

PREA ANNUAL REPORT 2020

Number of <i>alleged</i> resident-on-resident SEXUAL HARASSMENT	0
Number of <i>substantiated</i> resident-on-resident SEXUAL HARASSMENT	0
Number of <i>alleged</i> resident-on-resident SEXUAL ABUSE	0
Number of <i>substantiated</i> resident-on-resident SEXUAL ABUSE	0
Number of <i>alleged</i> staff-on-resident SEXUAL HARASSMENT	0
Number of <i>substantiated</i> staff-on-resident SEXUAL HARASSMENT	0
Number of <i>alleged</i> staff-on-resident SEXUAL ABUSE	0
Number of <i>substantiated</i> staff-on-resident SEXUAL ABUSE	0

APPROVED BY:

Signature of Agency Head: _____

Name/Title of Agency Head: _____