

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: August 30, 2015

Auditor Information			
Auditor name: Bernard McKie			
Address: 979 Koon Road			
Email: dollmckie@aol.com			
Telephone number: (803)749-0944			
Date of facility visit: August 13-14, 2015			
Facility Information			
Facility name: Volunteers of Greater Ohio – Cincinnati Residential Re-Entry Program			
Facility physical address: 115 W. McMicken Avenue, Cincinnati, Ohio 45202			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (513)639-3743			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Dr. Chelsea Bennett			
Number of staff assigned to the facility in the last 12 months: 47			
Designed facility capacity: 130			
Current population of facility: 109			
Facility security levels/inmate custody levels: TC, PRC, Parole Probation			
Age range of the population: 20-63 Adults			
Name of PREA Compliance Manager: Ro-Ellen Sinkewich		Title: VP Programs OPS	
Email address: roellensinkewich@voago.org		Telephone number: (419)524-5013 Ext. 1284	
Agency Information			
Name of agency: Volunteers of Greater Ohio – Cincinnati Residential Re-Entry Program			
Governing authority or parent agency: <i>(if applicable)</i> Volunteers of Greater Ohio			
Physical address: 115 W. McMicken Avenue, Cincinnati, Ohio 45202			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (513)639-3743			
Agency Chief Executive Officer			
Name: Dennis Kresak		Title: President/CEO	
Email address: denniskresak@voago.org		Telephone number: (404)717-1500 Ext. 1104	
Agency-Wide PREA Coordinator			
Name: Ro-Ellen Sinkewich		Title: VP Programs OPS	
Email address: roellensinkewich@voago.org		Telephone number: (419)524-5013 Ext. 1284	

AUDIT FINDINGS

NARRATIVE

On 8/13/2015 through 8/14/2015, an audit of the Residential Program of the Volunteer of America of Greater Ohio-Cincinnati Residential Re-Entry Program (CRRP) was conducted. The audit began with an Auditor introduction. Once introductions were completed the facility tour began. Persons on the facility tour were the Auditor, Program Director, PREA Coordinator, Director of Programs Southeastern Region, and Administrative Assistant. Areas toured were the control room, kitchen, cafeteria, counselor office area, upstairs residential living area, bathroom/shower areas, smoking area, downstairs living areas, bathroom/shower area, weight room area, maintenance area. Camera monitoring systems located in the control room were viewed. Once the tour was completed, audit of files, interviews with staff and residents were done.

The Volunteer of America of Greater Ohio-Cincinnati Residential Re-Entry Program (CRRP) is a national, non-profit faith-based organization dedicated to helping those in need to rebuild their lives and reach their full potential. Maud Booth, co-founder was a national leader and pioneer in prison reform. CRRP is a 130 bed facility offering services to formerly incarcerated individuals, some of whom are eligible for early release from prison due to judicial release and/or have substance abuse issues. All clients admitted to this program are referred by The Bureau of Community Sanctions, County Probation offices, The Adult Parole Authority and local courts. CRRP offers residential services to felony sentenced individuals with temporary housing; case management; alcohol and other substance abuse treatment; sex offender counseling and employment resources.

CRRP employs 30 fulltime employees. CRRP also has an employment contract with a security service PLS to contract employees to ensure daily ratio of staff to provide appropriate staffing levels for supervision of clients. CRRP has 5 contractors that home contract with residents. CRRP does not provide mental/medical services at this facility and have contracts/Memo of Understanding (MOU) with outside agencies.

CRRP decides whether or not to accept referrals to their program. Potential residents are evaluated based on:

- The type and severity of their offenses
- Treatment needs as identified through Standardized Assessments
- Compliance with treatment while incarcerated
- Mental health and level functioning

CRRP treatment team is made up of clinical professionals who work with each resident alongside a residential caseworker and an Adult Parole Authority or County Parole representative. The treatment team assists each resident in developing an individual program plan with realistic, achievable goals. Residents must remain drug free and alcohol free and complete all objectives within their individualized treatment plans, which are targeted to reduce future offenses. Programming is guided by evidenced-based curricula provided by the National Institute of Corrections (NIC), Substance Abuse and Mental Health Services Administrative (SAMHSA), and the University of Cincinnati.

Programs Service Components

The following is a list of service components available at the facility or upon referral to other service providers:

- Full range of assessment services including the Ohio Risk Assessment System (ORAS)
- Alcohol and Drug Dependency Treatment using University of Cincinnati's Cognitively Based curriculum
- Cognitive Behavioral programming utilizing the National Institute of Corrections (NIC) Thinking for a Change
- Sex Offender Treatment using University of Cincinnati's Cognitive Behavioral Interventions for Sexual Offending (Cincinnati, Dayton, Mansfield)
- Anger Management utilizing the Aggression Replacement Training Curriculum
- Employment Readiness Training
- Mental Health Treatment through referral
- Adult Basic Education programming through referral

External Review Certification

- The re-entry program is audited annually by ODRC.
- Every two years, the program is certified by the ODMHAS.
- Every three years, the program is audited by the American Correctional Association.

The safety of the community is top priority. The facility is equipped with state-of-the-art video surveillance technology and they utilize technology to electronically monitor select clients in partnership with local police.

DESCRIPTION OF FACILITY CHARACTERISTICS

CRRP is a single standing building with two (2) separate floors. Resident living areas are on both levels of the building. Beds are single bunked to provide visibility throughout the living area. Residents have a shared bathroom area adjacent to the living areas with sinks and partitioned commode stalls. Showers have multi-heads but only one resident is allowed to shower at a time. This was verified by residents, staff and witnessed by auditor on all shifts (7am, 3pm, 11pm). Staff also checks bathroom facilities approximately every fifteen (15) minutes. A central camera system of 66 cameras is monitored 24 hours a day by residential staff to ensure the safety and security of staff and residents. All cameras and angles were viewed by Auditor and provided visible security throughout the facility with exception of toilet areas to ensure safety and security of residents and staff. All doors leading from one floor to the next is buzzer controlled and operated by the control room staff. Each living area has a dayroom area for leisure recreation activities. Separate areas and staff offices are used for treatment programs/groups. The facility houses 109 residents with a designed capacity of 130.

SUMMARY OF AUDIT FINDINGS

The notification of the site audit was posted on June 29, 2015, six (6) weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinator. Also, posted notices were viewed by Auditor during walk through. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received on July 15, 2015. The documents which were uploaded to a UBS flash drive were well organized and easy to navigate. The initial review revealed very little need for corrective action in regard to policies and procedures in reference to standards and documentation. There was some clarification needed and they are summarized in this report under the related standard.

The on-site audit was conducted August 13-14, 2015. After the meeting with the facility's management staff and PREA Compliance Manager, a complete tour of the facility was conducted including the recreation areas, horticulture area and cafeteria. During the tour, residents were observed to be under constant supervision by the staff while outside of their rooms and involved in various activities. The facility was well maintained and well staffed. There was only one blind spot noted in the cafeteria, but there was always a staff present to provide supervision. Facility staff was advised how to correct this blind spot and stated that it would be addressed. While touring the facility, multiple showers were noted in the shower area, but only one resident to shower at a time as was stated by policy and verified by residents and staff interviews. The facility camera monitor system was monitored 24 hours a day by resident counselor staff.

Over the two (2) day in-site visit, 19 staff, including those from all three shifts were interviewed. Overall, the interviews revealed staff is knowledgeable of PREA standards and were able to articulate their responsibilities. Six (6) residents were interviewed. Four (4) declined to be interviewed. Residents were well informed of their right to be free of sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment, and services that the community based victim advocates provides and how to contact hotline services.

The victim advocacy was contacted to verify the scope of services provided as specified in the MOU they have with CRRP. There were no calls received from CRRP residents over the past twelve (12) months.

Secondary documentation to include two (2) PREA related complaints were reviewed. One complaint was unsubstantiated. One complaint of sexual harassment was substantiated. There were no complaints of incidents which allegedly took place at another facility.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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 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.

The Policy 1700-01 clearly outlines the intent of the facility to the elimination, reduction and prevention of sexual harassment and sexual abuse of residents assigned. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in such behaviors. The policy defines the responsibilities of staff if an allegation is made by a resident.

CRRP is a stand alone facility owned by Volunteers of America of Greater Ohio and does not operate any other facilities; therefore, there is only the requirement to have a PREA Coordinator. The facility has only one PREA Coordinator and she stated that she has ample time to perform PREA compliance efforts and perform her other duties.

Standard 115.212 Contracting with other entities for the confinement of residents

- 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)

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NOT APPLICABLE: CRRP is a stand alone facility governed by Volunteers of America of Greater Ohio and does not contract confinement of residents.

Standard 115.213 Supervision and monitoring

- 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 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.

CRRP Policy 300:19 requires a staffing plan that provides adequate levels of staffing and where applicable, video monitoring to protect residents against sexual abuse and sexual harassment. Staffing plans are based on minimum strength needed to run shifts effectively on a daily basis. The staffing plan to include all deviations and a facility assessment is completed by the Facility Program Director/Designee and a weekly schedule of all Residential Supervisors (RS) will be posted in the control room. Schedule will also reflect at least one staff certified in CPR. Staffing needs are reviewed and submitted to the Director of Program Operations. Annual documentation of this assessment was received. Unannounced rounds are made by upper management and documented in unit log books. Suggestions were made by this auditor to use a documented rounds log which was taken very favorably by the facility.

Standard 115.215 Limits to cross-gender viewing and searches

- 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 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.

CRRP policy prohibits strip searches and body cavity searches of residents. CRRP Policy 200:05 states pat searches are conducted fully clothed on and by the same gender. Residents groin area is not to be touched. Enhanced searches are to be conducted in private by at least two (2) same sex resident staff members. All enhanced pat searches are to be documented in shift log and incident reports. Documentation of each was witnessed by auditor and verified by residents and staff interviews. There were no cross gender pat searches during the past twelve (12) months.

CRRP has ward type housing with toilets and showers in a common area accessible to resident and staff. Toilets are divided by separate cubicle areas. Showers are multi-headed but only one resident is allowed to shower at a time. This was verified through resident and staff interviews. Staff also make rounds in this area at least every 15 minutes. Policy requires that staff of the opposite gender announce their presence when entering housing and bathroom/shower areas. Policy also prohibits the search of transgender or intersex residents solely to determine their genital status. Staff/resident interviews verified compliance. Staff training records and staff interviews confirm that 100% staff receive training on searches on transgender and intersex residents.

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

- 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 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.

CRRP Policy 1200:07 shall ensure that residents in the facility with disabilities or who are limited English proficient have an equal opportunity to participate in and benefit from the facility's effort to prevent, detect and respond to sexual abuse and sexual harassment. Policy will be read aloud if a resident has identified or has limited literacy skills. This policy also states the facility will not rely on residents as interpreters, resident readers or any kind of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety. Resident handbook was written in English and Spanish. Staff interpreters are

available for translation services, as well. Where bilingual staff is not available, local social service and/or advocacy groups representing the particular minority group will be contacted for volunteer assistance. Local educational institutions with foreign language or literacy departments will be contacted for assistance. Resident interviews verified the facility does not use resident assistance and there were no incidents of resident interpreters or readers being used in the past twelve (12) months.

Standard 115.217 Hiring and promotion decisions

- 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)

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CRRP Policy 300:05 specifically addresses all elements as required by the standard. A review of staff files revealed that staff hired during the past twelve (12) month had documented criminal background checks and the questions regarding past conduct were asked and responded to during the interview process. Service providers had documented criminal background checks. Additionally, Policy 300:05 states the agency shall either conduct background record checks at least every five (5) years of current staff and contractors who may have contact with residents have in place a system for otherwise capturing such information for current staff. No current staff has not worked longer than two (2) years. Statement received on agency letterhead to verify this fact.

Standard 115.218 Upgrades to facilities and technologies

- 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 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.

CRRP has not acquired any new facilities since August 20, 2012. New cameras have been added since August 20, 2012. Facility has installed 26 new cameras in 2015 for a total of 66 cameras that are monitored 24 hours a day by staff located in the central control room.

Standard 115.221 Evidence protocol and forensic medical examinations

- 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 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.

CRRP Policy 1700:05 requires the facility investigator to conduct administrative investigations of abuse allegations. Criminal investigations are conducted by the Cincinnati Police Department (CPD). CPD agrees to follow a uniform evidence protocol that maximizes the potential for obtaining usable evidence for administrative proceedings and criminal prosecutions.

CRRP has created a MOU with the Forensic Nurse Team, Butler County Hospital, to provide appropriate forensic evaluations. There were zero examinations from Sexual Assault Nurse Examiner (SANE) but nurse was spoken to by telephone for verification of contract. Also, CRRP has created a MOU with YWCA of Greater Cincinnati and Women Helping Women of Greater Cincinnati to provide emotional support to residents who are victims of sexual abuse as identified by PREA. This service is of no cost to the resident.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- 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 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.

Volunteers of America CRRP does not employ its own specialized sexual abuse investigators. CRRP Policy 1700:04 requires referral of sexual abuse allegations to be made to the CPD. If an allegation does not involve potentially criminal behavior it will be investigated administratively. CRRP does investigate administrative investigations. In the past twelve (12) months, CRRP had two (2) allegations of sexual harassment. One allegation was found to be unsubstantiated. The other allegation was substantiated. Auditor viewed documentation of the two (2) allegations. There were zero (0) allegations referred for criminal investigation. CRRP website also includes the PREA policy which describes how investigative responsibilities are handled for allegations of sexual abuse and the outcome of said allegations.

Standard 115.231 Employee training

- 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 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.

CRRP Policy 300:05 training curriculum, staff training records and staff interviews revealed staff received PREA training during initial training and annually during refresher training. PREA training is geared for desired population of male residents. Staff, contractors and volunteers receive the same PREA training module. Training rosters are signed verifying comprehension of PREA training which was verified by viewing training rosters and staff interviews.

Standard 115.232 Volunteer and contractor training

- 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 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.

CRRP Policy 300:15 requires volunteers and contractors who have contact with residents to receive PREA training. Training is provided by CRRP staff trainers. Signed training rosters and interviews with volunteers and contractors revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and sexual harassment. Volunteers and contractors sign documentation on PREA acknowledging that they understand the training received. They receive the same training as staff.

Standard 115.233 Resident education

- 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 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.

CRRP Policy 1100:03 requires residents to receive intake packet within 24 hours of arrival which includes information related to PREA. This practice was witnessed by auditor during audit process and verified through resident and staff interviews. Also, resident handbooks are distributed during intake with various facility information to include PREA. Concessions are made for residents with disabilities and limited English at time of intake per policy. Posters are posted throughout facility advising how to report and zero tolerance.

Standard 115.234 Specialized training: Investigations

- 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)

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CRRP Policy 1700:08 requires investigations to have specialized training in investigating sexual abuse in a confinement setting. Documentation of this training was reviewed and is in compliance with the standard. The facility only conducts administrative investigations. The CPD conducts the criminal investigations.

Standard 115.235 Specialized training: Medical and mental health care

- 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)

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NOT APPLICABLE: Standard 115.235(a), 115.235(b), 115.235 (c) and 115.235 (d) does not apply to this agency. They do not have Medical/Mental Health staff on the premises. Residents are referred to off-site for Medical/Mental Services. Auditor viewed documentation to verify off-site treatment agencies.

Standard 115.241 Screening for risk of victimization and abusiveness

- 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 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.

CRRP Policy 1700:09 requires intake staff to screen each resident for risk of victimization within seventy-two (72) hours of arrival/transfer to the facility and shall reassess within thirty (30) days of his stay at the facility. Furthermore, a resident may be reassessed for risk of victimization of abusiveness at any point after the initial screening. Disciplining residents for refusing to answer or not providing complete information in response to certain screening questions is prohibited. Intake process was viewed and PREA intake screening form was checked to see what questions were asked. Also, verified in resident/staff interviews.

Standard 115.242 Use of screening information

- 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)

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CRRP Policy 1700:09 requires that victimization screening information is used to determine housing assignment initially or when changing rooms to ensure residents safety. Policy precludes LGBTI or gender non-conforming residents being placed in a particular housing area. CRRP Policy 1700:09 is consistent with standards. Staff and resident interviews support compliance with this standard. Also, witness by auditor observing intake process.

Standard 115.251 Resident reporting

- 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)

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CRRP Policy 1100:03 provides multiple ways for residents to report sexual abuse and sexual harassment. Residents receive a handbook during the intake process that provides residents with several options and telephone numbers from outside agencies to report sexual abuse and sexual harassment. Hotline numbers are listed on the boards throughout the housing unit and the facility. Addresses are provided in the handbook for reporting agencies. Reporting can be done to any staff member, family member or anonymously. Resident and staff interviews verified compliance with this standard.

Standard 115.252 Exhaustion of administrative remedies

- 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 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.

CRRP Policy 1700:10 outlines how the administrative procedure for addressing resident grievances regarding sexual abuse and sexual harassment are handled. All elements of this policy comply with this standard. CRRP had no grievances alluding to sexual abuse in the past twelve (12) months. Staff and resident interviews confirmed their knowledge of how the grievance process is used to report sexual abuse and sexual harassment.

Standard 115.253 Resident access to outside confidential support services

- 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 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.

CRRP Policy 1700:05 ensures that residents are provided access to outside confidential support services. The facility has an MOU with Women Helping Women of Cincinnati and the YWCA of Cincinnati for support services. The facility has an MOU with the Sexual Assault Nurse Examiner (SANE) at Butler County Hospital. Documentation of these services have been verified by the auditor. Auditor has spoken with SANE Nurse in reference to SANE MOU. Resident telephones were tested for hotline service verifications which included Hamilton County and Cincinnati areas. Also, National Hotline 1-800-656-4673 was tested. All numbers were in service and operative.

Standard 115.254 Third-party reporting

- 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)

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CRRP website provides the public with information regarding third-party reporting of sexual abuse and sexual harassment on behalf of the resident. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility. Once a staff receives a third-party report they notify the Program Director who will notify the PREA Compliance Manager. An initial response will then commence. Staff acknowledged this protocol during interviews. Also, CRRP hotline local and national numbers are posted throughout the facility and living areas. Telephone numbers were tested by auditor and they are operable. Third-party reporting is outlined in resident handbook. Resident interviews verified knowledge of third-party reporting.

Standard 115.261 Staff and agency reporting duties

- 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 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.

All CRRP staff are required to immediately report by CRRP Policy 1700:05, any knowledgeable suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility whether or not it is CRRP; retaliation against residents or staff who reported such incidents and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews verified knowledge of compliance with the standard. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to sexual abuse to anyone.

Standard 115.262 Agency protection duties

- 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 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.

CRRP Policy 1700:06 requires when a facility learns that an individual in CRRP is subject to substantiated risk of imminent sexual abuse it shall take immediate action to protect the alleged victim. There were no residents identified as being at risk for sexual abuse in the past twelve (12) months as indicated by documentation provided by the PREA Coordinator and as revealed in interviews with the PREA Coordinator and other staff.

Standard 115.263 Reporting to other confinement facilities

- 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 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.

CRRP Policy 1700:06 requires the facility director to notify the head of another facility upon receiving allegation that a resident was sexually abused while confined at another facility. Notification should be within 72 hours. During the past twelve (12) months there were zero allegations made by a resident that he was abused at another facility. Facility Director and PREA Coordinator were well aware of the correct protocol if any allegation of this type occurs.

Standard 115.264 Staff first responder duties

- 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 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.

CRRP Policy 1700:05 requires staff to take specific steps to respond to a report of sexual abuse to include separating the alleged victim and abuser. Immediately notify the shift supervisor and remain on the scene until relieved by responding personnel; preserve, protect any crime scene until appropriate steps can be taken to collect any evidence; do not let the alleged victim or abuser take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Random staff and first responder interviews revealed staff knowledgeable of actions to be taken upon learning that a resident was sexually abused. All staff are first responders at this facility.

Standard 115.265 Coordinated response

- 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 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.

CRRP has written a facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical and mental health practitioners and facility leadership. Interviews with the facility director and other staff revealed that they are knowledgeable of their duties in response to a sexual assault.

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

- 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 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.

NOT APPLICABLE: CRRP is not a collective bargaining facility.

Standard 115.267 Agency protection against retaliation

- 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 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.

CRRP Policy 1700:06 requires the monitoring of residents and staff who have reported sexual abuse or harassment or cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of ninety (90) days or longer, as needed. There were no incidents of retaliation in the past twelve (12) months. HR Department and Program Director are monitoring agents at this facility.

Standard 115.271 Criminal and administrative agency investigations

- 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 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.

CRRP Policy 1700:04 requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment at CRRP. All written reports pertaining to administrative or criminal investigations alleged sexual assault or sexual harassment are held for as long as the alleged abuser is incarcerated or employed by the facility, plus five (5) years. Documentation of investigative reports were viewed by auditor.

Standard 115.272 Evidentiary standard for administrative investigations

- 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 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.

CRRP Policy 1700:08 states CRRP shall impose no standard higher than preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Standard 115.273 Reporting to residents

- 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 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.

There were two (2) administrative investigations at CRRP in the past twelve (12) months. CRRP Policy 1700:08 indicates at the conclusion of an investigation the facility investigator or staff member designated by the facility administrator shall inform the resident who made the allegation of sexual abuse in writing whether the allegation has been substantiated, unsubstantiated and unfounded. If the alleged abuser was a staff, the victim shall also be informed. There were no allegations of sexual abuse against staff in the past twelve (12) months. The PREA Coordinator was interviewed and her records checked indicated that per the PREA standards she was verbally reporting to residents the outcome of the investigation and documenting in writing. She was advised the written language of her policy and stated in the future she would advise all residents of the outcome of the investigation in writing and place the letter in her files as documentation.

Standard 115.276 Disciplinary sanctions for staff

- 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 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.

CRRP Policy 1700:07 requires staff disciplinary sanctions up to and including termination for violating the facility's sexual abuse or sexual harassment policies. The policy also mandates that the violation is reported to the law enforcement and licensing agencies unless the activity was clearly non-criminal. No staff have been terminated or disciplined in the past twelve (12) months for violation of the facility's sexual abuse/harassment policies.

Standard 115.277 Corrective action for contractors and volunteers

- 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 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.

CRRP Policy 1700:07 requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and sexual harassment of residents will be reported to the local law enforcement and licensing bodies unless the activity was clearly non-criminal. There were no volunteers or contractors reported in the past twelve (12) months for sexual abuse or sexual harassment. The policy also requires in the case of any other CRRP violations of CRRP sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable contracting authority who will take remedial measures and shall consider whether to prohibit further contact with the resident in the facility. This was verified during the interview with the facility director.

Standard 115.278 Disciplinary sanctions for residents

- 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 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.

CRRP Policy 1700:07 requires residents housed at CRRP who are found guilty of engaging in sexual abuse involving other residents in the facility (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. There was one administrative finding of guilt for resident-on-resident sexual harassment in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies. The resident was separated from the residents and was awaiting such time as they could be detained by Adult Parole Authority (APA) officers. Case documentation viewed by Auditor.

Standard 115.282 Access to emergency medical and mental health services

- 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 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.

Facility does not have medical/mental health staff employed or contracted. However, CRRP Policy 1000:03 requires staff to administer timely, unimpeded access to emergency medical treatment and crisis intervention services to any resident that is victim to sexual abuse in their custody. Treatment to resident victim of sexual abuse provided at no cost to victim. Information also stated in resident's handbook.

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

- 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 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.

CRRP Policy 1000:03 requires immediate follow-up treatment for victims of sexual abuse. Initially, victims of sexual abuse will be transported to University Hospital where they will receive treatment and where physical evidence can be gathered by Certified SANE Nurses. Follow-up treatment will be provided by mental health services. Interviews with contracted SANE services verified compliance with this standard.

Standard 115.286 Sexual abuse incident reviews

- 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 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.

CRRP Policy 1700:08 states CRRP is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. Such reviews shall occur within thirty (30) days of the conclusion of the investigation. The PREA Compliance Manager shall maintain copies of all completed “PREA After Action Review Reports” and a copy shall be maintained in the corresponding investigative files. Auditor verified documentation of all sexual abuse incident review forms in the past twelve (12) months. There was one case of sexual harassment substantiated.

Standard 115.287 Data collection

- 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 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.

CRRP Policy 1700:02 requires the collection and retention of accurate data related to sexual abuse. The PREA Coordinator collects all data relating to PREA. The facility director completed the Survey of Sexual Violence conducted by the Department of Justice in 2014. A review of the annual report revealed it was completed according to this standard.

Standard 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 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.

CRRP Policy 1700:02 requires review of all data collected in order to access and improve the effectiveness of its Sexually Abusive Prevention, Detection and response policies, practices and training. PREA Compliance Manager shall prepare an annual report which includes findings and corrective actions taken for CRRP. All aggregated sexual abuse data shall be made readily available to the public upon approval at least annually through CRRP’s website. Auditor viewed the annual report on CRRP’s website for verification of this standard.

Standard 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 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.

CRRP Policy 1700:02 requires data is collected and securely retained. The aggregated sexual abuse data was reviewed on the facility’s website and all personal identifiers were removed. Auditor viewed annual report on CRRP’s website for verification of this standard.

AUDITOR CERTIFICATION

I certify that:

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





Auditor Signature

Date