is the point of contact when an outside agency investigates sexual abuse.

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.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 115.271 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025) pages 1-5. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2025) pages 1-5. Volunteers of America POLICY NUMBER 700.33 Investigations, Procedure 9, (effective 2025) page 2, 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. Volunteers of America POLICY NUMBER 700.33 Investigations, Procedure 10, (effective 2025), page 2: the facility shall report all allegations of sexual abuse and harassment, including third-party and anonymous reports, to the NJDOC. Documentation will be kept on all investigations and referrals. According to the PREA Coordinator, the agency or facility is not responsible for conducting any criminal or administrative sexual abuse investigations. The agency will initiate the process while protecting the victim and safeguarding evidence. The agency is not responsible for investigating any accusations of sexual abuse made by a third party or an anonymous report. Allegations of sexual abuse from clients are reported to local law enforcement, 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.

	Evidence relied upon: 1. Pre-audit questionnaire 2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 2025) pages 1-5. 3. Volunteers of America POLICY NUMBER 700.33 Investigations (effective 2025) pages 1-5 4. Interview with the PREA Coordinator Conclusion: The previous section above thoroughly discusses all the evidence used to decide whether there was compliance or non-compliance.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.273 (a): Following an investigation into a 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. 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, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Based on a review of the evidence provided by Hope Hall, the submitted Policy 600.09, Client Grievance Procedure, lacks the necessary language to comply with this standard. Corrective Action. 115.273 (a)-2 The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0. 115.273 (a)-3 Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0. During this audit, the Auditor interviewed the Program Director. The director confirmed that if a resident remained assigned to Hope Hall at the conclusion of an investigation, the facility would retain the resident when the allegation of sexual abuse had been substantiated, unsubstantiated, or unfounded following an

investigation.

During this audit, the Auditor interviewed the Investigator/PREA Coordinator. The PREA Coordinator confirmed that if a resident remained assigned to Hope Hall at the conclusion of an investigation by NJDOC or local law enforcement, the facility would retain the resident when the allegation of sexual abuse had been substantiated, unsubstantiated, or unfounded following an investigation.

- No residents who reported sexual abuse were interviewed, see Standard 115.273 a.

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 Hope Hall confirmed during this audit that, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

115.273 (b)-2 The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0.

115.273 (b)-3 Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

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 Hope Hall confirmed during this audit 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.

- Based on a review of the evidence provided by Hope Hall, the submitted policy 600.09, Client Grievance Procedure, lacks the necessary language to

comply with this standard. Corrective Action.

115.273 (c)-2 Hope Hall indicated during this audit that there has been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

115.273 (c)-3 Not applicable. Hope Hall indicated during this audit that there has been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

- No residents who reported sexual abuse were interviewed, see Standard 115.273 a.

115.273 (d): Following a resident's allegation that he or she has been sexually abused by another resident, 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 Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

- See Standard 115.273 a. Not applicable.
- No residents who reported sexual abuse were interviewed, see Standard 115.273 a.

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

115.273 (e)-1 The agency has a policy that all notifications to residents described under this standard are documented. Corrective action. See 115.273 a

115.273 (e)-2 In the past 12 months, the number of notifications to residents that were provided pursuant to this standard:0.

115.273 (e)-3 Of those notifications made in the past 12 months, the number that were documented: 0.

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

- The Auditor is not required to audit this provision.

Evidence Relied Upon:

1. Pre audit questionnaire
2. POLICY NUMBER 600.09, Client Grievance Procedure
3. POLICY NUMBER 700.40, Sexual Abuse and Sexual Harassment
4. Interview with an investigator/PREA Coordinator
5. Interview with the Program Director

Corrective Action:

1. 115.273 (a)-1 Based on a review of the evidence provided by Hope Hall, the submitted Policy 600.09, Client Grievance Procedure, lacks the language necessary for compliance with this standard. Corrective Action. Hope Hall will amend POLICY NUMBER 700.40, SEXUAL ABUSE AND HARASSMENT, Reporting, page 5, to include the following language. Upon closure of an investigation, the agency requires that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility be informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

Update:

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Policy 700.40, SEXUAL ABUSE AND HARASSMENT, Reporting, page 5, was amended as required by the Auditor.

Conclusion:

The narrative above includes a detailed discussion of all the evidence used to determine the need for clarification, additional documentation, corrective action, compliance, non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.276 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

- A select policy to support this standard was omitted. Corrective Action required.

115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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: 0.

- No sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policy. During this reporting period, Hope Hall reports zero terminations, resignations, or other sanctions for violation of sexual abuse or harassment policy.

115.276 (b)-2 During this audit, Hope Hall confirmed that in the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

115.276 (c): Hope Hall 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 Hope Hall confirmed during this audit that the 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 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): 0.

- A select policy to support this standard was omitted. Corrective Action required.

115.276 (d): Hope Hall 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 Hope Hall 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 clearly not criminal) and to any relevant licensing bodies.

- A select policy to support this standard was omitted. Corrective Action required.

115.276 (d)-2 Hope Hall 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 prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Evidence Relied Upon:

1. Pre audit questionnaire
2. Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior (effective 12/2022), pages 1-2.
3. Interview with the PREA Coordinator.

Corrective Action:

1. 115.276 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. A select policy to support this standard was omitted. Corrective Action required.
2. 115.276 (c)-2 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): 0. A select policy to support this standard was omitted. Corrective Action required.
3. 115.276 (d)-1 Hope Hall 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 clearly not criminal) and to any relevant licensing bodies. A select policy to support this standard was omitted. Corrective Action required.

Update:

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). The PREA Coordinator submitted Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and

	Inappropriate Behavior (effective 12/2022), pages 1-3. 2. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Volunteers of America POLICY NUMBER 300.06 Sexual Misconduct and Inappropriate Behavior, Procedures, Section 7-10 (effective 12/2022), page 2 indicates: ◦ Staff members, contractors, and volunteers who engage in sexual misconduct or inappropriate behavior will be subject to disciplinary action, up to and including termination. ◦ Volunteers of America Delaware Valley requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was not clearly criminal) and to NJDOC. ◦ Volunteers of America Delaware Valley requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. ◦ The Facility takes appropriate remedial measures and considers whether to prohibit future contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 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.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 115.277 (a)-1 Volunteers of America confirmed during this audit that the Agency has a policy that requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Volunteers of America POLICY NUMBER 300.06 115.277 (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. 115.277 (a)-3 Volunteers of America confirmed during this audit that in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. 115.277 (a)-4 Hope Hall confirmed during this audit that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero. Documentation Review • Documentation of referrals to law enforcement and/or relevant licensing bodies. See 115.277 (a)-4. • Investigative reports, if relevant. See 115.277 (a)-4. 115.277 (b): The facility shall 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 facility takes appropriate remedial measures and considers 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. During this audit, the Auditor interviewed the Program Director. The Program Director indicated that the facility currently does not allow volunteers. Residents obtain assistance in the community. Likewise, the facility does not employ contractors. No contractors were employed during the prior 12-month period. However, in the event a contractor or volunteer violated the sexual abuse or sexual harassment policies, the remedial measure would be to restrict access to the facility pending an investigation. Evidence Relied Upon: 1. Pre audit questionnaire 2. Interview with the Program Director 3. Volunteers of America POLICY NUMBER 300.06 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.
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115.278	Disciplinary sanctions for residents
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	Auditor Overall Determination: Meets Standard Auditor Discussion 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. 115.278 (a)-1 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. Volunteers of America POLICY NUMBER 600.11 omitted. Submit as evidence for Standard 115.278. Corrective Action required. 115.278 (a)-2 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 omitted. Submit as evidence for Standard 115.278. Corrective Action required. 115.278 (a)-3 In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0. • Incomplete. During an interview with the PREA Coordinator, she confirmed that during this reporting period or the prior 12-month period, Hope Hall reported no allegations of sexual abuse or sexual harassment. 115.278 (a)-4 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0. • Incomplete. During an interview with the PREA Coordinator, she confirmed that during this reporting period or the prior 12-month period, Hope Hall reported no allegations of sexual abuse or sexual harassment. 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. During this audit, the Auditor interviewed the Program Director. The Program Director confirmed that a resident's disciplinary sanctions for engagement in sexual abuse or sexual harassment, whether criminal or administrative, would be appropriately based on the behavior and other residents with comparable or similar histories, mental disabilities, or mental illnesses. 115.278 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining
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what type of sanction, if any, should be imposed.

See Standard 115.278 (b)

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.

During this audit, the Auditor interviewed the PREA Coordinator and the Program Manager separately. Each manager confirmed that residents receive community-based treatment, therapy, and counseling. Medical and mental health services are either provided by NJDOC or accessed in the community.

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.

During this audit, the Auditor interviewed the PREA Coordinator and the Program Manager separately. Each manager confirmed that residents receive treatment, therapies, and counseling in the community. Medical and mental health services are provided either by NJDOC or through community resources.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. Interview with the PREA Coordinator
3. Interview with the Program Director
4. Volunteers of America POLICY NUMBER 600.11.

Corrective Action/Clarification/Additional Information:

1. 115.278 (a)-1 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. Volunteers of America POLICY NUMBER 600.11 omitted. Submit as evidence for Standard 115.278. Corrective Action required.
2. 115.278 (a)-2 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 omitted. Submit as evidence for Standard 115.278. Corrective Action required.

Update:

	1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Policy Number 600.11 Client Discipline (effective 2025), Volunteers of America, pages 1-2, outlines the procedures for Client Discipline. The policy states that any client/resident charged with a rule violation will receive a written report outlining the violation(s), including a description of the incident and the specific rule violation. Policy 600.11 and 700.40 were each amended (2/18/2026) to include language specific to residents who engage in resident-on-resident or resident-on-staff sexual abuse and applicable PREA standards. Conclusion: The narrative above provides a detailed discussion of all the evidence used in making the compliance or non-compliance decision, including corrective actions, clarifications of requests for additional information, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 115.282 (a)-1 During this audit, Hope Hall confirmed that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services either in the community. 115.282 (a)-2 During this audit, Hope Hall confirmed that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment in the community. 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. • Medical and Mental Health Staff - not applicable • Residents who reported a Sexual Abuse - not applicable

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.

During this audit, the Auditor interviewed a Security Staff First Responder. Describe the actions they would take as a first responder to an allegation of sexual abuse, such as:

- a. Separating the alleged victim and abuser;
- b. Requesting that the alleged victim not take any actions that could destroy physical evidence (such as 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;
- d. Ensuring that the alleged abuser does not take any of the above actions that could destroy physical evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence; and
- e. Immediately notifying management (e.g., Program Manager, and PREA Coordinator)

During this audit, the Auditor interviewed a Non-Security Staff First Responder.

Describe the actions they would take as a first responder to an allegation of sexual abuse, such as:

- a. Separating the alleged victim and abuser;
- b. Immediately notifying management (e.g., Program Manager and PREA Coordinator)

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 Hope Hall confirmed during this audit that 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 in the community.

- Medical and Mental Health Staff - not applicable
- Residents who reported a Sexual Abuse - not applicable

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 Hope Hall confirmed during the audit that 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.

- Volunteers of America POLICY NUMBER 400.07 omitted. Corrective action. Additional Information Requested

Evidence relied upon:

1. Pre-audit questionnaire
2. Interview with the PREA Coordinator
3. Interview with the Program Manager
4. Volunteers of America POLICY NUMBER 400.07

Corrective Action/Clarification/Additional Information Requested:

1. 115.282 (d)-1 Hope Hall confirmed during the audit that 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. Volunteers of America POLICY NUMBER 400.07 omitted. Corrective action. Additional Information Requested.

Update:

1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Volunteers of America POLICY NUMBER 400.07, Access to Medical/Dental Services (effective 2025), pages 1-10. It is the policy of Volunteers of America Delaware Valley Behavioral Health and Re-entry Services Programs to ensure that all clients have access to adequate health care. Program Directors will ensure that transportation is coordinated for all medical, dental, psychological, and parole hearing appointments at the Regional Institutional.
2. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Volunteers of America POLICY NUMBER 400.07, Access to Medical/Dental Services, Section B4. Emergency Procedures (Hospitalization) (effective 2025), pages 2-3 indicates:
 - Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services coordinated through GSCF's Medical Department.
 - Treatment services are provided to every victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
 - Female victims of sexual abuse vaginal penetration are offered pregnancy tests.
 - In extreme emergencies, where the severity or extent of the problem appears to be life-threatening or to require immediate attention, the priority shall be to have the client admitted immediately to a

	community-based emergency department via calling 911 emergency services. Conclusion: The narrative above provides a comprehensive discussion of all the evidence used to determine compliance or non-compliance, including the corrective actions, requests for additional information, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. During this audit, Hope Hall in the PAQ indicated that the facility does not offer in-house 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. Hope Hall is a community-based residential facility. Victims of sexual abuse would be treated in the community or by NJDOC at a designated facility. • Hope Hall omitted the submission of a policy on ongoing treatment for sexual abuse victims. Hope Hall is a community residential facility. Victims of sexual abuse would be treated in the community. 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. According to the Program Director and PREA Coordinator, Hope Hall residents receive medical and mental health treatment either in the community or from NJDOC.

According to the PREA Coordinator and the Program Director, no resident reported sexual abuse during this reporting period (e.g., 12 months prior)

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

According to the Program Director and PREA Coordinator, Hope Hall residents receive medical and mental health treatment either in the community or from NJDOC.

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.

Not applicable. Hope Hall is a male adult, community-based residential program.

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. Hope Hall is a facility for adult males only.

Not applicable. Hope Hall is a male adult, community-based residential program.

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.

Not applicable. Hope Hall is a male adult, community-based residential program.

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.

According to the Program Director and PREA Coordinator, Hope Hall residents receive medical and mental health treatment either in the community or from NJDOC.

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.

	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. According to the Program Director and PREA Coordinator, Hope Hall residents receive medical and mental health treatment either in the community or from NJDOC. Evidence Relied Upon: 1. Pre-audit questionnaire 2. Interview with the PREA Coordinator 3. Interview with the Program Director Corrective Action/Clarification/ Request for Additional Information: 1. Clarification. 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. Hope Hall is a community-based residential facility. Victims of sexual abuse would be treated in the community or by NJDOC at a designated facility. Update: Meets Standards (Substantial compliance; conforms in all material ways with the standard for the relevant review period. 115.283 (a)-1. Hope Hall is a community-based residential facility. Victims of sexual abuse would be treated in the community or by NJDOC at a designated facility. Conclusion: Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). The narrative above provides a comprehensive discussion of all the evidence used to determine compliance or non-compliance, including the corrective actions, requests for additional information, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard Auditor Discussion 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.

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.

Policy 700.33 Investigations, Procedures Section 14-15, Volunteers of America (effective 2025), pages 1-3.

115.286 (a)-2 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: 0. As confirmed by the PREA Coordinator.

115.286 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

115.286 (b)-1 The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

Policy 700.33 Investigations, Procedures Section 14-15, Volunteers of America (effective 2025), pages 1-3.

115.286 (b)-2 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: 0. As confirmed by the PREA Coordinator.

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 The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

During this audit, the Auditor interviewed the Director. The Director confirmed that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors and investigators. Resident medical/dental and mental health services are provided either in the community or coordinated through NJDOC - Garden State.

115.286 (d): 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 head and PREA Coordinator.

115.286 (d)-1 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 facility head and PREA Coordinator.

Policy 700.33 Investigations, Procedures Section 14-15, Volunteers of America (effective 2025), pages 1-3.

Policy 700.33 Investigations, Procedures Section 14f Volunteers of America (effective 2025), page 2 indicates reviewing the conclusion of the investigation within 30 days with the COO, Human Resources, and the investigator.

During this audit, the Auditor interviewed the Director. The Director confirmed that, following a sexual abuse incident review, the PREA Coordinator prepares a written report for the Director's review if the Director is not a party to the review.

During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that, following a sexual abuse incident review, the PREA Coordinator prepares a written report for the Director's review if the Director is not a party to the review, with recommendations if applicable.

During this audit, the Auditor interviewed a member of the Incident Review Team. The team member confirmed that the team considers all factors outlined in this standard, such as (1) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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 driven or otherwise caused by other group dynamics at the facility; (3) whether the area in the facility where the incident allegedly occurred was examined to assess if physical barriers could enable abuse; (4) whether staffing levels in that area are adequate during different shifts; (5) whether monitoring technology should be deployed or enhanced to support staff supervision; and (6) whether a report of findings, including determinations made under paragraphs (d)(1)-(d)(5), and any recommendations for improvement, are prepared and submitted by the PREA Coordinator to the facility head and Volunteers of America Management for action.

115.286 (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

	115.286 (e)-1 Hope Hall confirmed during this audit that the facility implements the recommendations for improvement or documents its reasons for not doing so. Evidence relied upon: 1. Pre-audit questionnaire 2. Interview with the Director 3. Interview with the PREA Coordinator 4. Interview with a member of the Incident Review Team 5. Policy 700.33 Investigations, Procedures Section 14-15, Volunteers of America (effective 2025), pages 1-3. Conclusion: Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 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.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 115.287 (a)-1 Volunteers of America confirmed during this audit 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. Policy 700.34 Data Collection (effective 12/2022), pages 1-4 Policy 700.40 Sexual Abuse and Harassment, Prevention (effective 2025), page 2, definitions. 115.287 (b): The agency shall aggregate the incident-based sexual abuse data at least annually. 115.287 (b)-1 Volunteers of America confirmed during this audit that the agency aggregates the incident-based sexual abuse data at least annually. Hope Hall omitted this evidence. During this reporting period, Hope Hall reported zero

allegations of sexual abuse or sexual harassment.

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 confirmed during this audit that the agency's 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 Volunteers of America confirmed during this audit that the agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

115.287 (e)-2 Volunteers of America confirmed during this audit that the agency does not obtain incident-based and aggregated data from private facilities, which complies with SSV reporting regarding content. Not applicable.

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 Volunteers of America confirmed during this audit that the agency would provide the Department of Justice (DOJ) with data from the previous calendar year upon request. N/A if DOJ has not requested agency data.

Evidence relied upon:

1. Pre-audit questionnaire
2. Policy 700.34, Data Collection (effective 12/2022), pages 1-4
3. Policy 700.40 Sexual Abuse and Harassment, Prevention (effective 2025), page 2, definitions.

Corrective Action:

115.287 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.

	Update: 1. Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). Volunteers of America, PREA Coordinator, provided sufficient evidence to confirm full compliance with this standard. Conclusion: Meets Standards (Substantial compliance; complies in all material ways with the standard for the relevant period). 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.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. 115.288 (a)-1 The agency reviews data collected and aggregated pursuant to §115.287 in order 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. Policy 700.34 Data Collection, Volunteers of America (effective 2025), pages 1-4. During this audit, the Auditor examined the agency's annual report of findings from data reviews and corrective actions. In 2024 and 2025, Hope Hall reported zero allegations of sexual abuse or sexual harassment; no corrective actions were taken. During this audit, the Auditor interviewed the Agency Head. He confirmed that the agency collects data and aggregates it 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. The agency reviews and approves the data before the information is added to the website.

During this audit, the Auditor interviewed the PREA Coordinator. She confirmed that the agency collects data and aggregates it 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. The data collected for the annual review is submitted to the Agency Head and other members of upper management for review and approval before the information is added to the website. All PII is redacted before information is added to the website. The agency indicates the nature of the material redacted.

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 during this audit that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.

A review of the agency's annual report for Hope Hall confirmed for the Auditor that the 2025 PREA Report includes a comparison of the current year's data and corrective actions with those from previous years and provides an assessment of the agency's progress in addressing sexual abuse. The report states that in 2024 and 2025, Hope Hall received zero allegations of sexual abuse or harassment.

115.288 (b)-2 Volunteers of America/Hope Hall confirmed during this audit that the 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 website or, if it does not have one, through other means.

115.288 (c)-1 Volunteers of America/Hope Hall confirmed during this audit that the agency makes its annual report readily available to the public at least annually through its website.

- Volunteers of America, Hope Hall, PREA Annual Report 2025
- Volunteers of America, Hope Hall, PREA Annual Report 2024
- Volunteers of America, Rate and Statistics 2023-2025

115.288 (c)-2 If NO, the agency makes it available through other means. (Not applicable)

115.288 (c)-3 The annual reports are approved by the agency head.

During this audit, the Auditor interviewed the Agency Head. He confirmed that the agency collects data and aggregates it 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. The agency reviews and approves the data before the information is added to the website.

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 When 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.

115.288 (d)-2 The agency indicates the nature of material redacted.

During this audit, the Auditor interviewed the PREA Coordinator. She confirmed that the agency collects data and aggregates it 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. The data collected for the annual review is submitted to the Agency Head and other members of upper management for review and approval before the information is added to the website. All PII is redacted before information is added to the website. The agency indicates the nature of the material redacted.

Evidence relied upon:

1. Pre-audit questionnaire
2. Policy 700.34 Data Collection, Volunteers of America (effective 2025), pages 1-4.
3. Interview with the Agency Head
4. Interview with the PREA Coordinator
5. Internet search - annual report
6. Volunteers of America, Hope Hall, PREA Annual Report 2025
7. Volunteers of America, Hope Hall, PREA Annual Report 2024
8. Volunteers of America, Rate and Statistics 2023-2025

Conclusion:

The narrative above 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.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.289 (a): The agency shall ensure that data collected pursuant to § 115.287 are securely retained. 115.289 (a)-1 The agency ensures that incident-based and aggregate data are securely retained. Policy 700.34 Data Collection, Volunteers of America (effective 2025), pages 1-4. During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that the agency ensures that incident-based and aggregate data are securely retained. 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. 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. During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that the agency 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. 115.289 (b)-2 If NO, the agency makes it available through other means. (Not applicable). 115.289 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. 115.289 (c)-1 Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. • Internet search - annual report • Volunteers of America, Hope Hall, PREA Annual Report 2025 • Volunteers of America, Hope Hall, PREA Annual Report 2024 • Volunteers of America, Rate and Statistics 2023-2025

	115.289 (c)-2 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. During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator 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): 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. During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator 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. Policy 700.34 Data Collection, Volunteers of America (effective 2025), pages 1-4. 3. Interview with the PREA Coordinator 4. Internet search - annual report 5. Volunteers of America, Hope Hall, PREA Annual Report 2025 6. Volunteers of America, Hope Hall, PREA Annual Report 2024 7. Volunteers of America, Rate and Statistics 2023-2025 Conclusion: The narrative above 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.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. 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. 115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities. 115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). 115.401 (m): The auditor shall be permitted to conduct private interviews with residents. 115.401 (n): 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. Evidence relied upon: 1. Pre-audit questionnaire
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f): 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. Evidence relied upon: 1. Pre-audit questionnaire 2. Internet search - annual report 3. Volunteers of America, Hope Hall, PREA Annual Report 2025 4. Volunteers of America, Hope Hall, PREA Annual Report 2024 5. Volunteers of America, Rate and Statistics 2023-2025 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.

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

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

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

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

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

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

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

	contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	no
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	no
115.221	Evidence protocol and forensic medical examinations	

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

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

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

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

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

	resident is transferred to a different facility?	
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing	na

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

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

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

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

(h)		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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