

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

Date of report: April 12, 2017

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: March 20-21, 2017			
Facility Information			
Facility name: North West Community Corrections Center			
Facility physical address: 1740 East Gypsy Lane Road, Bowling Green, Oh 43402			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 419-354-7444			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input 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: Cary Williams			
Number of staff assigned to the facility in the last 12 months: 35			
Designed facility capacity: 60			
Current population of facility: 54			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18 and older			
Name of PREA Compliance Manager: Charlie Hughes		Title: Program Director	
Email address: chughes@co.wood.oh.us		Telephone number: 419-373-4979	
Agency Information			
Name of agency: North West Community Corrections Center			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1740 East Gypsy Lane Road, Bowling Green, Ohio 43402			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 419-354-7444			
Agency Chief Executive Officer			
Name: Cary Williams		Title: Executive Director	
Email address: cwilliams@co.wood.oh.us		Telephone number: 419-373-4977	
Agency-Wide PREA Coordinator			
Name: Charlie Hughes		Title: Program Director	
Email address: chughes@co.wood.oh.us		Telephone number: 419-373-4979	

AUDIT FINDINGS

NARRATIVE

The PREA audit for North West Community Corrections Center (NWCCC) a Community Based Correctional Facility (CBCF) was conducted on March 20-21, 2017 in Bowling Green, Ohio. The facility used a flash drive to supply the auditor with documentation relevant to showing compliance with each of the standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, investigations, policy and procedure, handbooks, and MOU's were included in the documentation. The auditor received this information six weeks prior to the audit.

During the audit the auditor toured the facility and conducted formal staff and client interviews. During the tour it was noted that multiple PREA audit notices were posted in both resident and staff areas including the main entrance where visitors to the facility could also see the notices. The notices included the name and address (mailing and email) of the auditor and the date in which the notice was posted. The auditor received no contact from residents or staff prior to the audit. There was however one resident who requested to speak with the auditor during the audit. Also posted were notices as to how anyone could report a PREA allegation. The notices included the names, numbers, and addresses of internal and external agencies they can make an anonymous report, and that anyone can report a PREA allegation to any staff member at any time verbally or in writing.

Six Random clients from the four dorms (the facility currently houses 58 residents) were interviewed, including one client who requested to speak with the auditor. The auditor spoke with two clients that were identified as being vulnerable to abuse and the rest were randomly chosen from each of the dorm rooms. Clients were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The clients who were identified as vulnerable were also questioned on their concern for their safety. The client who wish to speak to the auditor voiced some concern that a recent allegation he made against another resident for sexual harassment was not being taken seriously. The auditor spoke with the PREA Coordinator, Administrative Investigator, and Program Manager about the resident's allegation and reviewed evidence that showed the resident was using the opportunity to talk with the auditor as a way to get back at staff for a sanction he received from that staff member.

The auditor also interviewed specialized staff. This staff includes: Executive Director, PREA Coordinator, Operations Director, Program Manager, Investigators (2), and Emotional Support personnel. The auditor made several attempts to speak with personnel from both the Wood County Hospital's SANE program and the Sexual Assault Awareness For Empowerment center. The auditor was not able to speak with a representative but was able to verify services through each of the organizations' websites. The facility does not provide on-site mental health services. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

After a brief opening with agency staff, the auditor toured the facility. The tour consisted of examining all housing units, dorms, bathrooms, group areas, operations posts, recreation yards, utility areas, kitchen, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs was also completed. The auditor gave a closeout and shared some the immediate findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

North West Community Correctional Center is a minimum secured Community Based Correctional Facility located in Bowling Green, Ohio that serves adult male felony offenders. The facility is a one story building that can house up to 64 offenders. In order to access the secure perimeter of the facility one must report to the main lobby. Inside the main lobby there is a locked entrance to administrative offices and to the housing units. Staff have electronic keys assigned to them that can track any door that they unlock. Residents of the facility enter through the clinic/intake area. Residents receive a pat down that is visible by video surveillance or a strip search that is performed inside the staff restroom in the clinic area. All residents are searched before being allowed back into population.

The facility has four dorms (two on each side of the main day room that is divided into three sections). The dorms are set up by risk level and the facility leadership have identified specific dorms and beds that would be assigned to any resident identified as being highly vulnerable to abuse or highly abusive. Residents are not allowed in the dorm during programming hours. The unit is equipped with a housing desk, laundry room, day room, pay phones, two bathrooms (one on each side that is shared by two dorm units), and a recreation yard. Each dorm is equipped with security cameras (also records audio) and glass in the door. The recreation yard is attached to the main unit and a staff member must open the door for access and will supervise residents while they are on the yard. The yard is enclosed by a fence and is covered by a security camera. The kitchen and dining areas is located just off the day room and also provides access to an outside eating area. Residents who work in the kitchen are supervised by staff. The kitchen is equipped with several security mirrors and cameras. All freezer/cooler doors have windows for easy line of site views.

The facility has windows in all the doors (group rooms, classrooms, staff offices, kitchen area including the freezers, and clinic) for clear line of site views into all rooms. NWCCC's electronic surveillance program includes 35 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 30 days. Cameras located in the dorms, intake, clinical areas, group rooms, clinical hallway, and day rooms A and C are also equipped to record audio. Camera footage is viewed by Resident Specialist staff assigned to central control post. Supervisors review live and recorded footage during the week for quality assurance purposes. The Program Director and Operations Director have access to the facility camera system on their office desk top computer. Resident Specialist staff also are required to circulate through the housing unit every fifteen minutes and conduct scan tours (electronic tracking of security checks) three times per day. Identified blind spot areas (etc. bathrooms) have increased circulation. The facility has placed surveillance mirrors and cameras in strategic areas to minimize the potential for sexual abuse.

The facility's goal is to provide a secure, intensive, evidence based treatment program designed to assist residents with making positive behavioral change.

SUMMARY OF AUDIT FINDINGS

North West Community Correction Center has had 6 PREA allegations during the reporting period. Only one of these allegations (resident on resident sexual abuse) was substantiated.

The staff of NWCCC indicated that they received formal PREA training during orientation training or as part of their annual training along with refresher training during a monthly staff meeting. Staff was able to specifically talk about their responsibilities as first responders, how they were to respond to any allegation reported to them or if they suspected incidents of sexual abuse/sexual harassment, how to communicate effectively with offenders who may be LGBTI, and impressed upon the auditor that their main duty was to keep everyone safe.

The offenders at NWCCC expressed that they have no doubt that the staff would keep them safe and would respond appropriately should an incident of sexual harassment/sexual abuse take place. The offenders were able to clearly recite the education they received concerning their rights under the PREA standards, and knew the location of PREA related postings. All offenders affirmed being screened at intake for risk of vulnerability or abusiveness and again by their case manager at a later date.

All MOU's documented the partnership between the facility and the contracting agency concerning services to be provided should there be a need. The auditor was able to review the Wood County Hospital's website and the Sexual Assault Awareness For Empowerment center's website and confirmed the free services the agencies would provide to a victim of sexual abuse/assault.

Overall, the auditor was left with the impression that the leadership and staff of NWCCC have made implementing the PREA standards a priority and that they have received the necessary training and authority to detect, protect, and respond to any incident of sexual abuse/sexual harassment. Opportunities to increase the ability to protect and detect sexual abuse and sexual harassment are proactive in nature and facility leadership have developed policies and practices that a commitment to the safety of residents, and provides the necessary support to implement all aspects of the PREA standards.

Number of standards exceeded: 0

Number of standards met: 39

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.

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The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy includes how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behavior; sanctions for those found to have participated in sexual abuse or sexual harassment; and appropriate strategies to reduce and prevent sexual abuse and sexual harassment of clients.

The facility's PREA Coordinator is the Program Director and she reports directly to the Executive Director. During staff interviews, the PREA coordinator indicated that she has enough time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The Executive Director confirmed that the PREA Coordinator has great influence toward implementing policy and procedure where PREA is concerned.

Review:
Policy and Procedure
Interview with PREA Coordinator
Interview with Executive 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 PREA Coordinator advises that the facility does not contract with other facilities in order to house 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 that provides for adequate levels of staffing, and where appropriate video monitoring to protect residents against sexual misconduct. The staffing plan takes into consideration the physical layout of the facility, types of residents housed at the facility, and the number of substantiated and unsubstantiated incidents. The facility management has considered all blind spot areas and developed an appropriate response to maintain the safety and security of the facility.

The staffing plan was developed with the facility’s PREA coordinator along with other facility leadership. The team conducts an annual review and discusses ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored and adjusted according to types of offenders and population.

There have been no deviations to the staffing plan during this audit cycle. The facility has created a form to document the dates of any deviations, listed what the deviation was, and a justification for the deviation.

The auditor has reviewed the agency's written policy concerning what information is to be contained in the staffing plan and the number of staff members required to operate each shift. A review of floor plans, camera placement, and identified blind spot areas was conducted by the auditor prior to the audit and during the walk through. During interviews with facility staff, the auditor was informed how staff placement, security mirrors, required security checks, and video monitoring are used to ensure maximum safety and security. There is a policy requirement to have the staffing plan reviewed annually and updated if necessary.

RECOMMENDATION:

The facility’s current staffing plan does not have a narrative on the review of the plan, the prevailing staffing patterns or the use of monitoring equipment or other monitoring technology. There should be documentation of blind spot areas or areas where staff/residents can be isolated and how staffing levels, cameras, security checks, and tour scans help to detect and/protect in these areas. Administrative staff was able to discuss with the auditor these things, but did not document it in the report.

FACILITY RESPONSE:

The facility submitted a revised staffing plan that address all areas required from standard 115.213. The facility was specific about the number and placement of staff, monitoring equipment, the layout of the facility, composition of the population, and the number of allegations, and how those factors played into developing the staffing plan.

Review:

- Policy and Procedure
- Facility tour
- Staffing plan
- Deviation Report
- Floor plans with camera placement/security mirrors
- Interview with PREA Coordinator
- Interview with Operations Director
- Interview with Program Manager
- Interview with Operations Manager

Standard 115.215 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not conduct cross-gender strip or cross-gender body cavity searches of residents. Residents receiving a strip search will have one performed by a staff member of the same sex. Cross-gender pat-down searches are only allowed during exigent circumstances and will be documented. The facility does not house female residents.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has two restrooms available for residents to be able to shower and use the toilets. The bathroom consists of four (4) individual shower stalls with shower curtains. The shower curtains have see-through tops and bottoms. There are two (2) toilet stalls around the corner from the showers that have stall dividers and doors. The sinks and mirrors are across from the shower stalls but does not allow for one to view someone in the shower. The bathroom also contains two (2) urinals that are located at the entrance of the bathroom. The facility has installed partitions to help with privacy near the urinals. During resident interviews, all indicated that staff announce their presence before entering the restroom or dorm areas, and the auditor witnessed this while walking through the facility. The agency has a dress policy that requires residents to be fully dressed in common areas.

The facility has never housed a transgender or intersex resident. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. The dorms within the housing unit are set up based on the Ohio Risk Assessment System (ORAS) score. The facility has identified dorms where clients who are identified as highly vulnerable or highly abusive would be housed and in beds that are easily viewable to staff. A transgender or intersex resident would be offered showering options such as showering at different times or in the clinic area in order to protect privacy and offer safety. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status.

Facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation. Reviews of this training is conducted annually. A supervisor is required to provide training/guidance to staff if necessary

- Review:
- Policy and procedure
- Staffing plan
- Facility tour
- Training records
- Interview with PREA Coordinator
- Interview with Operations Director
- Interview with Program Manager
- Interview with Operations Manger
- Interview with random Resident Supervisor staff
- Interview with residents

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility would use outside services to provide disabled residents equal opportunity to participate in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility identifies residents who may be limited English proficient

and works with interpreters so that residents can benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Per policy, the facility will only rely on resident interpreters if a delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegation.

Staff are trained on how to ensure that PREA is communicated with clients having a cognitive or physical disability and who to call to help clients who may have a language barrier. The facility will use a qualified employee to aid any resident in understanding agency rules, PREA, and other regulations. If a qualified staff member is unavailable, outside assistance by a qualified person will be used at no cost to the resident. At this time, the facility does not have a resident who is in need of these services.

Interviews with staff and a review of agency policy confirmed the process of how the facility would assist any resident with a disability or is limited English proficient.

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

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)

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

The agency conducts a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks will be completed every five years. The PREA Coordinator will receive a notice from a supervisor if background check is due. The notification of when to run a five-year check is documented on staff's annual evaluation. All employees, independent contractors, volunteers, and interns are required by policy to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual performance evaluations.

All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.

NWCCC will ask all employees who may have contact with residents directly about any previous in written applications or interviews for promotions and in any interviews or written self-evaluations conducted as part of reviews of employees.

The Human Resource Department conducts referral checks for all new hires.

The auditor conducted a review of eight randomly chosen employee's files and confirmed the background checks (initial and five-year update), documentation of the continual affirmation to disclose any sexual misconduct, referral checks, and the promotion process. The

auditor conducted an interview with the PREA Coordinator who took the auditor step by step through the hiring and promotion process.

RECOMMENDATION:

While reviewing employee files, the PREA Coordinator only made a note about a background check being completed. When questioned, she discussed the process by which she conducts a background check using Ohio Law Enforcement Gateway (OHLEG) and was unsure if she was allowed to printout the results and place them in employee files due to potential public records request. The auditor requested her to seek clarity on the rules or develop a better plan to document findings in background checks.

FACILITY RESPONSE:

The facility has developed a form which captures the employee or applicants identifying information, the reason for the check, results, and attaches the actual printout from the OHLEG search. This information is then placed in the confidential section of the employee file and is not subject to public records request.

RECOMMENDATION:

The facility has a process for conducting reference checks and documenting the results of these checks. It was not clear from the documentation if the check including asking if the applicant had any substantial allegations of sexual abuse or resigned during an investigation of potential sexual abuse. The auditor requested the facility redo the form in order to capture this information.

FACILITY RESPONSE:

The has added the appropriate language to their potential applicant reference check form.

Review:

- Policy and procedure
- Employee files
- On boarding documentation
- Interview with PREA Coordinator

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 has not acquired a new building or made any substantial expansion or modification to the existing facility.

An interview with the facility’s Executive Director and the PREA Coordinator indicate that the facility will be changing security system companies due to maintenance reasons. No change in operations or abilities will result from this change. No other electronic surveillance system or other monitoring technology has been changed. The facility will address any needs to these areas as the budget allows.

Review:

- Policy and procedure
- Interview with Executive 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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The facility has two trained investigators to conduct administrative sexual abuse investigations. The Wood County Sheriff’s Department is responsible for conducting criminal investigations. The Wood County’s Sheriff’s Department has identified Detective Barta as the responding officer for any criminal PREA allegation.

The facility will use Wood County Hospital to provide a Sexual Assault Nurse Examiner for any resident who is a victim of sexual abuse. The auditor reviewed the hospital’s website and confirmed that any resident taken to this hospital would be treated by a certified SANE nurse. The services provided by the hospital would be at no cost to the resident.

The facility has a MOU with the Sexual Assault Awareness For Empowerment (SAAFE) center to provide a victim advocate to any victim of sexual abuse. These services will be provided to the resident at no cost. The services were confirmed with the agency. The facility also has a trained victim support person that can provide support if requested.

The facility has had an investigation which resulted in the request of a victim advocate. The advocate services were provided by the SAAFE center at no charge.

- Review:
- Policy and Procedure
 - MOU with SAAFE Center
 - Interview with Administrative Investigators
 - Interview with PREA Coordinator
 - SAAFE Center’s website
 - Wood County Hospital’s website
 - Interview with Emotional Support staff

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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The facility has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Wood County Sheriff’s Department. The facility has had seven allegations of sexual harassment or sexual abuse during this audit cycle. The auditor reviewed the investigation documentation along with interviewing the facility’s administrative investigators.

One allegation was referred to the Wood County Sheriff’s Department at the request of the alleged victim. The Sheriff’s Department

conducted a criminal investigation at the request of the resident and the allegation was determined to be unsubstantiated. There was not enough evidence to either administratively or criminal substantiate the allegation.

The facility's website posts the investigative policy of the agency and the responsibilities of both the facility and the investigating entity. The auditor reviewed the facility's website (<https://sites.google.com/site/nwcccsearch/home>) and confirmed that the appropriate policy was posted.

Review:

Policy and procedure

NWCCC's website

Investigative Reports

Interview with Administrative Investigators

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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The facility has trained all staff on the PREA required topics. The facility uses Relias online training to ensure that staff complete all the required aspects of PREA training. The training topics from the online training include: Dynamics of Sexual Abuse of Inmates, Detecting the Signs of Sexual Abuse, Reporting Knowledge and Suspicions, PREA basics, Definitions of Sexual Abuse of Inmates and Identification of Red Flags, and Prevention and Response. The PREA Coordinator also trains the staff on proper ways to communicate with the LGBTI population and first responder duties.

During staff interviews, all staff were able to discuss the various PREA related training they received either at orientation or during one of the online or in-person training sessions. Staff was well versed on the PREA policies and protocols.

The facility training focuses specifically on the male population because it does not house female residents. The facility uses a video produced by the Ohio Department of Rehabilitation and Correction to train on trans-gender and intersex pat downs and searches.

All staff sign an acknowledgment of the orientation training they received.

The training is tracked through the online Relias system to ensure all employees complete the training.

Review:

Policy and procedure

Training curriculum

ODRC transgender/intersex pad-down search video

Training records

Interview with PREA Coordinator

Interview with random staff

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 facility has a training plan for contractors and volunteers based on the level of interaction they have with the residents. The PREA Coordinator will show a video created by the Ohio Department of Rehabilitation and Correction specifically for contractors and vendors. Interns will receive the same type of training that staff receive because of the amount of time spent with the residents without staff supervision.

The auditor was able to interview a Bowling Green University student who is current doing an internship at the facility. The intern was able to discuss the training he received, first responder duties, and how to detect and report suspicions of sexual abuse and sexual harassment.

Documentation of received training is kept by the PREA Coordinator.

Review:
 Policy and procedure
 Contractor/vendor training video
 Contractor/vendor training certificates
 Interview with intern
 Interview with PREA Coordinator

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)

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All residents receive information at the time of intake about the facility's zero tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. This information is read and reviewed with all residents to ensure each resident understands their rights under the PREA guidelines. If a resident does not understand English or has other disabilities that prevent normal communication, the facility contracts services with other agencies so that each resident can benefit from the facilities efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment (See standard 115.216). Residents sign acknowledgment of receiving this information.

All residents watch a PREA education video during orientation created by the Ohio Department of Rehabilitation and Correction and receive handouts that include ways to report and reporting phone numbers. This information is also on posters located throughout the facility. During resident interviews, all offenders reported receiving the PREA education and information at intake and during orientation group. Residents also indicated that their case managers reviewed ways to keep themselves safe, how to report including anonymously, and the toll free numbers posted near the phones. Postings with PREA related information was located in conspicuous areas throughout the facility.

Review:
 Policy and procedure
 PREA Audit Report

Resident training video
PREA postings
Facility tour
Interview with residents
Interview with Program Manager
Interview with Intake Specialist

Standard 115.234 Specialized training: Investigations

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

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 standardized process for administratively investigating any allegations. The facility's Program Director and Operations Director been trained to conduct administrative investigations. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The training was provided by the Moss Group.

Review:
Policy and procedure
Administrative Investigator training curriculum
Administrative Investigator training certificate
Interview with Administrative Investigators

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 contracts with a doctor and nursing staff for medical services at the facility. The staff have been trained in the area of PREA Medical Health Care of Sexual Assault Victims in a Confinement Setting produced by the Moss Group. The staff would assist in aftercare services if necessary, but all medical treatment concerning PREA abuse would be handled by a SANE qualified nurse at Wood County Hospital.

Mental health services are provided by referring victims to outside counseling services at Harbor Behavioral Health.

Review:
Policy and procedure
Program Manger
Interview with PREA Coordinator

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 residents are screened for risk of vulnerability or abusiveness at intake. The screening tool used included all required criteria in order to accurately assess the resident's risk. The PREA screening form is stored electronically in the facility’s online resident file system (Correct Tech) and only approved staff have access to the information. The Intake Specialist will complete the initial assessment with the resident during intake. A resident's case manager will complete a re-screen anytime any additional, relevant information is received, a referral, request, or incident of sexual abuse occurs. The policy does not allow for a resident to be disciplined for refusing to answer or for not disclosing complete information in response to questions on the resident’s mental health, sexuality, or previous victimization.

The Intake Specialist has received training on how to complete the screening tool appropriately. An interview with the Intake Specialist confirmed his training on completing the form appropriately and the steps to take should a resident be classified as highly abusive, abuse, highly susceptible, or susceptible.

The PREA Coordinator reviews assessments and completes a quality assurance check to ensure residents are classified appropriately. Any necessary re-assessments are also reviewed for quality assurance purposes.

Review:
Policy and procedure
Initial PREA assessment screen
PREA assessment rescreen
Interview with PREA Coordinator
Interview with Program Manager
Interview with residents
Interview with Intake Specialist
Interview with case managers

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 residents receive a classification based upon their PREA screening information. Classifications include: none; low, moderate, or high for susceptibility to abuse; or low, moderate, or high for abusiveness. A resident's classification will be documented in the facilities data base but no staff member without authorization will be able to see the screening form or answers. Any resident who is classified as highly vulnerable or highly abusive will be housed in a designated dorm with a bed that is easily viewable by staff. These residents will also be placed on increased checks by security staff. The increased checks will continue until it is deemed appropriate to have the increased checks end.

All residents with a classification have it addressed on their treatment plan. These residents work with their case manager to work on the issues underlining their classification and residents can also be referred to outside counseling if necessary.

The auditor and facility management discussed the facility's plan to house residents that are highly vulnerable, highly abusive, or transgender/intersex. The facility was able to describe specific bed placement, group separation, ability to shower separately, and the input of vulnerable residents as ways to ensure the safety of each resident.

- Review:
- Policy and procedure
 - Facility tour
 - Initial PREA assessment screening
 - PREA re-screen assessment
 - Individual treatment plan
 - Staffing plan
 - Interview with Case Managers
 - Interview with Intake Specialist
 - Interview with PREA Coordinator

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.

Residents at NWCCC have multiple ways of reporting sexual abuse. Posters throughout the facility indicate how residents can report as well as how to report to an outside agency. Interviews with the residents indicate that they are aware of all means of reporting and that they could report anonymously. They received the information at intake, during orientation training, and in case manager meetings.

The facility has resident phones with the reporting numbers unblocked to allow free calls to the reporting entities. Instructions for how to complete these phone calls are posted near all the phones.

All residents received information at intake and in their handbooks regarding PREA reporting. Staff received information on how to privately report during staff training.

The allegations that have been received by the facility during this audit period include calling the anonymous hotline number, written notice given to staff, and verbal complaint to staff.

Review:
Policy and procedure
PREA postings
PREA brochure
Facility tour
Interview with PREA Coordinator
Interview with Operations Director
Interview with residents
Review of Investigations

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 states that the agency does not use its grievance system to investigate PREA allegations. Any resident who uses a grievance form to report an allegation will have the form removed from the grievance process and it will be handled like any other reporting method.

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 SAAFE Center to provide emotional support and advocate services to any resident who is a victim of sexual abuse. The facility provides the phone number and address of this agency to residents as well as train them during orientation of the limitations to confidentiality and mandatory reporting.

Residents who were interviewed verified that they received this information and that the information is available on posters located throughout the facility.

The auditor took note of the information on posters located throughout the facility and ensured that the posting contained all the accurate information. A review of the MOU was also completed.

The auditor reviewed SAAFE's website and reviewed the services available to any resident who may need emotional support after an

incident of sexual assault/abuse. The services included support while in the hospital, during any investigation/questioning, court appearances, and any on-going counseling needs. The review confirmed that the services are free of charge.

The agency also has trained staff that can offer victim support services at the request of the victim.

The facility has had one request to receive victim advocate services. The facility contacted the SAAFE Center and an advocate was provided to the victim at no cost.

Review:

Policy and procedure

MOU with SAAFE Center

SAAFE Center's website

Emotional Support Training Certificate

Interview with PREA Coordinator

Review of Investigation reports

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 resident. Residents are also educated that they can report to family members who can then make a third party report. This information is also on posters located in the visitation room and near the sign-in desk.

The facility has received information of an allegation of sexual harassment from the anonymous hotline number.

Review:

Policy and procedure

NWCCC website: <https://sites.google.com/site/nwcccsearch/home>

PREA postings

Facility tour

Interview with Administrative Investigators

Interviews with random residents

Investigation reports

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.

NWCCC policy requires all employees to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment including third party and anonymous reports. Apart from the employee's supervisor, no one shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All allegations of sexual abuse or sexual harassment are reported to the facility's investigators.

The auditor interviewed all required specialized staff and several random staff members. All staff members indicated that they were given and understand the agency's policy on reporting PREA incidents and were trained on the appropriate way to document a report and to whom they should report an allegation. Staff indicated they understood that they are required to report their own suspicions, or information regarding sexual abuse, sexual harassment, or retaliation.

The facility had a sexual harassment allegation was initiated by a staff member who received a verbal report from a resident. The staff member immediately reported the incident to his supervisor.

All staff members with a duty to report based on local law and medical and mental health practitioners are required to inform residents of their status and the limitation of confidentiality at the initiation of services. Interviews with staff members who have a duty to report indicated that they understood their duty to inform residents before providing services.

The facility does not admit residents under the age of 18. The State of Ohio does not require institutions or facilities licensed by the state or 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).

Review:

Policy and procedure

Ohio revised code

Investigation report

Interview with random staff

Interview with Administrative Investigators

Interview with Program Manager

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.

NWCCC has four separate dorms. This allows the facility to move either the alleged victim or the alleged abuser to another dorm within the facility. The facility also has the use of a holding cell if necessary to protect a resident from imminent abuse. If the facility cannot house a resident safely then the resident may be removed from the facility. If the alleged offender is a staff member, staff can be placed on administrative leave until the allegation has been investigated. During the interview process, it was very clear that the safety and security of all residents is their primary concern.

An interview with the Agency Investigators describe the process on how they determine if an alleged victim or abuser should be moved in order to protect the victim from imminent abuse. The practice is to place a staff member on administrative leave if they are accused of

sexual harassment or sexual abuse during the investigation. The staff member is to have no contact with the facility or other staff member until a determination has been made. If another resident is the alleged abuser, the abuser and victim will be separated by dorm until a determination has been made.

The facility has conducted one sexual harassment investigation where the alleged victim was moved to a dorm where he would be away from the alleged abuser. The facility has also placed a resident in “protective custody” in order to protect a resident while the allegation was being investigated.

Review:

Policy and procedure

Investigation reports

Interview with Administrative Investigators

Interview with PREA Coordinator

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.

Upon receiving an allegation that a client was sexually abused while confined at another corrections facility, the Program Director shall notify in writing the head of the facility or appropriate central office of the agency where the alleged abuse occurred notify the facility. The policy requires notification within 72 hours.

Interviews with the Agency's PREA Coordinator confirmed this practice.

The facility has not received any allegation from another agency but has made a report to another agency.

Review:

Policy and procedure

Interview with PREA Coordinator

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.

NWCCC has a policy outlining first responder duties for any allegation of sexual abuse. The policy contains instructions for how to separate the abuser and victim, protect and preserve evidence until it can be collected by appropriate authorities, do not allow the abuser to destroy evidence, request that the victim does not destroy any evidence, and enacting the PREA coordinated response plan. All staff are trained on first responder duties (security and non-security staff).

Interviews of security and program staff indicate that staff know the appropriate steps to take to preserve and protect evidence and support the victim. All staff seemed comfortable with the first responder duties and confident that they would respond appropriately based upon their training.

The facility has not had to use first responder training for any allegation of sexual abuse.

Review:
Policy and procedure
Training records
Interviews with random 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.

NWCCC has an appropriate written coordinated response plan to respond to any incident of sexual abuse. The plan includes the steps to take for first responders, medical and mental health practitioners, investigators, and facility leadership. All staff is trained on the plan and this was confirmed through interviews with security and program staff.

During staff interviews, staff knew and could articulate the coordinated response plan. All staff knew the entire plan and did not differentiate between security and non-security tasks.

Review:
Policy and procedure
Interview with random 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 indicates that the facility is not under any collective bargaining agreements – a non-union agency.

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 to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. The facility has assigned the Program Director and Operations Director or supervisory designee as the staff responsible for monitoring against retaliation for at least 90 days. In the case of resident victims, a status check is also completed.

The facility has the ability to move victim, offender, or employees in order to protect against retaliation.

Interviews with the agency's PREA Coordinator and Operations Director confirmed the monitoring process. The auditor reviewed the form that is to be completed for status checks and the team would review the status reviews to determine if an extension in monitoring is necessary.

The facility has not had a case where retaliation monitoring was necessary. The facility did receive a report from a resident who thought he was being retaliated against for making a staff-resident sexual harassment allegation, but it was later discovered through interviews with the resident that he made the retaliation claim to get back a staff who had sanctioned him earlier in the day.

Staff verified during interviews that their PREA training includes how to detect and protect others from retaliation, and that they have a right to be free from retaliation when reporting or cooperating in an investigation. Residents also verified that they have received information on their right to be free from retaliation.

- Review:
- Policy and procedure
 - Training records
 - Investigation reports
 - Interview with Operations Director
 - Interview with PREA Coordinator
 - Interview with random staff
 - Interview with random residents

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.

All allegations of sexual abuse or sexual harassment including third party and anonymous reports are administratively investigated by the facility’s two (2) trained investigators and any report that appears criminal in nature are referred to the Wood County Sherriff’s Department who has the legal authority to conduct a criminal investigation.

Both the agency investigators were interviewed and walked through their process of investigating any PREA related complaint and how this information is used determine whether an allegation is substantiated, unsubstantiated, or unfounded. The investigators collect all relevant information (interviews with staff, victim, witness, and the abuser; review any surveillance information) and make note of any facility issue that could have aided in the allegation. The PREA Coordinator determines the outcome of the investigation.

The investigator’s written report includes whether staff actions or failures to act contribute to the abuse and a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The PREA Coordinator maintain all records from all allegations for as long as the abuser is incarcerated or employed by the agency, plus five years.

Investigation #1: Resident-on-Resident sexual abuse allegation. An Administrative Investigator interviewed the alleged victim, alleged abuser, and witness. The investigator was able to determine that the allegation was substantiated due to the abuser admitting that he did expose his genitals to the victim.

Investigation #2: Resident-on-Resident sexual abuse allegation. An Administrative Investigator interviewed the alleged victim, alleged abuser, and witness. The investigator was unable to substantiated the allegation due to conflicting reports, uncertain of the time when the alleged abuse took place, and no video evidence. The victim wanted to press charges on the alleged abuse so the Wood County Sherriff’s Department was called. The assigned detective from the sheriff’s department met with the alleged victim and potential witness (the alleged abuser had been removed from the facility due to other program violations). The detective was also unable to substantiated the allegation due to lack of evidence.

Investigation #3: Resident-on-Resident sexual harassment allegation. An Administrative Investigator interviewed the alleged victim and potential witness. The investigator also was able to review camera evidence. The alleged victim in this case was moved to a dorm room on the other side of the facility while the investigation was ongoing. The investigator determined that the allegation was unfounded.

Investigation #4: Staff-on-Resident Sexual Harassment: An Administrative Investigator interviewed the alleged victim and determined that the allegation was unfounded. The victim complained of inappropriate strip search but his description of what occurred match the facility’s procedure for proper strip search.

Investigation #5: Staff –on-Resident Sexual Harassment: An Administrative Investigator interviewed the alleged victim and potential witness and determined that that allegation was unfounded. The victim alleged a staff member was playing a game in order to get residents to look at his genitals. Interviews with staff members revealed that some of the security and residents were playing a game similar to “made you look” where the object of the game is to get the other person to look down. The investigator determined that there was no sexual motivation to this game; however, address staff on the unprofessional behavior and ending this game.

Investigation #6: Resident-on-Resident Sexual Harassment: An Administrative Investigator interviewed the alleged victim, alleged abuser, and reviewed camera footage and determined that the allegation was unfounded. The review of the camera footage at the location where the harassment was to have taken place shows no evidence of any harassing behavior.

The auditor discussed with the administrative investigators their assessment for how a case would be determined to be substantiated, unsubstantiated, or unfounded, and their process for referring to legal authority for a criminal investigation.

The auditor was able to review the investigation notes as well as interview both investigators.

Review:
Policy and Procedure
Investigation reports

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.

By agency policy and confirmed by investigators and PREA Coordinator interviews, the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.

The auditor reviewed the allegations with the administrative investigators to ensure that the evidentiary standard of preponderance of evidence was used in the case. The resident-to resident allegation was substantiated due to the abuser admitting the behavior.

Review:
Policy and Procedure
Investigation reports
Interview with Administrative Investigators

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 Program Director or Operations Director is responsible for informing a resident who alleges sexual abuse the outcome of the investigation. The facility request information from the legal authority if the investigation is criminal in nature to inform the alleged victim of the outcome of an investigation.

The notice includes whether the abuser, if a staff member, is no longer posted in the client’s unit; no longer employed at the facility; has been indicted on a charge related to the sexual abuse within the facility; or has been convicted on a charge related to sexual abuse within the facility. The notice includes whether the abuser, if another resident, has been indicted on a charge related to sexual abuse within the facility or has been convicted on a charge related to sexual abuse within the facility.

The victim notification is documented in the investigation report.

Review:
Policy and procedure
Investigation reports
Interview with PREA Coordinator

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.

NWCCC outlines its progressive disciplinary plan in its employee handbook. A review of the handbook states that any staff member found to have engaged in sexual abuse will be terminated. Termination or resignations by staff will not void an investigation and any criminal activity will be reported to the legal authority and to any relevant licensing agency. Policy also indicates that the agency will notify law enforcement or any relevant licensing boards of any terminations or resignations based upon violations of the agency's client sexual abuse and sexual harassment prevention policy when such behavior is criminal in nature.

All staff interviewed understood that anyone engaging in sexual harassment will be disciplined according to agency policy and that they would be terminated for participating in sexual abuse. Staff indicated that they are required to report any suspicion to their immediate supervisor and that they would not have any issue reporting a coworker for violation of the zero tolerance policy.

The auditor reviewed agency policy, the employee handbook, and interviewed the Operations Director, PREA Coordinator, and Executive Director to confirm the disciplinary process for employees found to have substantially engaged in sexual harassment or sexual abuse against residents. All agency leadership stated that any employee found to have engaged in sexual abuse will be immediately terminated from the facility and law enforcement would be notified.

Review:
Policy and procedure
Employee handbook
Investigation reports
Interview with Executive Director
Interview with Operations Director
Interview with random staff members
Interview with PREA Coordinator

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.

All contractors and volunteers are made aware of the agency's zero tolerance policy toward sexual abuse and sexual harassment. Each must participate in PREA training where they will be taught how to prevent, detect, respond, and report sexual harassment and sexual abuse. They will also learn the consequences of participating in any type of sexual misconduct. Contractors and volunteers sign an agreement that they could be removed from the facility for any acts of sexual abuse or sexual harassment.

The auditor has reviewed the contractor/volunteer training and documentation of compliance with training.

The facility has not removed any contractor or volunteer for a PREA issue.

The PREA Coordinator discussed how contractors/volunteers are trained and the process for ensuring everyone is aware of the Zero Tolerance policy.

Review:

Policy and procedure

Contractor/vendor acknowledgement form

Contractor/vendor training curriculum

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.

A review of the client handbook shows how it outlines resident conduct and prohibits all sexual activity between residents and disciplines residents for such activity. Residents are given a handbook at intake and the contents are reviewed with the resident.

During resident interviews, all residents affirmed that they received a handbook at intake and the rules and discipline policies regarding sexual abuse and sexual harassment were reviewed with them. All residents interviewed understood fully the seriousness of the agency's Zero Tolerance Policy and the consequences of participating in sexual misconduct.

There had been one substantiated allegations of resident-on-resident sexual abuse during this auditing period. The abuser was terminated from the facility.

Review:

Policy and procedure

Resident handbook

Interviews with residents

Interview with Operations Director

Interview with PREA Coordinator

Investigation Reports

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.

Policy indicates the types of service offered free of charge to an alleged victim of sexual assault. It is documented which types of services were rendered and or declined by the alleged victim on the investigation form. Residents are offered timely information about and timely access to sexually transmitted infection prophylaxis. There are no females housed at this facility.

If services are necessary, the Program Manager will provide appropriate referrals to community resources and notify the case manager assigned to the resident. The scope of services provided will be determined by the practitioner.

Staff have been notified of the facility's Coordinated Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

Investigation forms indicate if services were offered and accepted or declined.

Resident are informed of their right to free services during PREA education at orientation.

The facility has had one sexual abuse allegation that resulted in the use of victim advocate services but the resident did not need or request any medical or mental health services due to the allegation.

Review:
Policy and procedure
Coordinated Response Plan
Investigation reports
Interview with PREA Coordinator
Interview with Program Manager

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.

This facility offers community medical and counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility. This treatment includes testing for sexually transmitted disease. Treatment is offered to all known residents on resident abusers within in 60 days of learning such history. All treatment offered is free of charge.

Staff have been notified of the facility's PREA Coordinated Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

The facility has not had a report of any known resident on resident abuser.

A review of the investigation form shows how staff indicates whether services were offered and accepted or declined. The PREA initial screening form indicates whether a resident has abused others while in a correctional setting. If a resident indicates that he has in fact abused another resident while in a corrections setting, facility staff will meet with the resident to make a determination if additional treatment or referrals for community treatment is necessary.

The facility had not a report of a resident being sexually abused while in a jail, lockup, or juvenile facility.

The PREA Coordinator has confirmed the process and practice of how staff will provide unimpeded access to necessary emergency and/or ongoing medical and mental health services.

Review:
Policy and procedure
Coordinated Response Plan
PREA initial assessments
Investigation reports
Interview with Program Manager
Interview with PREA Coordinator

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.

NWCCC has a policy on a review of all substantiated or unsubstantiated allegations of sexual abuse within 30 days of the conclusion of the investigation. The review team includes the PREA Coordinator, Operations Manager, Clinical Manager, Deputy Director, Executive Director, and any other employee deemed appropriate.

The team, per policy, considers whether a change in policy or practice will better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, gang affiliation, or any other group dynamic; if any physical barriers in the area enabled the abuse; adequacy of staffing levels; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

At the conclusion of the investigations, there were no changes to policy, procedure, or practice needed in order to detect, protect, and report allegations of sexual harassment or sexual abuse.

Review:
Policy and procedure
SART Review Team reports
Interview with PREA Coordinator
Interview with Executive Director

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.

NWCCC has a policy for data collection and statistical reporting of all necessary information in the most recent version of the Survey of Sexual Violence. The auditor reviewed the most recent information collected by the agency and has confirmed that the agency collects the appropriate data on all allegations of sexual abuse and aggregates this information annually.

The facility's PREA Coordinator collects the data and completes the Survey of Sexual Victimization for the facility.

The agency has not received a request to supply the Department of Justice with this information.

Review:
Policy and procedure
SSV4 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.

Agency uses information collected in 115.287 to make improvements in how the agency prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The report compares the current year's data with those of previous years, and includes the updates made from previous year's reports. The information contained in the report is based on a calendar year and the report with this information can be found on the agency's website.

The information in the report has been reviewed and approved by the Executive Director.

The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of an individual or the facility.

Auditor verified that the report was posted on the agency's website (<https://sites.google.com/site/nwcccsearch/home>) and that the report contained all required information.

Review:
Policy and procedure
PREA annual report
NWCCC website
Interview with Executive Director
Interview with PREA Coordinator

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.

All data collected in sexual abuse cases are securely maintained by the PREA Coordinator for a minimum of 10 years. The PREA Coordinator confirmed the retention schedule.

The aggregated information from the facility was posted on its website.

There is no information in the report that would identify any individual or jeopardize the safety or security of the facility.

Review:
Policy and procedure
PREA annual report
NWCCC 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

May 5, 2017

Auditor Signature

Date