

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES



### MANSFIELD FACILITY FINAL AUDIT

**Name of facility:** MANSFIELD RESIDENTIAL REENTRY PROGRAM

**Physical address:** 921 NORTH MAIN STREET MANSFIELD OHIO 44903

**Date report submitted:** August 15, 2014

#### Auditor Information

**Address:** PO BOX 732 BENICIA CALIFORNIA 94510-0732

**Email:** eiw@comcast.net

**Telephone number:** (707) 333-8303

**Date of facility visit:** 7/28/14 to 7/29/14

#### Facility Information

**Facility mailing address:** *(if different from above)*

**Telephone number:**

**The facility is:**

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- Private not for profit

**Facility Type:**

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- Community based confinement facility
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**Name of Facility Head:** KRISTIN WEAVER

**Title:** DIRECTOR

**Email address:** Kristin.weaver@voago.org

**Telephone number:** 4195245013

**Name of PREA Compliance Manager (if applicable):** HEIDI SULLENBERGER

**Title:** COMPLIANCE TRAINING MANAGER

**Email address:** Heidi.sullenberger@voago.org

**Telephone number:**

#### Agency Information

**Name of agency:** VOLUNTEERS OF AMERICA OF GREATER OHIO

**Governing authority or parent agency:** *(if applicable)*

**Physical address:** 8225 BRECKSVILLE ROAD SUITE 206 CLEVELAND, OHIO 44141

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

**Telephone number:** (216) 238-8431

#### Agency Chief Executive Officer

**Name:** DENNIS KRESAK

**Title:** CEO

<b>Email address:</b> dennis.kresak@voago.org	<b>Telephone number:</b>	(216) 287-8431
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> HEIDI SULLENBERGER	<b>Title:</b>	COMPLIANCE & TRAINING MANAGER
<b>Email address:</b> Heidi.sullenberger@voago.org	<b>Telephone number:</b>	(937) 238-8431

## AUDIT FINDINGS

### NARRATIVE:

ON 7/28 THRU 7/29 2014, AUDITOR CONDUCTED AN AUDITO OF VOLUNTEERS OF AMERICA OF GREATER OHIO MANSFIELD FACILITY. THE AUDIT BEGAN WITH TOUR OF FACILITY ACCOMPANIED BY PREA COORDINATOR, PROGRAM DIRECTOR, ASSISTANT DIRECTOR, MAINTENANCE DIRECTOR AND CLINICAL SUPERVISOR. THE DORMS, DINING HALL, SHOWERS/BATHROOMS, CASE MANAGER OFFICES, ADMINISTRATION OFFICES, CONTROL BOOTHS, LITERACY LAB KITCHEN RECREATION AREAS AND WALK-AROUND OF AND PROGRAM DIRECTOR ROUNDED OUT THE INTERVIEWS. SAMPLE OF 12 SCREENING FILES WERE CONDUCTED COMPLETE FACILITY WAS CONDUTED. UPON COMPLETION OF THE TOUR, INTERVIEWS WITH CONTRACTORS WERE CONDUCTED, FOLLOWED BY A RANDOM SAMPLE OF 10 STAFF AND SPECIALIZED STAFF. PREA COORDINATOR AND DIRECTOR INTERVIEWS COMPLETED THE INTERVIEW PORTION OF THE AUDIT. AUDITOR THEN REVIEWED 12 RANDOM SCREENING FILES WHICH INCLUDED PREA ASSESSMENTS, ASSESSMENT RE-REVIEWS AND PREA TRAINING ACKNOWLEDGEMENTS. 10 RANDOM STAFF PERSONNEL FILES WERE REVIEWED. TRAINING RECORDS REVIEW FOUND BACKGROUND CHECKS & TRAINING RECORDS TO BE IN ORDER EXCEPT ONE STAFF MEMBER WHO INITIALLY WAS TEMPORARY & BECAME FULL TIME. BACKGROUND WAS NOT RE-REVIEWED UPON PERMANENT EMPLOYMENT

### DESCRIPTION OF FACILITY CHARACTERISTICS:

THE FACILITY WAS STARTED IN JULY 2012. IT IS A SINGLE STORY FACILITY WHICH IS COMPRISED OF A KITCHEN, DINING ROOM, CASE MANAGERS OFFICES, TWO CENTRAL CONTROL AREAS WHERE DESIGNATED STAFF MONITOR FACILITY CAMERAS, LAUNDRY ROOM, SHOWER & BATHROOM USED BY ALL RESIDENTS LOCATED IN MIDDLE OF FACILITY. THE FACILITY HOUSES APPROXIMATELY 90 MALE RESIDENTS (MANSFIELD IS STRICTLY A MALE FACILITY) WITH A DESIGNED CAPACITY OF 130. RESIDENTS ARE HOUSED IN 5 OPEN BAY DORMITORIES, EACH WITH ACCESS TO SMOKING AND RECREATION AREAS. CAMERAS ARE THROUGHOUT THE FACILITY BOTH INSIDE AND OUTSIDE TO SUPPLEMENT STAFF MONITORING. A FEW BLIND SPOTS WERE LOCATED THROUGHOUT THE INSIDE OF THE FACILITY: BACK OF KITCHEN NEAR GRILL AREA, HALLWAY IN CASE MANAGERS OFFICES, BACK WALL OF THE LAUNDRY AREA, OPEN STORAGE AREA BEHIND CENTRAL CONTROL, END OF HALLWAY RECREATION AREA NEAR DORM #163. BATHROOM SHOWER NEEDS EITHER RANDOM STAFF MONITORING DURING NON-PEAK HOURS AND/OR CAMERA LEADING TO THE BATHROOM ENTRANCE FOR RESIDENT SAFETY.

### SUMMARY OF AUDIT FINDINGS:

ON JULY 28, 2014 THROUGH JULY 29, 2014, A PREA AUDIT TOUR WAS CONDUCTED AT THE VOLUNTEERS OF AMERICA GREATER OHIO MANSFIELD FACILITY, LOCATED IN MANSFIELD OHIO. SUMMARY OF INITIAL AUDIT FINDINGS AND CORRECTIVE ACTION FINDINGS FOR THIS FINAL REPORT ARE AS FOLLOWS:

NUMBER OF STANDARDS EXCEEDED: **1**

NUMBER OF STANDARDS MET: **16**

NUMBER OF STANDARDS NOT MET : **22**

**CORRECTIVE ACTION FINDINGS:**

NUMBER OF STANDARDS EXCEEDED: 1

NUMBER OF STANDARDS MET: 38

NUMBER OF STANDARDS NOT MET : 0

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS ZERO TOLERANCE POLICY PER STANDARD 115.211(a). AGENCY PREA COORDINATOR INTERVIEW DETERMINES POSITION DOES NOT HAVE SUFFICIENT TIME OR AUTHORITY TO IMPLEMENT & OVERSEE COMPLIANCE W/PREA STANDARDS. POSITION IS NOT IDENTIFIED ON THE ORGANIZATIONAL CHART.

**CORRECTIVE ACTION:**

- 1) AGENCY TO PROVIDE THE AGENCY-WIDE PREA COORDINATOR POSITION SUFFICIENT TIME AND AUTHORITY TO DEVELOP, IMPLEMENT & OVERSEE AGENCY'S EFFORTS FOR PREA COMPLIANCE PER STANDARD 115.211(b).
- 2) IDENTIFY PREA COORDINATOR POSITION IN ORGANIZATIONAL CHARG PER 115.211(b)
- 3) DESIGNATE PREA COORDINATOR POSITION IN AN UPPER LEVEL POSITION ON ORGANIZATIONAL CHART PER 115.211(b)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PREA COORDINATOR POSITION PLACED IN THE EXECUTIVE POSITION IN THE ORGANIZATIONAL CHART. COORDINATOR HAS SUFFICIENT TIME & AUTHORITY TO IMPLEMENT & OVERSEE PREA STANDARDS COMPLIANCE. CORRECTIVE ACTION MET. AGENCY MEETS STANDARDS.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

NEITHER AGENCY NOR FACILITY HAS ENTERED INTO CONTRACTS WITH PRIVATE AGENCY. OR ENTITY FOR THE CONFINEMENT OF RESIDENTS SINCE AUGUST 2012. THIS STANDARD DOES NOT APPLY TO THIS AGENCY

<b>115.213</b>	<b>Supervision and monitoring</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

STAFFING PLAN PROVIDED. DOCUMENTATION INDICATES STAFFING PLAN REVIEW CONDUCTED IN 2/15/14. VIDEO MONITORING IS NOT MENTIONED AS A CONSIDERATION IN CREATING STAFF PLAN. POLICY FAILS TO MENTION MANDATE OF 1 YEAR REVIEW OF STAFFING PLAN PER STANDARD 115.213(c).

**CORRECTIVE ACTION:**

- 1) AGENCY POLICY TO INCLUDE CONSIDERATION OF VIDEO MONITORING AS CONSIDERATION WHEN DEVELOPING AND REVIEWING STAFFING PLAN PER STANDARD 115.213(c)
- 2) AGENCY POLICY TO INCLUDE ANNUAL REVIEW TO BE DOCUMENTED TO ENSURE COMPLIANCE WITH STANDARD 115.213(c)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - CORRECTIVE ACTION COMPLETED & STANDARDS MET. POLICIES 300.19 & 800-03 NARRATIVES MEET STANDARD. STAFFING PLAN DATED 1/14/15 MEET THE PREA STANDARDS CRITERIA OUTLINED IN 115.213(c)

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY/FACILITY COMPLIANT WITH STANDARD 115.215 TO INCLUDE TRAINING OF STAFF AND TRAINING CURRICULUM. INTERVIEW WITH STAFF INDICATES KNOWLEDGE AND TRAINING CONSISTED WITH PREA STANDARD AND AGENCY POLICY.

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY DICTATES AGENCY'S MANDATE TO PROVIDE DISABLED RESIDENTS COMPLETE ACCESS TO ALL ASPECTS OF SEX ABUSE HARASSMENT/PREVENTION DOCUMENTATION & TNG. CLIENT HANDBOOK IS ONLY IN ENGLISH, THERE IS NO CONTRACT, AGREEMENT OR VERIFICATION ATTEMPTS TO OBTAIN AN AGREEMENT WITH INTERPRETIVE AGENCY TO PROVIDE NON-RESIDENT INTERPRETERS. NO INCLUSION OF EXIGENT CIRCUMSTANCE WHEN RESIDENT INTERPRETERS ARE USED - IN POLICY.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE LANGUAGE IDENTIFIED IN STANDARD 115.216(C),
- 2) TRANSLATE CLIENT HANDBOOK INTO AT LEAST ONE LANGUAGE IN ADDITION TO ENGLISH.
- 3) ATTEMPT TO OBTAIN AGREEMENT WITH NON RESIDENT INTERPRETERS
- 4) AMEND POLICY TO INCLUDE "EXIGENT CIRCUMSTANCES" WHEN THERE IS A NEED TO USE RESIDENT INTERPRETERS PER STANDARD 115.216(c)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-24-15 - IN RESPONSE TO CORRECTIVE ACTION REQUEST, AGENCY VERIFIED PROVISION OF SPANISH RESIDENT HANDBOOK AND MOU WITH MANSFIELD CORRECTIONAL INSTITUTE DATED 2/24/14 TO PROVIDE INTERPRETER SERVICES WHICH MEETS STANDARD 115.216(B). POLICY 1200:07 INCLUDES LANGUAGE CONSISTENT WITH STANDARD 115.216(c) RESTRICTING USE OF RESIDENT INTERPRETERS EXCEPT WHEN EXIGENT CIRCUMSTANCES EXIST. THESE OCCASIONS WILL BE DOCUMENTED.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

HIRING POLICY DOES NOT INCLUDE NARRATIVE IN 115.217(a) REGARDING REFUSAL TO HIRE PERSON WHO HAD BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED IN CASE OF SEX ACTIVITY INCOMMUNITY BY FORCE, COERCION OR VICTIM WAS UNABLE TO CONSENT OR REFUSE. POLICY CONSIDERS HISTORY OF SEX ABUSE/HARASSMENT IN CONSIDERATION OF HIRE. POLICY MANDATES AGENCY TO MAKE BEST EFFORT TO CONTACT ALL PRIOR INSTITUTIONAL EMPLOYERS ON INFORMATION ON SEX ABUSE PRIOR TO HIRE. POLICY FAILS TO MENTION CONTRACTORS WHEN MENTIONING BACKGROUND CHECKS. CONTACT WITH HUMAN RESOURCES INDICATE BACKGROUND CHECKS ARE CONDUCTED BY THEIR ONLY CONTRACTOR, ARAMARK, WHO MAINTAINS THE CONTRACTORS FILES. HUMAN RESOURCES DOES NOT MAINTAIN FILES OR BACKGROUND CHECKS ON CONTRACTORS OR CONDUCT 5 YEAR BACKGROUND CHECKS ON EMPLOYEES.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE IN 115.217(a).
- 2) AGENCY TO AMEND POLICY TO INCLUDE CONTRACTORS WHEN MENTIONING BACKGROUND CHECK TO COMPLY WITH 115.217(d)
- 3) AGENCY TO AMEND POLICY TO INCLUDE 5 YEAR BACKGROUND CHECKS FOR EMPLOYEES & CONTRACTORS PER 115.217(e)
- 4) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE FROM 115.217(h) WITH REGARDS TO PROVIDING SUBSTANTIATED SEX ABUSE INFORMATION INVOLVING A FORMER EMPLOYEE UPON REQUEST FROM INSTITUTIONAL EMPLOYER FOR WHOM SUCH EMPLOYEE HAS APPLIED TO WORK

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDED POLICY 300:05 WHICH INCORPORATES LANGUAGE CONSISTENT WITH STANDARDS 115.217(a), 115.217(d), 115.217(e), and 115.217(h)

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY MEETS STANDARDS 115.218(a) and 115.218(b) AS THE STANDARDS ARE NOT APPLICABLE TO THIS FACILITY. NO MODIFICATIONS OR EXPANSION SINCE AUGUST 2012. FACILITY ESTABLISHE IN JULY 2012.

<b>115.221</b>	<b>Evidence protocol and forensic examinations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY FOLLOWS UNIFORM PROTOCOL REGARDING OBTAINING PHYSICAL EVIDENCE FOR ADMINISTRATIVE AND CRIMINAL PROCEEDINGS. AGENCY USES PROTOCOL DEVELOPED BY THE OFFICE OF THE INSPECTOR GENERAL. AGENCY OFFERS ALL VICTIMS OF SEXUAL ABUSE ACCESS TO FORENSIC EXAMINATIONS AT NO COST TO VICTIM AND PROVIDES STAFF VICTIM ADVOCATE IF REQUESTED BY VICTIM IF NO OUTSIDE AGENCY ADVOCATE IS AVAILABLE. NO DOCUMENTATION OR VERIFICATION PROVIDED TO COMPLY WITH STANDARD 115.221(d), NO MOU, AGREEMENT OR ATTEMPTS TO OBTAIN AGREEMENT FROM OUTSIDE ADVOCATE AGENCY.

**CORRECTIVE ACTION:**

AGENCY TO AT LEAST ATTEMPT TO OBTAIN A MOU OR AGREEMENT WITH OUTSIDE ADVOCATE AGENCY & PROVIDE VERIFICATION OF ATTEMPTS VIA COMMUNICATION DOCUMENTATION TO VERIFY COMPLIANCE WITH CORRECTIVE ACTION.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST AGENCY SECURED MOU WITH DOMESTIC VIOLENCE SHELTER INC TO PROVIDE SART SERVICE ONLY. ATTEMPT TO OBTAIN COMMUNITY ADVOCATE MEETS PREA STANDARD. MOU IS ATTACHED & MEETS STANDARD 115.221(d)

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY DICTATES ALL ADMINISTRATIVE AND CRIMINAL SEX ABUSE INVESTIGATIONS SHALL BE COMPLETED FOR ALL ALLEGATIONS OF SEX ABUSE. PUBLICATION OF POLICY ENSURING ALL SEX ABUS/HARASSMENT ALLEGATIONS ARE NOT PLACED ON AGENCY WEBSITE, NOR DOES POLICY MENTION LANGUAGE IN STANDARDS 115.222(b) OR 115.222(c).

**CORRECTIVE ACTION:**

1) AGENCY TO AMEND POLICY NARRATIVE TO INCLUDE LANGUAGE IN STANDARD 115.222(b) IN THAT ALL ALLEGATIONS OF SEX ABUSE/HARASSMENT ARE REFERRED FOR INVESTIGATION TO LEGAL AUTHORITY TO CONDUCT CRIMINAL INVESTIGATIONS AND AGENCY SHALL PUBLISH SUCH POLICY ON IT'S WEBSITE OR THROUGH OTHER MEANS AND DOCUMENT ALL REFERRALS.

2) PUBLICATION MENTIONED IN STANDARD 115.222(b) SHALL DESCRIBE RESPONSIBILITIES OF BOTH THE AGENCY AND SEPARATE INVESTIGATIVE ENTITY AS IDENTIFIED IN STANDARD 115.222(C)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - AGENCY PROVIDED POLICY 1700:04 WHICH PROVIDES LANGUAGE WHICH MEETS STANDARDS 115.222(b) AND 115.222(c), MEETING THE CORRECTIVE ACTION REQUEST.

<b>115.231</b>	<b>Employee training</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

STAFF INTERVIEWS DETERMINE ALL STAFF WELL TRAINED IN STANDARD 115.231(a). AGENCY ONLY OPERATES MALE FACILITIES, THEREFORE, THE TRAINING IS TAILORED TO THE POPLULATION PER STANDARD 115.231(b). AGENCY EXCEEDS STANDARD 115.231(c) IN THAT EMPLOYEES RECIEVED TRAINING ANNUALLY, EXCEEDING STANDARD MANDATE OF EVERY TWO YEARS. AGENCY DOCUMENTS EMPLOYEE ACKNOWLEDGEMENT THAT THEY UNDERSTAND THE TRAINING THEY HAVE RECIEVED VIA ANNOTATING STATEMENT ON THE TRAINING SIGNATURE ROSTER. 21 OF 27 EMPLOYEES WERE TRAINED UPON RECEIPT OF PRE AUDIT QUESTIONAIRE. DURING AUDIT, REVIEW OF TRAINING ACKNOWLEDGEMENT SHEETS AND SIGN IN FORMS DETERMINE ALL EMPLOYEES HAVE BEEN TRAINED TO DATE.

<b>115.232</b>	<b>Volunteer and contractor training</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

ALL CONTRACTORS TRAINED. TRAINING RECORDS REVIEW DETERMINE THE TYPE OF TRAINING CONTRACTORS RECIEVED IS CONSISTENT WITH MANDATES OUTLINED IN STANDARD 115.232(b). AGENCY MAINTAINS TRAINING DOCUMENTATION, WHICH INDICATES CONTRACTORS AND VOLUNTEERS UNDERSTAND TRAINING THEY HAVE RECIEVED IAW STANDARD 115.232(c). TRAINING CURRICULUM MEETS PREA STANDARDS. AWAITING TRAINING VERIFICATION FORM FOR 1 CONTRACTOR.

**CORRECTIVE ACTION:**

AGENCY TO ENSURE THE 1 VOLUNTEER WHO HAS NOT COMPLETED PREA TRAINING, COMPLETE THE TRAINING WITHIN THE 180 CORRECTIVE ACTION PERIOD AND PROVIDE VERIFICATION OF COMPLIANCE VIA SIGNATURE OF TRAINING ACKNOWLEDGEMENT ATTENDANCE SHEET.



**CORRECTIVE ACTION ERROR:** AGENCY PROVIDED TRAINING ACKNOWLEDGEMENT FORM FOR THE 1 CONTRACTOR NEEDING TRAINING VERIFICATION PRIOR TO ISSUANCE OF THE INTERIM REPORT. NO VOLUNTEER WAS INVOLVED. ALL CONTRACTORS HAVE BEEN TRAINED.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

<b>115.233</b>	<b>Resident education</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IN COMPLIANCE WITH STANDARDS 115.233(a), 115.233(b), 115.233(c) AND 115.233(d) INTERVIEWS OF RESIDENTS & STAFF TO INCLUDE AUDIT OBSERVATIONS DETERMINE ADVOCATE POSTERS ARE TOO SMALL FOR RESIDENT & STAFF TO SEE AND, THEREFORE, THE INFORMATION IS NOT READILY VISIBLE FOR THE RESIDENTS.

**CORRECTIVE ACTION:**

POSTERS PLACED THROUGHOUT FACILITY NEEDS TO BE LARGER SO RESIDENTS HAVE ACCESS TO ADVOCATE INFORMATION AND ZERO TOLERANCE POLICY.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDES IMAGE OF OLD POSTER VS UPDATED POSTER WHICH PROVIDES FOR INCREASE IN SIZE MEETING CORRECTIVE ACTION MANDATES.

<b>115.234</b>	<b>Specialized training: Investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY DOES NOT MENTION OR MANDATE INVESTIGATORS TO HAVE, IN ADDITION TO GENERAL EMPLOYEE TNG, COMPLETE SPECIAL INVESTIGATORS TRNG PER STANDARD 115.234(a). POLICY DOES NOT INCLUDE SPECIALIZED INVESTIGATION CRITERIA PER STANDARD 115.234(b). AGENCY DOES MAINTAIN DOCUMENTATION OF INVESTIGATOR TRAINING. INVESTIGATOR TRAINING CURRICULUM CONSISTENT WITH PREA STANDARDS.

**CORRECTIVE ACTION:**

- 1) POLICY TO BE AMENDED TO MANDATE INVESTIGATORS COMPLETE SPECIAL INVESTIGATION TRAINING IN ADDITION TO GENERAL EMPLOYEE TRAINING PER STANDARDS 115.234(a)
- 2) POLICY TO BE AMENDED TO INCLUDE SPECIALIZED INVESTIGATION CRITERIA IAW STANDARD 115.234(b)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST, AGENCY AMENDED POLICY 1700:08 TO MEET STANDARD NARRATIVE

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

STANDARD 115.235(a), 115.235(b), 115.235(c) AND 115.235(d) DOES NOT APPLY TO THIS AGENCY AS THERE ARE NO MEDICAL & MENTAL HEALTH STAFF. MEDICAL & MENTAL HEALTH CARE IS PROVIDED OFF SITE.

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

ALL RESIDENTS ASSESSED AT INTAKE & REASSESSED IN 30 DAYS USING OBJECTIVE SCREENING INSTRUMENT. CRITERIA #7&#9 OF 115.241(d) NOT INCLUDED IN SCREENING INSTRUMENT. POLICY MEETS PREA STANDARDS & INCLUDES NARRATIVE TO MEET STANDARDS 115.241)e), (f), (g), (h) AND (i).

**CORRECTIVE ACTION:**

AGENCY TO UPDATE OBJECTIVE SCREENING INSTRUMENT TO INCLUDE CRITERIA #7 & #8 OF STANDARD 115.41(d) AND PROVIDE VERIFICATION OF AMENDED SCREENING INSTRUMENT.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST, AGENCY AMENDED SCREENING INSTRUMENT TO INCLUDE CRITERIA #7 & #9 TO MEET STANDARD 115.241(d).

115.242	Use of screening information
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

RISK SCREENING TOOL UTILIZED FOR HOUSING AND PROGRAMMING CLASSIFICATION FOR CLIENTS ASSIGNMENTS BASED ON INDIVIDUAL CASE BY CASE BASIS PER STANDARD 115.242(a), 115.242(b) AND 115.242(c). STANDARDS MANDATING CRITERIA REGARDING TRANSGENDER & INTERSEX CLIENTS ARE NOT IN POLICY.

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE CRITERIA OUTLINED IN STANDARDS 115.242(d), 115.242(e), & 115.242(f) REGARDING TRANSGENDER & INTERSEX CLIENTS HAVING THE OPPORTUNITY TO PROVIDE THEIR OWN VIEWS FOR CONSIDERATION REGARDING SAFETY AND OPPORTUNITY TO SHOWER SEPARATELY FROM OTHER RESIDENTS AND NOT PLACING LESBIAN, GAY, BI-SEXUAL TRANSGENDER AND INTERSEX RESIDENTS IN DEDICATED FACILITIES SOLELY ON THE BASIS OF GENDER IDENTIFICATION.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST, AGENCY AMENDED POLICY 1700-09 TO REFLECT NARRATIVES IN STANDARDS 115.242(d), 115.242(e) & 115.242(f). POLICY IS PREA COMPLIANT.

115.251	Resident reporting
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

CLIENTS ARE PROVIDED CONFIDENTIAL REPORTING VIA HOTLINE VIA PAROLE & COMMUNITY SERVICES HOTLINE. INFORMATION PROVIDED AT INTAKE & THROUGH CLIENT HANDBOOK. REPORTING CAN BE MADE VIA 3RD PARTIES, ANNONYMOUSLY, VERBAL & IN WRITING. POLICES COMPLIANT WITH PREA STANDARD.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

115.252	Exhaustion of administrative remedies
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS GRIEVANCE PROCESS FOR RESIDENTS. POLICY IS NOT IN COMPLIANCE WITH STANDARD 115.252(b) AS TIME LIMIT RESTRICTIONS ARE NOT MENTIONED. CLIENT IS ALLOWED TO SUBMIT GRIEVANCE WITHOUT SUBMITTING TO STAFF MEMBER WHO IS SUBJECT OF COMPLAINT OR HAVE IT REFERRED TO STAFF MEMBER WHO IS SUBJECT OF COMPLAINT. 90-DAY RESPONSE TIMEFRAME OUTLINED IN POLICY BUT POLICY FAILS TO INCLUDE 70 DAY EXTENSION TIMEFRAME NARRATIVE. POLICY ALLOWS 3RD PARTIES TO ASSIST IN WRITING GRIEVANCES. EMERGENCY GRIEVANCE NARRATIVE ALSO PROVIDED. DISCIPLINE POLICY WRITTEN INTO POLICY FOR GRIEVANCES FILED IN BAD FAITH.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE 70 DAY EXTENSION & WRITTEN NOTIFICATION OF EXTENSION TO CLIENT AS IDENTIFIED IN STANDARD 115.252(d)
- 2) AGENCY TO AMEND POLICY TO INCLUDE GRIEVANCE TIMEFRAME NARRATIVE AS OUTLINED IN STANDARD 115.252(b).

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - AGENCY AMENDED POLICY 1700:10 TO INCLUDE 70 DAY EXTENSION NARRATIVE PER 115.252(d) AND GRIEVANCE TIMELINE NARRATIVE PER 115.252(b) PER CORRECTIVE ACTION REQUEST.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY PROVIDES CLIENT ACCES TO OUTSIDE VICTIM ADVOCATE SERVICES. INFORMATION TO CLIENTS REGARDING LIMITS TO CONFIDENTIALITY & LOCAL LAWS IS NOT INCLUDED IN POLICY PER STANDARD 115.253(b). NO MOU OR ATTEMPTS TO OBTAIN AGREEMENTS WITH COMMUNITY SERVICE PROVIDERS.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE OUTLINED IN STANDARD 115.253(b) WHICH OUTLINES AGENCY'S RESPONSIBILITY TO INFORM RESIDENTS OF LIMITS TO CONFIDENTIALITY AS IT RELATES TO CONFIDENTIAL COMMUNICATION TO COMMUNITY SERVICE PROVIDERS.
- 2) ATTEMPT TO OBTAIN A WRITTEN MOU OR AGREEMENT WITH COMMUNITY SERVICE PROVIDER. SHOULD AGENCY BE UNABLE TO OBTAIN MOU OR AGREEMENT, SECURE COMMUNICATION TO VERIFY ATTEMPT VIA LETTER OR E-MAIL.

**CORRECTIVE ACTION:**

AGENCY TO PROVIDE VERIFICATION OF POLICY AMENDMENT AND WRITTEN VERIFICATION OF MOU, AGREEMENT OR ATTEMPTS TO OBTAIN MOU OR AGREEMENT WITH COMMUNITY SERVICE PROVIDERS FOR VICTIM ADVOCATE TO VERIFY COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST. AGENCY PROVIDED POLICY 1200-07 WHICH PROVIDES CONFIDENTIALITY LIMITS PER STANDARD 115.253(b). AGENCY PROVIDED SIGNED MOU WITH DOMESTIC VIOLENCE SHELTER INC. DATED 11/13/14 INDICATING A WRITTEN ATTEMPT TO OBTAIN VICTIM ADVOCATE SERVICES. THE ONLY SERVICE DVS INC PROVIDES IS SART. ATTEMPTS TO OBTAIN COMMUNITY SERVICE PROVIDER MEETS STANDARD 115.253(c).

<b>115.254</b>	<b>Third-party reporting</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY ESTABLISHED METHOD FOR 3RD PARTY REPORTING IS PROVIDED IN CLIENT HANDBOOK. PUBLIC DISTRIBUTION OF HOW TO REPORT SEXUAL ABUSE & SEXUAL HARASSMENT ON BEHALF OF A CLIENT IS ALLEGEDLY INCLUDED IN VOAGO FAMILY & FRIENDS REPORTING POSTER BUT NO PUBLIC PLACEMENT IDENTIFICATION OR PUBLIC ACCESS TO THIS INFORMATION WAS PROVIDED TO AUDITOR.

**CORRECTIVE ACTION:**

PROVIDE PUBLIC DISTRIBUTION OF 3RD PARTY REPORTING INSTRUCTIONS PER STANDARD 115.234(a) ON AGENCY WEBSITE OR OTHER PUBLIC INFORMATION SYSTEM.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-25-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDES 3RD PARTY REPORTING METHOD PER 115.234(a) LOCATED ON AGENCY WEBSITE. <http://www.voago.org/Our-Services/Corrections>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY REQUIRES STAFF TO IMMEDIATELY REPORT ANY KNOWLEDGE, SUSPICION OR INFORMATION REGARDING SEX ABUSE. STAFF PROHIBITED FROM REVEALING INFORMATION RELATED TO SEX ABUSE REPORT EXCEPT ON NEED-TO-KNOW BASIS. NO MEDICAL OR MENTAL HEALTH PRACTITIONERS EMPLOYED OR CONTRACTED BY AGENCY OR FACILITY. POLICY IS SILENT REGARDING REPORT OF VICTIM UNDER 18 OR VULNERABLE PERSONS TO STATE OR LOCAL SERVICES AGENCY PER MANDATORY REPORTING LAWS. POLICY INCLUDES FACILITY REQUIREMENT TO REPORT ALL ALLEGATIONS OF SEX ABUSE/HARASSMENT INCLUDING 3RD PARTY & ANNONYMOUS REPORTS TO DISGNATED FACILITY INVESTIGATORS.

**CORRECTIVE ACTION:**

(1) AMEND POLICY TO INCLUDE NARRATIVE LANGUAGE FROM STANDARD 115.261(b) REGARDING PROHIBITION OF REVEALING INFORMATION REGARDING SEX ABUSE REPORTING EXCEPT FOR NEED TO KNOW.

(2) AMEND POLICY TO INCLUDE NARRATIVE LANGUAGE FROM STANDARD 115.261(e) REGARDING REPORT OF ALLEGATION OF SEX ABUSE INCLUDING 3RD PARTY & ANNONYMOUS REPORTS TO DESIGNATED FACILITY INVESTIGATORS.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2/25/15 - POLICY 1200:04 PAGE #3 AMENDED TO INCLUDE NARRATIVE LANGUAGE WHICH MEETS STANDARD REGARDING PROHIBITION OF REVEALING INFORMATION REGARDING SEX ABUSE REPORTING EXCEPT FOR NEED TO KNOW. 115.261(e) - POLICY 1200:04 AMENDED TO INCLUDE 3RD PARTY REPORTING NARRATIVE WHICH MEETS STANDARD.

<b>115.262</b>	<b>Agency protection duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY LANGUAGE CONSISTENT WITH STANDARD 115.262(a) AND INTERVIEW OF ADMINISTRATION & STAFF VERIFIES COMPLIANCE.

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY MEETS STANDARD AS IT MANDATES THAT UPON RECEIPT OF ALLEGED SEX ABUSE WHILE AT ANOTHER FACILITY, RECEIVING FACILITY WILL NOTIFY THE FACILITY HEAD OF THE ALLEGATION WITHIN 72 HOURS & DOCUMENT THE NOTIFICATION. DOCUMENTATION SUBMITTED FAILED TO PROVIDE DATE CLIENT MADE ALLEGATION TO STAFF. RESPONSE FROM FACILITY HEAD WAS NOT PROVIDED.

**CORRECTIVE ACTION:**

PROVIDE DATE CLIENT MADE ALLEGATION TO VERIFY NOTIFICATION WAS MADE WITHIN 72 HOURS OF

RECEIPT OF ALLEGATION & RESPONSE FROM RECEIVING FACILITY. IF NOTIFICATION WAS NOT MADE WITHIN TIMEFRAME, PROVIDE DATE NOTIFICATION WAS MADE & METHOD CREATED TO ENSURE FACILITY MAINTAINS STANDARD COMPLIANCE IN THE FUTURE, SUCH AS ADDITIONAL TRAINING, ETC.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

3/6/15 CORRECTIVE ACTION: MEMORANDUM FROM AGENCY INDICATES 72 HOUR NOTIFICATION WITH REGARDS TO 4/22/14 WAS NOT PROVIDED UNTIL 4/28/14. DUE TO THIS OVERSIGHT, AGENCY AMENDED POLICY 1700-05 AND REVISED POLICY 1700-06 WHICH ADDRESSES THE REQUIRED NOTIFICATION TO OTHER FACILITIES MORE CLEARLY & HIGHLIGHTS THE DOCUMENTATION REQUIREMENT OF STANDARD 115.263. TRAINING ON THE URGENCY OF REPORTING WAS CONDUCTED ON 5/9/14 WITH THE PROGRAM DIRECTORS OF ALL REENTRY FACILITIES. ANOTHER TRAINING SESSION REGARDING THESE POLICIES IS TO BE CONDUCTED ON 3/18/15. NOTIFICATION PROTOCOLS HAVE BEEN PROVIDED TO PREA COORDINATOR AND IMPLEMENTED TRACKING AND HANDLING OF SEX ABUSE ALLEGATIONS PER STANDARD 115.263.

<b>115.264</b>	<b>Staff first responder duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

DOCUMENTED CASE VERIFIES STAFF FOLLOWED PROTOCOL SET FORTH IN STANDARD 115.264(a) TO THE LETTER

<b>115.265</b>	<b>Coordinated response</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS DEVELOPED AN INSTITUTIONAL COORDINATION PLAN & PROTOCOL TO ADDRESS RESPONSE TO SEXUAL ABUSE AMONG STAFF, INVESTIGATORS, LEADERSHIP AND MEDICAL/MENTAL HEALTH. PLAN IS NOT DESIGNATED TO MANSFIELD FACILITY PER THE STANDARD

**CORRECTIVE ACTION:**

AGENCY TO AMEND PROTOCOL TO ADDRESS SPECIFIC FACILITY PER STANDARD 115.265(a).

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**



115.265(a) - PER CORRECTIVE ACTION REQUEST, MANSFIELD SPECIFIC COORDINATED RESPONSE PLAN & EVIDENCE PROTOCOL PROVIDED & AVAILABLE ON AGENCY WEBSITE.

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY/FACILITY NOT INVOLVED IN ANY FORM OF COLLECTIVE BARGAINING AND STANDARD DOES NOT APPLY.

<b>115.267</b>	<b>Agency protection against retaliation</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IDENTIFIES STAFF CHARGED WITH MONITORING FOR RETALIATION AND EMPLOYMENT OF MULTIPLE PROTECTION MEASURES FOR RESIDENTS WHO FEAR RETALIATION.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE LANGUAGE IDENTIFIED IN STANDARD 115.267(c) REGARDING 90 DAY MONITORING
- 2) AGENCY TO AMEND POLICY TO INCLUDE LANGUAGE CONSISTENT WITH STANDARD 115.267(d) REGARDING PERIODIC MONITORING CHECKS

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDED POLICY 1700-06 WHICH INCORPORATES LANGUAGE WHICH MEETS STANDARDS 115.267(c) & 115.267(d).

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY MEETS STANDARDS BY MANDATING ALL ADMINISTRATIVE & CRIMINAL INVESTIGATIONS WILL BE INVESTIGATED, HOWEVER, THE WORK PROMPTLY IS NOT IDENTIFIED IN THE POLICY. INVESTIGATORS USED WILL HAVE RECEIVED SPECIAL SEX ABUSE INVESTIGATION TRAINING. POLICY & CURRICULUM PROVIDE LANGUAGE REGARDNG EVIDENCE COLLECTION AND VICTIM INTERVIEWS. POLICY MENTIONS COMPELLED INTERVIEWS, WHICH IS CONDUCTED ONLY BY LOCAL PD TO INCLUDE CREDIBILITY ASSESSMENT OF VICTIM OR WITNESS. ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS ARE DEFINED.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY TO SPECIFICALLY STATE THAT ADMINISTRATIVE INVESTIGATIONS WILL BE INVESTIGATED "PROMPTLY"
2. AGENCY TO PROVIDE VERIFICATION OF POLICY AMENDMENT TO SATISFY CORRECTIVE ACTION PLAN

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDED POLICY 1700-06 WHICH INCORPORATES LANGUAGE IN STANDARD 115.271(a) WHICH MEETS PREA STANDARDS

<b>115.272</b>	<b>Evidentiary standards for administrative investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY COMPLIANT WITH STANDARDS. INTERVIEWS VERIFY KNOWLEDGE & EDUCATION CONSISTENT WITH CURRICULUM

<b>115.273</b>	<b>Reporting to residents</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY MEETS ALL STANDARDS WITH REGARDS TO INVESTIGATION WHICH OCCURRED PAST 12 MONTHS - RESIDENT ON RESIDENT. VICTIM WAS NOT NOTIFIED OF OUTCOME AS VICTIM WAS DISCHARGED FROM THE FACILITY PRIOR TO COMPLETION OF THE INVESTIGATION PER AGENCY STANDARD FINAL RULE.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
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Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY CONSISTENT WITH ALL STANDARDS REGARDING DISCIPLINARY SANCTIONS FOR STAFF WHO VIOLATE AGENCY SEX ABUSE POLICY. NO TERMINATIONS OR RESIGNATIONS FROM THIS FACILITY.

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
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Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY CONSISTENT WITH STANDARD REGARDING CORRECTIVE ACTION FOR CONTRACTORS & VOLUNTEERS WHO ENGAGE IN SEX ABUSE AND PROHIBITION FORM CONTACT WITH RESIDENTS

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
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Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY CONSISTENT WITH ALL ASPECTS OF STANDARD 115.278.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
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Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

NO MEDICAL/MENTAL HEALTH STAFF EMPLOYED OR CONTRACTED AT THIS FACILITY. PER POLICY, TREATMENT TO CLIENT VICTIM OF SEX ABUSE PROVIDED WITHOUT COST TO VICTIM. POLICY ALSO PROVIDED TO CLIENTS VIA RESIDENT HANDBOOK.

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY MEETS ALL CRITERIA OF STANDARD 115.283. FACILITY PROVIDES MEDICAL AND MENTAL HEALTH TREATMENT AT NO COST TO VICTIMS OF SEX ABUSE. TREATMENT IS CONSISTENT WITH COMMUNITY LEVEL OF CARE, CHECKS FOR STD, AND 60 DAY MENTAL HEALTH EVALUATION FOR KNOWN RESIDENT ON RESIDENT SEXUAL ABUSERS DEEMED APPROPRIATE BY MENTAL HEALTH PRACTITIONERS.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
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Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IS NOT IN COMPLIANCE WITH STANDARD 115.286

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE INFORMATION FROM THE FOLLOWING:

1. FACILITY MANDATED TO CONDUCT SEX ABUSE INCIDENT REVIEW TEAM AT CONCLUSION OF EVERY SEX ABUSE INVESTIGATION - PER STANDARD 115.286(a)
2. INCIDENT REVIEW SHALL ORDINARILY OCCUR WITHIN 30 DAYS OF CONCLUSION OF INVESTIGATION - PER STANDARD 115.286(B)
3. MAKEUP OF REVIEW TEAM TO INCLUDE UPPER LEVEL MANAGEMENT WITH INPUT FROM LINE STAFF - PER STANDARD 115.286(c)
4. CONSIDERATION CRITERIA FOR REVIEW TEAM - PER STANDARD 115.286(D)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDES POLICY 1700-08 WHICH INCLUDES NARRATIVE CONSISTENT WITH STANDARDS 115.286(a), 115.286(b), 115.286(c), and 115.286(c).

<b>115.287</b>	<b>Data collection</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS NO POLICY OR DATA COLLECTION TO MEET STANDARDS 115.287 (a)/(c), 115.287(B), OR 115.287(d). AGENCY DOES NOT CONTRACT FOR CONFINEMENT OF RESIDENTS PER 115.287(e) OR PROVIDE DATA OF PREVIOUS YEAR TO DOJ PER 115.287(F).

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE POLICY TO MEET REQUIREMENTS OF STANDARD 115.287 REGARDING COLLECTION OF SEX ABUSE DATA
2. AGENCY TO CREATE POLICY MANDATING ANNUAL AGGREGATE SEX ABUSE DATE PER STANDARD 115.287(b)
3. AGENCY TO MAINTAIN, REVIEW & COLLECT DATA (CREATE POLICY) FROM INCIDENT BASED DOCUMENTS

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - AGENCY PROVIDED POLICY 1700-02 WHICH PROVIDES NARRATIVE TO MEET STANDARDS 115.287(a), 115.287(b), 115.287(c) and 115.287(d) PER CORRECTIVE ACTION REQUEST.

**115.288**

**Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY DOES NOT POSSESS POLICY TO ADDRESS STANDARD 115.288

**CORRECTIVE ACTION:**

AGENCY TO CREATE POLICY/ACTION PLAN OR DOCUMENTATION TO:

1. REVIEW DATA & APPLY CRITERIA OULINED IN STANDARD 115.288(a) TO PREPARE ANNUAL REPORT
2. ANNUAL REPORT TO INCLUE COMPARISON OF CURRENT YEAR'S DATEA & CORRECTIVE ACTIONS WITH THOSE FROM PREVIOUS YEARS PER STANDARD 115.288(b)
3. ANNUAL REPORT TO BE APPROVEDBY AGENCY HEAD & MADE AVAILABLE TO PUBLIC VIA AGENCY WEBSITE OR OTHER MEANS PER STANDARD 115.288(c)
4. AMEND POLICY TO ALLOW REDACTION OF SPECIFIC MATERIAL WHICH MAY POSE SPECIFIC THREAT TO SAFETY & SECURITY TO FACILITY PER STANDARD 115.288(d)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

115.288(a) - thru 115.288(d) - 2014 ANNUAL REPORT PROVIDES AGGREGATED DATA & CRITERIA OUTLINED IN 115.288(a). THIS IS AGENCY'S 1ST PREA AUDIT & DATA COLLECTION INFORMATION BEGAN IN 2014. THERE IS NO COMPARISON FROM 2013 DATA AS THERE IS NO PREA DATA AVAILABLE TO COMPARE. AGENCY HAS CREATED A DATA COLLECTION PROCESS FOR SUBSEQUENT ANNUAL REPORTS. ANNUAL REPORT IS APPROVED BY AGENCY HEAD AND IS MADE AVAILABLE PUBLICLY AS VERIFIED THROUGH AGENCY WEBSITE. ANNUAL REPORT INFORMATION IS REDACTED FOR BOTH RESIDENT AND STAFF SAFETY. COMPARATIVE DATEA ANALYSIS MADE BETWEEN ALL FOUR VOAGO RESIDENTIAL FACILITIES. CORRECTIVE ACTION DATA OUTLINED IN ANNAL REPORT.

115.289

**Data storage, publication and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY DOES NOT POSSESS DATA COLLECTION POLICY PER STANDARD 115.289(b). NO POLICY MANDATING THE REMOVAL OF PERSONAL IDENTIFIERS ON AGGREGATED DATE ON SEX ABUSE PER STANDARD 115.289(c). AGENCY MEETS STANDARD 115.289(a).

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE POLICY REQUIRING AGGREGATED SEX ABUSE DATA FROM FACILITIES UNDER IT'S CONTROL BE MADE AVAILABLE TO THE PUBLIC AT LEAST ANNUALLY THROUGH THE AGENCY WEBSITE PER STANDART 115.289(b)
2. AGENCY TO CREATE POLICY REQUIRING THE REMOVAL OF ALL PERSONAL IDENTIFIERS FROM AGGREGATED SEX ABUSE DATA PRIOR TO MAKING DATA PUBLICLY AVAILABLE.

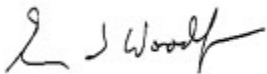
**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - PER CORRECTIVE ACTION REQUEST AGENCY PROVIDES POLICY 1700-02 WHICH INCORPORATES NARRATIVE CONSISTENT WITH PREA MANDATES IN STANDARDS 115.289(b) & 115.289(c)

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the **FINAL** report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



\_\_\_\_\_  
Auditor Signature

March 13, 2015  
Date

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