

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: August 2, 2016

Auditor Information			
Auditor name: Kayleen Murray			
Address: P.O. Box 2400 Wintersville, Ohio 43953			
Email: kmurray.prea@yahoo.com			
Telephone number: 740-317-6630			
Date of facility visit: June 20-21, 2016			
Facility Information			
Facility name: Volunteers of America of Greater Ohio-Toledo Residential Re-Entry Program			
Facility physical address: 1323 Champlain Street Toledo, Ohio 43604			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 567-806-5120			
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: Darlene Mitchell-Sylak			
Number of staff assigned to the facility in the last 12 months: 37			
Designed facility capacity: 120			
Current population of facility: 103			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18 and up			
Name of PREA Compliance Manager: Darlene Mitchell-Sylak		Title: Program Director	
Email address: Darlene.Mitchell@voago.org		Telephone number: 567-806-5120x5345	
Agency Information			
Name of agency: Volunteers of America of Greater Ohio			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1776 East Broad Street Columbus, Ohio 43203			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 440-717-1500			
Agency Chief Executive Officer			
Name: Dennis Kresak		Title: President/CEO	
Email address: dennis.kresak@voago.org		Telephone number: 440-717-1500x1104	
Agency-Wide PREA Coordinator			
Name: Stacey Seif		Title: Quality Improvement Manager	
Email address: Stacey.Seif@voago.oeg		Telephone number: 419-525-4589x1277	

AUDIT FINDINGS

NARRATIVE

The PREA audit for Volunteers of America of Greater Ohio-Toledo Residential Re-Entry Program (TRRP) was conducted on June 20-21, 2016 in Toledo, Ohio. Pre-Audit preparation consisted of a review of the pre-audit questionnaire and all supporting documentation for each of the standards (policies, training curriculum, resident education material, camera views, MOU's, and completed forms). This information was sent to the auditor on a flash drive and then mailed to the P.O. Box on file. On-site the auditor was provided with additional supporting documentation and allowed to review employee files and investigation reports.

During the audit, the auditor was provided a private area in which to complete work and interviews in both the female facility and the male facility. The auditor conducted formal and information interviews of staff and clients. During the tour, the auditor noted PREA audit notices posted in both client and staff areas in conspicuous places. The notices included the name and address of the PREA auditor and the date posted was approximately 6 weeks prior to the on-site audit. Also posted throughout the facility, both male and female, were postings that informed how to report an allegation, including anonymously, phone numbers and address of the emotional support agency, and for staff a posting of the agency's coordinated response plan.

Six random residents from the male facility and three from the female facility were interviewed. The facility currently houses 26 female residents in three dorm areas. At the time of the audit, only thirteen clients were present during the audit. No resident has identified themselves as being specifically LGBTI, so a random client from each dorm was selected. The male facility currently houses seventy-seven male clients in four dorm areas. The facility has an empty dorm that was also toured. This dorm is being prepared to house Bureau of Prison clients in July of 2016. At the time of the audit less than fifty residents were in the building. The auditor interviewed six clients, at least one client from each of the dorms. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA posters and other handouts, and the zero tolerance policy.

Staff interviewed included specialized staff. This includes the PREA Coordinator, Vice President of Program Operations, Director of Compliance and Quality Improvement, Director of Program Operations, Human Resource Manager, Human Resource Generalist, and the Director of Field Operations. The auditor was able to speak with partnering agencies (St. Vincent Hospital's Director of Forensic Program and HOPE Center's Director) about the scope of their services provided to clients at the facility. Random staff from each of the three shifts were interviewed. These staff were asked about PREA training, how to report, whom to report, filing out reports, investigations, conducting interviews, follow-up and retaliation monitoring, first responder duties, and the facility's coordinated response plan.

After a brief opening, the auditor toured both the male and female facilities. The tour consisted of examining all dorms, bathrooms, group rooms, outside recreation areas, day rooms, operations post, utility areas, kitchen, and maintenance areas. The auditor gave a closeout that included some of the immediate findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

Volunteers of America of Greater Ohio-Toledo Residential Re-Entry Program (TRRP) is a halfway house located in Toledo, Ohio that serves both male and female felony offenders. The male facility is a new build that is across the parking lot from the female facility. The females are housed at the originally facility that at one time housed both male and female offenders. The females were recently moved back into the old facility when the agency was provided the opportunity to house federal Bureau of Prison offenders.

The agency's mission is to "reach and uplift all people and bring them to the knowledge and active service of God. Volunteers of America, illustrating the presence of God through all that we do, serves people and communities in need, and creates opportunities for people to experience the joy of serving others. Volunteers of America measures its success in positive change in the lives of individuals and communities we serve."

The male facility is a recently built one story facility. To access the facility, one must either have a key fob to access the outside door, or be "buzzed" into the facility by TRRP staff. Once inside the lobby area, all visitors must be sign-in and sign off on the facility's zero tolerance policy. On the right side of the lobby is access to an outpatient group room. Straight ahead provides access to the facility. Pat downs are conducted in the sally port area and are on camera. The outside recreation area is enclosed with a 10 ft. fence. The male facility currently has four operational dorms. Each dorm has a window in the door and can be monitored by staff through the video monitoring equipment. There are two dorms per housing unit area and these dorms share an outdoor smoke area and a day room. The housing area for the BOP clients will be separate from the other housing units and has its own restroom, smoke area, and day room. This area will also have its own entrance, control station, and classrooms.

The female facility is a two story brick building that was built in 1901 and was a former manufacturing plant. The agency took over the building in 1971. The female clients occupy one floor of the building and three operational dorms. Access to other areas of the building that are no longer operational have been blocked off. To access the building one must have a key or be "buzzed" in by staff. All visitors must sign in at the front lobby desk and sign off acknowledging the facility's zero tolerance policy. Female clients are taken to the basement area once a day for recreation and the rear of the building is use for outside recreation with staff supervision. Meals are brought over from the male facility until July 1, 2016 in which meals will be made and delivered by Aramark.

The male facility has 63 indoor and outdoor cameras while the female facility has thirteen. The electronic monitoring equipment is video only and can record and playback for up to seven days. Leadership at the facility has the ability to live and playback the cameras at their desk tops. The facility (both male and female buildings) has two counts per shift and must complete a "round" at least once per hour. The facility uses SecurManage to assist with accountability for security staff in completing their counts, rounds, and checking blind spot areas.

SUMMARY OF AUDIT FINDINGS

Volunteers of America of Greater Ohio-Toledo Residential Re-Entry Program has had four PREA allegations during this audit cycle. Three allegations were staff to resident sexual harassment and one resident-to-resident sexual harassment. One of the allegations was determined to be unfounded, two were determined to be unsubstantiated, and one was determined to be substantiated. None of the allegations indicated any criminal activity so no referrals to local authorities were needed.

TRRP staff interviewed indicated that they received formal PREA training during orientation as well as online as part of their annual training. Staff on all three shifts including security and program staff were able to discuss their responsibility as a first responder, how to report or respond to an allegation of sexual abuse, sexual harassment, or retaliation. Staff seemed sure of their education and training and would be capable to responding to any allegation appropriately.

Clients interviews from both facilities seem well versed on their rights under the PREA standards and knew who and how they could report including anonymously. All clients receive information at intake with the phone number and address of inside and outside agencies that could help and knew the location of posters.

The MOUs with the Hope Center for victim advocacy services and with St. Vincent Hospital for SANE services are in place. The agency has been working on getting an MOU with their local legal authority to conduct criminal investigations.

Overall, the auditor was left with the impression that the agency as a whole and the facility specifically take PREA compliance seriously. The agency has implemented policies and practices that allow facility leadership to provide their staff with training and equipment that ensures the safety of all clients.

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 facility has an agency wide written policy (policy 1700.01) mandating zero tolerance on all forms of sexual harassment, sexual abuse/assault, and sex sexual misconduct. The policy specifically defines what type of behavior is prohibited and the responsibilities of the PREA Coordinator in facilitating the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The agency-wide PREA Coordinator is the agency’s Quality Improvement Manager. She reports to the agency’s Director of Compliance and Quality Improvement. The auditor spoke with both the PREA Coordinator and her supervisor concerning the Coordinator’s level of authority to develop, implement, and oversee the agency’s efforts to comply with PREA standards. During the interviews, the administrators discussed some of the changes that are being implemented in order to bolster the authority of the PREA Coordinator. The auditor was assured that the Coordinator would be fully supported in her efforts to obtain and maintain compliance.

The facility PREA Manager is the Program Director. The Program Director would report any PREA related issue directly to the PREA Coordinator. The Program Director works directly with the PREA Coordinator to ensure facility compliance with PREA standards. The Director indicates that she has ample time to comply with the standards.

Review:
Policy and Procedure
Interview with PREA Coordinator/Quality Improvement Manager
Interview with Director of Compliance and Quality Improvement
Interview with Program Director

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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N/A: The facility is a private agency and does not contract with other agencies for the placement of offenders

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)

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The facility has a staffing plan for each building that provides for adequate levels of staffing, and where appropriate video monitoring equipment to protect clients against sexual misconduct. The staffing plan reviews the facility layout, types of residents housed at the facility, and the number of allegations. Facility management has identified blind spot areas and developed an appropriate response to maintain safety and security of the facility. Movement throughout the facility is limited by areas only assessable with a key fob or staff using electronic lock doors that can be controlled by staff at the main post. The facility also uses SecurManage to assist with security round compliance. Security staff is required to complete 2 counts per shift and at least one round each hour.

The development of the plan included the input of the PREA Coordinator and the PREA manager, along with the Director of Field Operations. The team conducts annual reviews of the plans and updates them as needed. The most recent plans have been updated to reflect the move of the female clients back to the old facility and the incoming clients from BOP. Staffing levels are constantly reviewed and augmented as necessary when the budget allows. Because the facilities are next to each other, staff is able to work at either facility if necessary.

The facility reports that there have been no deviations to the staffing plan.

Review:

Policy and Procedure

Facility tours

Female facility staffing plan

Male facility staffing plan

Screen shots of each camera angle

Interview with PREA Coordinator

Interview with Director of Program Operations

Interview with Program Director

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)

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The facility does not permit body cavity or strip searches. The facility does conduct pat-down searches but does not allow for cross-gender pat-down searches. Pat-down searches are completed in a secure area in camera view. Security staff are trained during their orientation on how to properly complete a pat-down search. Supervisory staff monitor staff conducting pat-downs live or through camera review and make necessary corrective plans if necessary.

The facility allows for clients to shower, perform bodily functions, and dress in areas not viewable to staff. Because rooms have windows on the doors and a camera, clients are instructed to dress in the bathroom and be completely dressed in all common areas of the facility. The bathroom in the male facility has showers on one side and toilets and sink on the other separated by a wall. A half door closes off the entrance to the shower room in order to prevent incidental viewing. The toilet stalls have half walls to prevent viewing from the corridors.

The showers have opaque curtains that allows for security and privacy. During the tour it was noted by facility staff that the restroom was in the process of being remodeled in an effort to increase safety and security while improving its functionality. The auditor spoke with the Director of Field Operations who was able to show the auditor the floor plans and timeline for changing the layout of the bathroom. The new layout will be more effective at preventing incidental viewing while still allowing for the safety and security of the facility. Staff coming into the bathroom for security checks; announce themselves before entering the bathroom and shower area.

The facility has not had an incident of incidental viewing.

The facility has not housed a transgender or intersex client. Facility leadership has stated that they would in fact house a transgender/intersex resident and had an appropriate plan for housing safely. The agency has a policy for professional, respectful transgender/intersex pat downs; however, during interviews with staff it was noted that the staff was not properly trained on how to complete a transgender or intersex pat down.

Review:

Policy and Procedures

Facility tour

Interviews with clients

Interviews with staff

Interview with Director of Field Operations

Interview with Clinical Supervisor

Interview with PREA Coordinator

Interview with Program Director

RECOMMENDATION:

The auditor recommended that all facility staff that conduct pat-downs be trained on how to appropriately conduct a transgender and intersex pat-down.

FACILITY RESPONSE:

The PREA Coordinator supplied facility staff with a video training created by the Ohio Department of Rehabilitation and Correction on the correct way to conduct a transgender/intersex pat-down. The video was distributed to the Program Director who ensured all Resident Supervisors viewed the video and then signed off on completing the training. The training will be implemented into the orientation training for all new employees.

Review:

Emails

Staff rosters

Training video/transcript

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.

The agency has a policy that calls for the reasonable accommodations for clients that allows them to be able to benefit from program serv These services are for clients who maybe deaf, blind, intellectual, psychiatric, or speech disabilities, and for clients who may be limited English proficient. The facility identifies clients who may be limited English proficient and works with interpreters from the International Institute of Toledo and colaborates with other community partners so that clients can benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

As part of the agency's PREA education program, staff are instructed to ensure that all aspects of PREA are communicated with clients with cognitive, language, or physical disability and how to collaborate with outside agencies for services that facility cannot provide. The facility will use a qualified employee to aid any client in understanding agency rules, PREA, and other regulations. If a qualified staff member is not available, outside assistance will be used. At no time will another client be used for interpretive services unless a delay in services could compromise the resident's safety, the performance of first responder duties, or an investigation.

The facility does not currently have a client that requires these services.

Review:

Policy and procedure

Agreement with International Institute of Toledo

Client case notes

Interviews with staff

Interview with Program Director

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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The agency has a policy that prohibits hiring or promoting anyone who may have contact with the clients and prohibits services of any contractor or volunteer who may have contact with clients who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; or have been civilly or administratively adjudicated to have engaged in the described activity.

The Human Resource Department uses several resources to complete background checks including NCIC/NLETS, ADT, and Asurint at employment. The HR Department will run a report at the beginning of each year and makes a request to one of these agencies annually to ensure that employees will have a background check every five years. Employees who will be working with BOP clients will have to pass a federal background test every five years. Contractors and volunteers will also have a background check conducted.

All successful applicants are notified of the PREA background check requirement as well as the omission of any sexual misconduct reporting is grounds for termination. Employees sign off on receiving this information on a Criminal Offense Disclosure form.

The HR department will review all employee files including performance evaluations any disciplinary action before a promotion can be authorized.

The auditor reviewed seven random employee files. The review included on boarding documentation, reference checks/verifications, structured interview forms, employment application, disciplinary records, training records, background checks, employee policies, employee handbook, and promotions.

The auditor interviewed the Human Resource Manager and Human Resource Generalist concerning their method for ensuring staff receive an initial and five year background check, the process for promotion, ensuring training requirements are met, employee discipline, and the onboarding process. It was noted by the auditor that the HR Department did not check with past employers, specifically those employed by another correctional facility or institution, so see if the potential employee has ever had a substantiated allegation of sexual abuse while working for that agency or resigned during a pending investigation of an alleged sexual abuse.

Review:

Policy and procedures

PREA Audit Report

Employee handbook
Employee files
Onboarding documentation
Interview with Human Resource Manager
Interview with Human Resource Generalist

RECOMMENDATION:

The auditor recommended that the HR Department include on its reference check/verification form a section for ensuring the applicant does not have a substantiated allegation of sexual abuse or resigned during an investigation for alleged sexual abuse.

FACILITY RESPONSE:

The Human Resource Department developed some language to include on the employment check/verification form which included ensuring that past employers' did not report a substantiated allegation of sexual abuse or a resignation during an investigation of sexual abuse.

Auditor approved the language and it has been added to form.

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)

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The facility is currently making some changes to the BOP housing unit. The unit will be completely separate from the rest of the population. It will have its own entrance, post desk, dorm, bathroom, day room smoke pit, and recreation yard. The Director of Field Operations shared the plans with the auditor and how the camera placement and bathroom plans will assist with the protection of clients while addressing privacy issues. Staffing of this area will increase the total number of staff on duty at the male facility.

Review:

Policy and procedure
Floor Plans
Facility Tour
Technology improvement invoice
Interview with Director of Field Operations
Interview with Program Director
Interview with PREA Coordinator

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)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility conducts administrative investigations into allegations of sexual abuse and sexual assault. If at any time during the investigation the incident appears to be criminal in nature, the PREA investigator will refer the case to the legal authority for a criminal investigation. The facility currently has a signed MOU with the state police to provide criminal investigatory services. This agreement specifies the use of “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” techniques that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The facility has a signed MOU with St. Vincent’s Hospital, Toledo to provide Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE) free of charge to victims of sexual abuse. The auditor made several attempts to speak with the Coordinator of the Forensic Program (who signed the MOU) but was unable to get in touch the Coordinator. The auditor was able to speak with Karen Peckinpaugh, Director of the Forensic Program to verify services. The Director stated that the hospital would provide a SAFE or SANE practitioner, emotional supportive services, and mental health services free of charge to victims of sexual abuse.

The facility has a signed MOU with HOPE Center to provide advocate services free of charge to victims of sexual abuse or sexual harassment. The auditor spoke with Deborah Stoll, Director of Rape Crisis Services, to verify the type and scope of services. The Director stated that the agency would provide advocate services, emotional supportive services, crisis services, a hotline number for clients to report sexual abuse or sexual harassment, an address where clients could report sexual abuse and sexual harassment, follow up services, and community referrals all free of charge to the victim.

The facility has a trained emotional support person on staff to provide services such as accompany and support the victim through the forensic medical examination process and investigatory interviews if requested by the victim.

Review:

- Policy and procedure
- MOU with St. Vincent’s Hospital
- MOU with HOPE Center
- Phone interview with Director of Forensic Programs
- Phone interview with Director of Rape Crisis Services
- Interview with PREA Coordinator

RECOMMENDATION:

The auditor recommended that the agency obtain an MOU with the City of Toledo Police Department for criminal investigations into allegations of sexual abuse and sexual harassment. The local police are the legal authority to conduct such an investigation at the facility and not the state police.

FACILITY RESPONSE:

The facility director documented several attempts to enter into an agreement with the City of Toledo Police Department. The department has not responded to the request.

The facility has made a good faith effort to enter into an agreement with the legal authority.

Review:

- Email correspondence sent to the chief of police at the City of Toledo Police Department

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)

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corrective actions taken by the facility.

The agency has a policy that regulates an administrative investigation of all allegations of sexual abuse and sexual harassment. The policy ensures that any allegation that appears to be criminal in nature is referred to the legal authority in charge of conducting a criminal investigation. The facility has a signed MOU with the Ohio State Patrol to perform a criminal investigation into allegations of sexual abuse or sexual harassment that is criminal in nature. The agency's administrative investigation policy and criminal investigation referral policy is posted on the agency's website. The facility has had three allegations of staff to client sexual harassment this audit cycle and one allegation of resident to resident sexual harassment. Each allegation was investigated by the facility's trained investigator, but was not referred out for a criminal investigation.

Allegation number 1: This was a resident verbal report of staff sexual harassment. The report was made to a Resident Supervisor who immediately reported the allegation to her immediate supervisor, who in turn contacted the facility's administrative investigator (Program Director). The administrative investigator interviewed all parties involved in the allegation and made the determination that there was no evidence to substantiate the allegation.

Allegation number 2: A resident made a verbal report to his case manager. The case manager relayed the information to the PREA investigator for an administrative investigation. The investigator discussed the case with the alleged victim but was unable to make a clear determination based on there being no witnesses and the victim waiting until the alleged abuser was terminated from the facility before making a report.

Allegation number 3: This was a third party anonymous report made to the PREA hotline number. The information was relayed to the facility's administrative investigator. Because the allegation was anonymous, the investigator spoke with several random residents and questioned them about the appropriateness and professionalism of the alleged abuser. No resident indicated that the staff member in question at any time made him or her feel uncomfortable or the behavior appear to be sexual in nature. The investigator reviewed camera footage of the alleged abuser interacting with clients and did not find any behavior that appeared to be sexual in nature. The investigator discussed the allegation with the alleged abuser and reviewed the search policies and procedures. The allegation was determined to be unsubstantiated.

Allegation number 4: This was a third party verbal report from a resident to a staff member. The staff member immediately reported this information to his supervisor and an investigation was started. There was evidence uncovered that lead the investigator to believe that inappropriate sexual conduct has taken place between a staff member and a client. The nature of the interaction was through inappropriate text messages and no criminal activity took place. The allegation was ultimately determined to be substantiated.

During the course of reviewing investigation reports and conducting interviews it was noted by the auditor that the investigator does not collect statements from the alleged victim, witnesses, or alleged abuser. All documentation is the investigator documenting what she was told from the interviews.

Review:

Policy and procedure

Agency website

Investigation reports

Interview with PREA Administrative Investigator

Interview with PREA Coordinator

Interview with Human Resource Manager

Interview with Human Resource Generalist

RECOMMENDATION:

The investigator will ask for written statements from anyone participating in an administrative investigation.

FACILITY RESPONSE:

The investigator will request written statement from anyone participating in an investigation

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)

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All employees receive facilitated orientation training at employment. This training includes PREA related topics. Refresher or annual training is conducted at the facility through team meetings or online using the Realis Learning System. The CL Supervisor assigns training to staff through the online system and keeps track of completed training. The facility was able to show the auditor the training curriculum and how the staff maintains accountability with PREA trainings.

During staff interviews, it was clear to the auditor that the staff was well trained on the required PREA topics and that the facility leadership regularly reviewed PREA policies with the staff. Staff was able to clearly identify specific training topics and recite things that they learned during the training.

A review of the training topics and interviews with staff made it clear that the staff was not being trained on how to communicate effectively and professionally with clients that may identify as LGBTI or gender non-conforming.

- Review:
- Policy and procedure
 - Training records
 - Training curriculum
 - Interview with Clinical Supervisor
 - Interviews with staff

RECOMMENDATIONS:

The auditor recommended that all staff be trained on how to communicate effectively and professional with clients that identify as LGBTI or gender non-conforming.

FACILITY RESPONSE:

The facility has assigned staff to complete Safe Management of Gay, Lesbian, Bisexual, Transgender, and Intersex individuals in Corrections through the Realis Learning System. A copy of the training assignment and completion dates was sent to the auditor. The auditor has access to this training and has deemed it appropriate to complete the requirements for this standard.

- Review:
- Training completion summary
 - Staff roster
 - Training curriculum

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)

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The agency has a policy requiring appropriate PREA training for all contractors and volunteers who will have contact with residents. The training includes the agency’s zero tolerance policy and their responsibilities under these policies. Each volunteer will be provided with the necessary PREA education and must sign an acknowledgement of receiving and understanding the education.

Each visitor who enters the facility must read and sign an understanding of the agency's zero tolerance policies on a PREA acknowledgement form before entering the facility.

At the time of the audit, there were no visitors, contractors, or volunteers in the facility.

Review:
Policy and procedure
Contractor/vendor acknowledgement forms
Visitor acknowledgement form
Interview with Program Director

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.

All residents receive information at intake on the facility's zero tolerance policy. This information is reviewed with the client to ensure that each client knows how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. If a resident has limited English proficiency or another disability that prevents normal communication, the facility will work with outside agencies to ensure each client can benefit from the agency's efforts to prevent, detect, report, and respond to allegations of sexual abuse and sexual harassment.

Orientation group offers a more formal education on the client's rights under the PREA standards. The Program Director teaches this group to both the male and female clients. Clients are given handouts on ways to report allegations, reporting phone numbers, location of posters, limits of confidentiality, and other supportive services offered at no cost to the client. Each client will take a pre and post exam to show understanding of the material.

On the tour, the auditor noted that PREA posting were in conspicuous areas throughout the facility.

In total, 9 clients (6 male and 3 female) were interviewed by the auditor. The clients acknowledged receiving PREA education training and informational brochures from the facility. Clients stated that their case manager reviewed the information again when completing their initial PREA assessment. All clients reported feeling safe in the facility and that staff appeared capable of handling a PREA related situation appropriately. No client had an issue with reporting such incidents to staff or using the anonymous hotline (as evidenced by the types of reporting documented during this audit cycle- 1 third party anonymous report to hotline, 2 verbal reports to staff, 1 third party verbal report to staff),

Review:
Policy and procedure
Client PREA education curriculum
Client pre/post exam
Client PREA brochure
Client handbook
Interview with Program Director
Interview with clients
Facility tour

Standard 115.234 Specialized training: Investigations

PREA Audit Report

- 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 agency has a policy concerning the specialized training for PREA administrative investigators. All criminal investigations are referred to the local legal authority for investigation. The facility’s Program Director has received appropriate training on how to conduct an administrative investigation. This training was provided by the Moss Group. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity Warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal investigation referral.

The agency is in the process of trying to get more administrative investigators trained. Currently, staff that have been trained from other facilities from under the agency’s umbrella may have to step in and conduct an investigation. The agency has reached out several times to NIC Learning Center and to the Moss Group to help facilitate administrative investigator training.

- Review:
- Policy and procedure
 - Training curriculum
 - Training certificates
 - Interview with Administrative Investigator
 - Interview with PREA Coordinator
 - Email request for services (NIC and the Moss Group)

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)

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 facility does not provide onsite medical or mental health services. All clients requesting these services would be referred to community resources. Medical services would be provided to clients by St. Vincent’s Hospital. The facility has an MOU with this hospital to provide SAFE or SANE services should a client be sexually abused or assaulted while at the facility. Mental Health or Victim Advocate services would be provided by Hope Center.

St. Vincent’s Hospital has collaborated with the HOPE Center and together the agencies have comprehensive education and training on dealing with victims of sexual abuse or sexual assault.

- Review:
- Policy and procedure
 - MOU with St. Vincent’s Hospital
 - MOU with HOPE Center
 - PREA Audit Report

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.

All clients are screened within 72 hours from intake to assess risk of vulnerability or abusiveness. The screening tool used includes all required criteria per the standard to accurately assess the client's risk. The screening is completed with the client's case manager and a rescreening is completed before a client reaches 30 days in the facility. Case management staff have been trained on how to complete the form and appropriately designate whether a client is classified as vulnerable or abusive. The CL Supervisor will periodically review the assessments to ensure accuracy.

Per policy, a client cannot be disciplined for refusal to answer questions on the assessment.

Interviews with clients showed that they received the screening at intake from their case manager and a rescreening at a later date.

Interviews with staff showed they understood how to use the screening tool and keep the information confidential while still making arrangements to protect the client.

Review:
Policy and procedure
Risk assessment tool
Initial assessments
Reassessments
Interviews with case managers
Interview with Clinical Supervisor
Interview with clients

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)

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 clients who receive a classification based on their vulnerability/abusiveness assessment will have their needs addressed. A client's assessments results will be documented into the facility's SecurManage database system where only staff that are authorized can gain access

to this information.

The facility has identified specific beds that allow for clear easy view as vulnerability beds and will place anyone who is assessed as a potential abuser in another dorm. Staff would be aware to ensure the safety and security of residents with a classification but would not know the details of the assessment.

Case management staff are able to refer clients to outside counseling sources to deal with issues related to being assessed as vulnerable or abusive.

The facility has never housed a transgender or intersex client, but has a plan to house such clients safely, which includes opportunities to shower separately. The clients own views on safety would also be taken into account.

The auditor interviewed case managers and facility leadership who were able to provide a plan for housing safely and showering separately for transgender or intersex clients. They were not able to give a clear answer as to how this plan included keeping residents that are at risk for being sexually victimized from those who are at risk to be sexually abusive during work, education, or program assignments.

Review:

Policy and procedure

Case notes

Interview with case manager

Interview with PREA Coordinator

Interview with Clinical Supervisor

RECOMMENDATION:

The auditor recommends that case management staff along with facility leadership make a plan on accommodation strategies: work, education, program, other for clients that are assess as vulnerable or abusive with the goal of keeping those clients separate.

FACILITY RESPONSE:

Assessment forms have an accommodations strategy box that specifically list out work, education, program and other for case managers to complete during the time of assessment if needed. Case managers have been trained on how to complete the accommodation strategy box to ensure client separation and safety.

Review:

Case manager notes

Client referral

Training for accommodation strategy

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)

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.

Clients are TRRP have several ways in which to report an allegation of sexual abuse or sexual harassment. Clients are given this information at intake and during orientation group. The facility also has several notices posted in conspicuous areas. The ways to report include an outside agency hot line number and information for advocacy groups.

The clients have access to phones and are allowed to carry cell phones in the facility.

During interviews, all clients were able to list the various ways in which they could report an allegation. These included verbally to staff,

written to staff, use of the hotline number, through a third party such as a loved one or victim support group. Clients understood that they had the right to report anonymously and did not have to use the grievance system in order to file an allegation.

Staff interviews verified that staff understood how they could privately report and allegation of sexual abuse or sexual harassment.

During a review of the four allegations at TRRP, residents reported the allegations to staff either directly or third party and used the anonymous hotline number.

Review:
Policy and procedure
Facility tour
Client handbook
PREA posters
Investigation reports
Interview with clients
Interviews with staff

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.

N/A: The PREA Coordinator and Program Director report that clients do not use the grievance system to make an allegation. If an allegation came in through the grievance system, it would be taken out and treated as a written report.

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.

The facility has a MOU with HOPE Center to provide victim advocate services or emotional support services related to sexual abuse. The HOPE Center has provided clients with their address and hotline number in order to obtain these services or make a sexual abuse or sexual harassment report.

The facility informs clients the limits of confidentiality when using these services during orientation group.

Interviews with clients indicate that they have received the phone number and address of the HOPE Center and understand that reporting an

allegation to the center could result in a mandatory reporting of the allegation.

Review:

Policy and Procedure

Posters

MOU with HOPE Center

Phone interview with Director of Rape Crisis Services

Interview with clients

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)

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 agency has posted on its website ways that anyone can report sexual abuse or sexual harassment on behalf of a client. Clients are also educated that they may make a third party report on behalf of another client. The information on how to make a third party report is also posted in the visitation area.

One allegation during this audit cycle was made by a third party report to the agency's outside hot line number. This allegation was relayed to the facility and an administrative investigation was started.

Review:

Policy and procedure

Agency website

Facility tour

PREA postings

Investigation report

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.

The agency has a policy that requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third party and anonymous reports. The staff have been give instruction on how to document the report in the SecurManage system, which limits access to that information, and to only share that information with staff in order to make treatment, investigation, or other security decisions. All allegations of sexual abuse or harassment are referred to the PREA

Coordinator for investigation.

Staff interviewed, including line staff and facility leadership, understood their duty to report and were trained appropriately on the agency's PREA reporting policies. Staff indicated that they would have no trouble reporting any allegation or suspicion of sexual abuse, sexual harassment, or retaliation even if it was against another staff member.

All staff members who have licensure are required to inform clients of their status and the limits of confidentiality. These staff members maintain their duty report any allegation made to them.

The facility does not accept any client that is under the age of 18 and does not have a duty to report to child protective services. The State of Ohio does not require institutions or facilities licensed by the state of facilities in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services (Chapter 5101:2-20 and 5101:2-20-01).

Three of the four allegations made during this audit cycle were reported to staff who related the information to their supervisors for investigation.

Review:
Policy and procedure
Interviews with staff
Investigation reports
State law statute

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.

The facility has a plan to protect clients from imminent sexual abuse. The facility has several dorm units that a client can be moved to in order to facility protection. If necessary, Volunteers of America of Greater Ohio has several facilities throughout Ohio. The facility could utilize one of the other facilities if necessary to protect a client from imminent sexual abuse. The facility also has the ability to place a staff member on administrative leave if a staff is involved in the investigation.

An interview with the PREA Coordinator and Program Director discussed the process for ensuring client safety and making a move to another facility if necessary. The facility has not had to remove a client due to risk of imminent sexual abuse, but has moved an offender's bed placement due to the PREA risk assessment and has placed a staff member on administrative leave while investigating an allegation.

The auditor was left with the impression from the interviews that client safety was paramount to the staff at TRRP and that any necessary changes that would not jeopardize the safety and security of the facility would be made.

Review:
Policy and procedure
Bed change notice
Investigation report
Interview with PREA coordinator
Interview with Program Director

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.

The agency has a policy that requires the Program Director to report to the head of another facility any allegation made against that facility within 72 hours of receiving the allegation. The Program Director is responsible for documenting the report. Should a report be made to the facility to TRRP that a client at another facility is making an allegation toward someone in their agency; the Program Director shall ensure that the allegation is fully investigated.

An interview with the Program Director indicated that the facility has not received a report from another institution not have they received an allegation that the Program Director needed to relay to the head of another facility.

Review:
 Policy and procedure
 Interview with Program Director

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.

The agency has a policy requiring all staff be trained on first responder duties. The duties vary from non-security staff to security staff. All staff are supplied the required first responder training. The facility has a detailed response plan and evidence protocol for any incident of sexual abuse. This plan is posted at the staff main post. The protocol includes where to place an alleged abuser when separating from the victim so that the abuse cannot destroy any evidence, preserving evidence until the local legal authority can collect the evidence, requesting that the alleged victim not do anything to destroy evidence including washing, brushing teeth changing clothes, performing bodily functions, smoking, drinking, or eating, reporting allegation to the local authorities and to the Program Director or the manager on call if the Program Director cannot be reached.

Non-security staff are required per policy to contact a security staff member and make a request that the alleged victim not take any action that could destroy evidence.

During staff interviews, both security and non-security staff have acknowledged their training of the first responder duties. The staff was able to specifically identify the steps they are to take as a security or non-security staff (non-security staff also knew all the required steps for security staff) and knew the location of the response plan and evidence protocol.

The facility has not had an incident of sexual abuse during this audit cycle.

Review:
 Policy and procedure
 PREA Audit Report

Agency's response plan and evidence protocol
Interviews with staff

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.

The agency has developed a response plan and evidence protocol for any incident of sexual abuse. The plan is listed in required steps and is posted at the security posts. The steps listed are specific and detailed enough for staff to follow in the event of a sexual abuse/sexual assault incident. The list starts with the first responder duties and refers the staff member to call the local authorities and the Program Director or Manager on Call. The Program Director (the administrative investigator) will follow up with the local authorities until completion of the investigation. An administrative investigation will not take place until after the criminal investigation is completed or in conjunction with the local legal authority.

The staff will offer the victim access to a forensic medical exam at St. Vincent's Hospital, victim advocate services from the Hope Center, and if the advocate services are not readily available a qualified staff member who has been trained as an emotional support person will assist. The advocate will accompany the victim to the medical exam and any investigative interviews. The Program Director or designee will be responsible for the 90 day retaliation monitoring.

Review:
Policy and procedure
Response plan and evidence protocol
Interview with PREA Coordinator
Interview with Program Manager
Interview with staff

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.

N/A: The PREA Coordinator reports that the facility does not have a union or enter into any collective bargaining with employees.

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.

The agency has a policy designed to protect clients and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation from other clients or staff. The protection measures include bed moves, dorm moves, facility moves, and administrative leaves for staff. Should a client or staff member make a request, an emotional support person will be available for services.

The Program Director or designee would be responsible for monitoring the conduct, and treatment of clients or staff who report sexual abuse. The monitoring of clients who report abuse would also include periodic status checks and client disciplinary records, housing, program changes, or negative performance reviews or reassignments of staff. The monitoring would continue past 90 days if a need is indicated. Monitoring would cease if the allegation has been determined to be unfounded.

There have been no allegations of sexual abuse during this audit cycle or a need for retaliation monitoring.

The auditor was able to interview the Program Director to confirm the retaliation monitoring process and the measures the facility would employ to insure that a client or staff member would be protected from retaliation.

Review:
 Policy and Procedure
 Interview with Program Manager
 Interview with PREA Coordinator

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.

The facility conducts administrative investigations but does not conduct criminal investigations. Criminal investigations would be completed by City of Toledo Police Department. The facility has completed four administrative investigations for sexual harassment with no allegations being referred to the local legal authority for criminal investigation.

The facility has two trained administrative investigators with a plan to have more administrative staff trained. The Program Manager currently handles all TRRP’s administrative investigations. The Program Manager’s training was developed and facilitated by the Moss Group. The agency is currently trying to contact both the Moss Group and NIC in order for more staff to receive the appropriate administrative investigator training.

The auditor sat with the PREA Coordinator and the PREA Investigator to review the process for how the investigator completes an investigation. The investigator discussed the review of any camera footage if available, interviewing the alleged victim, witness, and abuser, and review if there has been previous complains made against the suspected abuser. At no time does the investigator use the client’s status

as a client or staff member to determine credibility. The facility does not use a polygraph examination as part of an administrative investigation. All allegations will receive an administrative investigation regardless of whether the alleged victim or abuse is no longer employed or in the control of the agency.

All allegations are documented on the facility's Unusual Incident Report. The report is comprehensive in the information it collects from the beginning to the disposition of the allegation. If a Sexual Abuse Review Team meeting and retaliation monitoring is necessary, the investigator will denote the time of the SART meeting and who is responsible for retaliation monitoring.

The investigation reports document the incident, interviews, and electronic monitoring or other evidence. The investigator currently documents the interviews versus allowing the people involved to write a statement and make that part of the investigation report. The auditor discussed why written statements are best practice and made a recommendation to use written statements in future allegations (See 115. 222)

The PREA Coordinator confirmed the retention schedule of for as long as the person is incarcerated or employed with the agency plus five years. The Program Manager is responsible for maintaining contact with the legal local authority when the investigation has been referred for criminal investigation.

Review:
Policy and Procedure
Investigation Reports
PREA administrative training certificate
Interview with PREA Coordinator
Interview with PREA Investigator

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.

Agency policy states that the facility will use preponderance of evidence or lower for determining whether allegations of sexual abuse or sexual harassment are substantiated.

The investigator reviewed the four allegations with the auditor and why each case was determined to be unsubstantiated. There was some discussion with between the auditor and the PREA Coordinator concerning an allegation that was determined to be unsubstantiated when the evidence (text messages from a staff member to a client that indicated that staff was developing an inappropriate relationship with a client. The PREA Coordinator discussed her view that the case should be substantiated but the Human Resource Department did not want to call the incident "PREA" because it did not clearly state in the emails that a sexual relationship had taken place.

The auditor met with The PREA Coordinator, PREA investigator, Human Resource Manager, Human Resource Generalist, Vice President of Program Operations, Director of Compliance and Quality Improvement, and Director of Program Operations. The auditor reviewed the allegation and the specific language in the text messages (i.e. "Don't you know that I love you bae a really lot", "You so sexii baby", and "so who all knows about us") that clearly indicated that an inappropriate relationship between staff and a client had taken place. The 51% of the evidentiary standard had been met therefore the allegation should have been substantiated. The auditor made it clear to the Human Resource Department that PREA allegations have a different evidentiary standard than what they may be use to and that it is imperative that they understand that the PREA Coordinator and PREA Investigator have been trained to make this determination.

The auditor stressed to agency leadership that the PREA Coordinator needs to have more support in her decisions and that she is more qualified in making the appropriate decision to keep the facility in compliance with the PREA standards. Agency leadership discussed the upcoming changing taking place agency wide that will give the PREA Coordinator the authority and support needed to obtain and maintain

compliance.

The PREA Coordinator changed the status of that investigation to substantiate.

Review:

Policy and procedure

Investigation Reports

Interview with PREA Coordinator

Interview with Human Resource Manager

Interview with Human Resource Generalist

RECOMMENDATION

The auditor recommended including the Human Resource Department in the investigator training that applied to evidentiary standards and employee discipline.

FACILITY RESPONSE

The facility has been aggressively trying to get approved investigator training from either NIC online training or facilitated training provided by the Moss Group. The facility sent the correspondence to the auditor to show an attempt at compliance. Until training can be obtained, all investigations and outcomes will be determined by trained investigators.

Review:

Email Correspondence between NIC and the facility

Training Request made to the Moss Group

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.

The agency has a policy for notifying a client of the outcome of an investigation with the options being substantiated, unsubstantiated, or unfounded. The standard only calls for the notification in the case of sexual abuse, however the agency will make the notification any time there is an allegation if possible.

There have not been any cases of sexual abuse at the facility during the investigation. The Unusual Incident Report denotes whether a client was notified and the date of notification or if there was no notification given. If the facility was unable to notify the client, the reason is noted on the form.

The alleged victim in the allegation will receive notification on the disposition and if applicable, notify the client if the staff member is no longer posted within the facility; the staff member has been indicted on a charge related to the sexual abuse within the facility; or if the staff member has been convicted on a charge related to sexual abuse within the facility. If the abuser is another client, the facility will notify the alleged victim if the abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the abuser has been convicted on charges related to sexual abuse within the facility. The client will sign the document and been given a copy.

Investigation #1: Notification was given to client one day after the conclusion of the investigation

Investigation #2: No notification due to an anonymous report with no identified victim

Investigation #3: No notification because no victim was identified

Investigation #4: No notification because the victim was terminated from the facility before notification could be given

Review:

Policy and procedure
Investigation reports
PREA investigation outcome notification form
Interview with PREA Investigator

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.

The agency has a policy that subjects employees to discipline up to and including termination for violating the agency's sexual abuse and sexual harassment policies with termination being the discipline for employees who engage in sexual abuse. The facility has not had a case of sexual abuse during this audit cycle. The facility did have one substantiated case of staff to resident sexual harassment and the staff member was terminated for violating the agency's code of ethics policy.

The auditor interviewed staff from the Human Resource Department to discuss the agency's progressive discipline policy. The Human Resource Manager discussed the investigation where an employee was terminated from the facility for violating the agency's code of ethics policies. At the time of the investigation, the manager did not know the evidentiary standard for a PREA violation was 51% and did not terminate based on a substantiated case of staff to client sexual abuse. The auditor had a meeting with agency administrative leaders to discuss the evidentiary standard and discipline related to a substantiated allegation. See standard 115.272 to see auditor recommendations.

The facility has an appropriate progressive discipline policy and will sanction staff for violations of the agency's sexual abuse and sexual harassment policies.

Review:

Policy and procedure
Investigation report
Personnel action form
Interview with PREA Coordinator
Interview with Human Resource Manager
Interview with Human Resource Generalist

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.

The facility has not had a report of sexual abuse or sexual harassment against a volunteer or contractor during this audit cycle. The agency's policy states that any allegation of sexual abuse would be reported to law enforcement and any relevant licensing body. The facility would prohibit any further interaction between contractors or volunteers with clients if there is a violation of the agency's sexual abuse or sexual harassment policies. All contractors and volunteers sign an acknowledgement of the policies.

Review:
Policy and Procedure
Interview with PREA Coordinator

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.

The facility has an appropriate policy that disciplines clients for a substantiated allegation of sexual abuse or sexual harassment or for a criminal finding of guilt for sexual abuse or harassment. The facility has not had a substantiated case of client on client sexual abuse or sexual harassment, not have they had a guilty finding in a criminal investigation of client on client sexual abuse or sexual harassment during this past audit cycle.

The client handbook clearly defines the agency's rule violations and the possible sanctions. Each client is given a handbook at intake and staff reviews the handbook, specifically the disciplinary policies, with each client. The Program Manager also reviews these policies with clients during orientation group.

During client interviews, all clients stated that they received a handbook at intake and that staff reviewed the disciplinary policies with them. Each client was able to identify the sanctions that accompany a substantiated allegation of sexual abuse or sexual harassment or a criminal finding of guilt.

Review:
Policy and procedure
Resident handbook
Orientation curriculum
Interview with Program Manager
Interview with clients

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.

The agency has a policy requiring the facility to have a MOU with a medical and mental health facility to ensure that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their medical judgement. The facility is also required to provide timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. All services are to be provided to the client free of charge.

The facility has MOU's with St. Vincent Hospital to provide emergency medical services to any sexual abuse victim in the facility and an agreement with Hope Center to provide Crisis Intervention services to victims of sexual abuse. These services have been verified to be free of charge to the client. A trained emotional support employee will take preliminary steps to help the victim if no qualified medical or mental health practitioners are on duty at the time of the report.

The facility has not had a case of sexual abuse during this audit cycle.

Review:

Policy and procedure

MOU with St. Vincent Hospital

Interview with PREA Coordinator

Interview with SAFE/SANE Coordinator

Interview with Hope Center

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.

The agency has a policy to offer medical and mental health evaluations and treatment if needed to clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. If needed, the client will receive follow up services, treatment plans, and continued care upon a transfer or placement in another facility or released from custody.

Female clients who are victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy test and timely and comprehensive information about and timely access to lawful pregnancy related medical services. All victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections.

These services would be provided by St. Vincent Hospital and the Hope Center, both community facilities. These services will be offered free of charge to the victim regardless of whether the victim names the abuser or cooperates with the investigation.

Any known client on client abuser will be offered treatment when deemed appropriate by a mental health practitioner within 60 days of learning of such history.

The facility has not had a client who was victimized while in a prison, jail, lockup, or juvenile facility. The facility has not had any known client on client abusers.

Review:

Policy and procedure

MOU with St. Vincent Hospital

Phone interview Director of Forensic Programs

Phone interview with Director of Rape Crisis Services

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.

The agency has a policy requiring a Sexual Abuse Review Team review all substantiated and unsubstantiated allegations of sexual abuse within 30 days from the conclusion of the investigation. The team will include the PREA Coordinator, Program Manager, Clinical Supervisor, and PREA investigator. Other staff members will be asked to provide input include line staff and medical and mental health practitioners.

The team will review whether there needs to be a change to policy or practice in order to better prevent, detect, or respond to sexual abuse; consider if the sexual abuse was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, or any other group dynamics; any physical barriers that enabled the abuse; adequacy of staffing levels; and need for augmented monitoring technology.

The team will document their findings in a report and make any recommendations for improvement. The report will be submitted to the facility head and PREA compliance manager.

The facility will document how they implemented the recommendations or reasons for not doing so.

The agency has not had an allegation of sexual abuse during this audit cycle so there have been no sexual abuse incident reviews. The audit spoke with the PREA Coordinator to review the process the team would use to review any incident of sexual abuse

Review:

Policy and procedure

SART checklist

SART team debriefing

Interview with PREA Coordinator

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.

The Program Director and PREA Coordinator are responsible for collecting data for every allegation of sexual abuse at the facility. The

facility is using a standardized instrument and includes definitions. The information is aggregated annually and documented in an annual report which is posted on the agency's website. The data collected is enough to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator will retain all information collected for at least 10 years.

Review:
Policy and procedure
Annual report
Agency website
Standardized data collection report
Interview with PREA Coordinator

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.

The agency has a policy for developing an annual PREA report which documents how the facility assess and improves the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report identifies problem areas and corrective action taken. The report has relevant information for the facility and the agency as a whole.

A review of the report shows that the facility documented this information as well as a comparison of the current year's data and corrective actions with those from prior years and includes an assessment of the agency's progress in addressing sexual abuse.

The report is posted on the agency's website and does not include any identifying information that could jeopardize the safety and security of the facility.

Review:
Policy and procedure
PREA annual report
Interview with PREA Coordinator
Interview with Director of Compliance and Quality Improvement

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.

The PREA Coordinator is responsible for the collection and secure retention of all data collected pursuant to standard 115.287. The data collected will be retained for 10 years. The Coordinator takes all collected information from each facility under the Volunteers of America of Greater Ohio umbrella and creates an annual report which is published on the agency's website after approval from the Executive Vice President.

The report does not contain any personal identifiers or any information that could jeopardize the safety and security of any facility.

Review:
Policy and procedure
PREA annual report
Agency website
Interview with PREA Coordinator

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.

Kayleen Murray

August 2, 2016

Auditor Signature

Date