PREA AUDIT REPORT ☐ Interim ☒ Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: October 18, 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: August 28-29, 2017			
Facility Information			
Facility name: Community Correction Center			
Facility physical address: 5234 State Route 63, Lebanon, Ohio 45036			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 513-933-9304			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☐ Community treatment center ☐ Halfway house ☐ Alcohol or drug rehabilitation center	☒ Community-based confinement facility ☐ Mental health facility ☐ Other	
Name of facility's Chief Executive Officer: Cathy Jo Vanderpool			
Number of staff assigned to the facility in the last 12 months: 40			
Designed facility capacity: 110			
Current population of facility: 109			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18 & up			
Name of PREA Compliance Manager: Tiffany Thomas		**Title:** Associate Director	
Email address: Tiffany.Thomas@talberhouse.org		**Telephone number:** 513-933-9304	
Agency Information			
Name of agency: Talbert House, Inc.			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 2600 Victory Parkway, Cincinnati, Ohio 45206			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: 513-861-1718			
Agency Chief Executive Officer			
Name: Niel Tilow		**Title:** President/CEO	
Email address: Niel.Tilow@talberthouse.org		**Telephone number:** 513-751-7747x1051	
Agency-Wide PREA Coordinator			
Name: Karla Wilson/Cathy Jo Vanderpool		**Title:** Compliance Manager/Director of Regional Corrections	
Email address: Karla.Wilson@talberthouse.org/cathy.vanderpool@talberhouse.org		**Telephone number:** 513-751-7747	

AUDIT FINDINGS

NARRATIVE

The PREA audit for Community Correction Center (CCC) a Community Based Correction Facility (CBCF) was conducted on August 28-29, 2017 in Lebanon, Ohio. As part of the Talbert House residential corrections program, the facility focuses on successful transition from correctional supervision to community. The facility supplied the auditor documentation relevant to showing compliance with each of the standards. This documentation included the pre-audit questionnaire, policy and procedure, facility floor plan with camera coverage marked, MOU's, staffing plan, and other PREA forms. The auditor received this information and additional documentation while conducting the onsite visit.

During the audit, the auditor toured the facility and conducted informal and formal staff and resident interviews. It was noted during the tour that multiple PREA audit notices were posted in conspicuous places throughout the facility. The notices included the name and address of the PREA auditor and the date posted was six weeks prior to audit. All resident areas including the bathroom has posters which informs residents on the ways in which they can report an allegation; the phone numbers and addresses of agencies they can report including anonymously; and that they can report to any staff member at any time in writing or verbally. Staff post areas have a PREA posters which includes first responder duties and the facility's coordinated response plan.

Eleven random residents were interviewed, based on the facility's current population level. There were no residents who identified as LGBTI, so a random sample of residents was chosen from the various dorm rooms. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures and postings, and the zero tolerance policy.

Also interviewed were specialized staff. This staff includes the PREA Coordinators (also Investigator), PREA Manager (facility Associate Director), Resident Advisor (RA) Practitioner, Director, Human Resource Generalist, and Case Manager. The local hospitals SANE Coordinator, and Warren County Rape Crisis Director were not able to be interviewed. The auditor reviewed both agencies' websites and MOU agreement. The facility does not provide on-site medical services related to forensic examinations. 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 dorm areas, group rooms, day rooms, bathrooms, operations post, utility areas, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs were also completed. The auditor gave a closeout and shared some of the immediate findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

Community Correction Center (CCC) is a Community Based Correctional Facility (CBCF) located in Lebanon, Ohio that serves adult male felony offenders. The facility is single level building that can house up to 110 offenders. To access the facility, one must be buzzed into a lobby area of the administrative section of the building where they will be sign-in by staff and sign a PERA Zero Tolerance acknowledgement form. Residents would access the intake entrance and be subject to a pat-down which is visible by video surveillance.

The facility is equipped with 44 surveillance cameras which can record and play back up to thirty days. The cameras are placed strategically throughout the interior and exterior of the building. There are also multiple security mirrors to enhance security in vulnerable areas. The facility has identified areas that can be considered vulnerabilities and have developed a plan for monitoring these areas until electronic monitoring can be added. Central control in maned 24 hours a day, seven days a week by the security staff can view all cameras.

There are three separate housing units in the facility. The offenders are assigned dorms based upon the Ohio Risk Assessment System (ORAS) risk level score. Offenders were uniform tops based on their risk level. New intakes will wear a different color top until all assessments are complete and a risk level has been determined. Each housing unit contains an open bay dorm, dayroom, and bathroom. Offenders are not allowed to access other housing units. Surveillance cameras monitor the housing unit including the dorm area. Residents are required to change in the bathroom and be completely dressed in common areas. The bathroom in each dorm is equipped with two urinals, two toilet stalls without doors, and four individual shower stalls with appropriate curtains for privacy. Residents that may identify as transgender or intersex will have the ability to shower in the intake area which has a single use bathroom. Dorm placement for transgender or intersex clients will still be based on risk level; however, bed placement will be clearly visible to staff and the camera.

The facility is able to monitor residents effectively from electronic monitoring, security mirrors, and windows or windows in the doors of offices, group rooms, laundry room, kitchen and dining hall. Storage rooms, chemical storage, and other mechanical room doors are locked at all times. The facility requires Resident Advisors to conduct four head counts during the day and circulation rounds every 15-20 minutes, as well as security and perimeter checks throughout the facility.

The residents will share the recreation yard and have supervised access at the same time. The rec yard can be sectioned off to limit the movement of residents. New residents or residents that are on intervention can only access the patio area on the rec yard. The rec yard is surrounded by a 12ft fence with 2ft of barbed and razor wire at the top. The camera on the rec yard has pan, tilt, and zoom capabilities.

The facility offers several programs designed to successfully reintegrate offenders back into the community. Reentry Services include addiction treatment, medication-assisted treatment, trauma, life skills, vocational services, and criminal thinking. The organization has a culture of innovation that thrives on the creation of services that meet residents' needs. Treatment services are researched based, best practices. The staff provide a secure, supervised, and structured living environment that empower residents to change.

SUMMARY OF AUDIT FINDINGS

Community Correction Center has had five PREA allegations during this audit cycle. The allegations where administratively investigated and referred for criminal investigation if needed. Agency administrative staff conducted SART reviews on the allegations and developed necessary plans to correct deficiencies. CCC staff interviewed indicated that they received formal PREA training during orientation as well at facility meetings 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 were sure of their education and training and would be capable to responding to any allegation appropriately. Residents interviews from the facility seemed well versed on their rights under the PREA standards and knew who and how they could report including anonymously. All residents receive information at intake with the phone number and address of inside and outside agencies that could help and knew the location of posters. MOU's with the Warren County Rape Crisis for victim advocacy services and with the Bethesda-Warren County Hospital for SANE practitioners are in place.

Overall, the auditor was left with the impression that the leadership and staff of CCC 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. Talbert House as an agency has reviewed the corrective action plans from other facility's and have implemented positive changes at all facilities. Opportunities to increase the ability to protect and detect sexual abuse and sexual harassment are proactive in nature. Agency leadership has developed policies and practices that shows a commitment to the safety of residents, and provides the necessary support to implement all aspects of the PREA standards.

This is the facility's second PREA audit and it confirms the agency's progression toward providing maximum safety and an environment where staff can enable positive change

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

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.

CCC adheres to the Talbert House agency zero tolerance policy. The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The agency's Director of Regional Corrections and Compliance Manager serve as the agency wide co-PREA Coordinators and reports to the agency's Vice President of Court and Corrections. The auditor spoke with both PREA Coordinators concerning their authority to develop, implement, and oversee the agency's efforts to comply with PREA standards. During the interview, it was clear that both PREA Coordinator has sufficient time and authority to implement the agency's policies and practices in an effort to obtain and maintain compliance.

At the CCC facility, the Associate Director serves as the facility PREA manager. The Associate Director would report any PREA related issues to the Coordinators. During the interview, the Associate Director noted that she has sufficient time and authority to implement all policies and practices related to obtain and maintaining compliance with PREA standards.

Review:
Policy and procedure
Interview with PREA Coordinators
Interview with PREA Manager/Associate Director
Interview with 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 reports that the facility is operated by a private agency and does not contract with other agencies for offender placement

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 agency has a policy requiring each facility complete a staffing plan that provides for adequate levels of staffing and where appropriate video monitoring equipment to protect residents against sexual misconduct. The staffing plan reviews the physical elements of the building including the placement of cameras and identified blind spot areas; plans for prevention and detection including coverage of blind spot areas, requiring staff to have blinds or doors open when residents are in the office, and proper training to ensure staff are conducting proper and timely tours throughout the facility; and ensuring proper staff to residents ratios and that staff have been properly trained on the PREA standards. The plan also reviews the number and types of allegations during that year and ensures all recommendations have been implemented.

The facility has a total of 44 cameras (internally and externally) that aid in the supervision of residents. Cameras on the rec yard pan, tilt, and zoom in order to cover all areas. New residents or residents on intervention can utilize the rec yard patio area only. The cameras record to a digital server and are capable of a thirty day play back. The facility is single story building that has a separate administrative and resident entrance. Visitors entering the administrative lobby area will be signed-in and have to sign a PREA zero tolerance acknowledgment form. Residents will enter through the intake area entrance and be patted down. Resident's are separated by risk level and each risk level has a designated t-shirt color. New intake residents will be giving a different colored t-shirt until classification is complete. RA staff complete three head counts and constant circulation throughout the complex. Third shift complete a count every hour.

The plan is required to be reviewed annually.

There have been no reports of deviations to the staffing plan.

Review:
Policy and procedure
Facility tour
Staffing plan
Floor plan
Interview with PREA Coordinators
Interview with Associate Director
Interview with supervisor

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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Per agency policy, the facility does not conduct cross gender or body cavity searches. The facility houses only male residents and all RA staff completing pat downs or strip searches are male. All pat downs are completed in camera view. All employees are trained on the proper techniques to a pat down and strip search during orientation and again annually.

The facility allows for residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility is divided into three separate housing units. Each unit has an open bay dorm style room and its own bathroom. The dorm and dayroom area on each housing unit is surrounded by a half glass wall. Residents and staff and see into each dorm area from other areas in the vicinity. Residents are required to change in the bathroom and be completely dressed in all common areas of the building. The bathroom in each housing unit is equipped with two urinals that sit back from entrance, two toilet stalls without doors, and four individual use showers with curtains. Females are announced when coming into dorm areas and again when entering the bathroom. The facility has not had an incident of incidental viewing.

The facility has not housed a transgender or intersex resident. The agency has developed a transgender housing policy that has identified ways to manage, house, and secure a transgender or intersex resident safely. The CCC facility is capable of housing a transgender or intersex resident safely. Once identified, the resident will be place in a dorm corresponding to his risk level. Bed placement will be near clear camera views. The resident will be consulted as to their needs for privacy concerning personal hygiene and preferences on who would conduct pat downs. The facility has a private single use bathroom in the intake area that a transgender or intersex resident could use if necessary. The agency has a policy for professional, respectful transgender/intersex resident pat downs. No transgender/intersex resident would be searched for the sole purpose of determining genital status.

During interviews with staff, all indicate that they have been trained properly on how to conduct a variety of searches. The staff members felt comfortable with their training and no issues have been reported concerning the pat down process.

During interviews with residents, the auditor noted that all residents reported that the pat downs were conducted professionally and respectfully. At no time did a resident complain that they were uncomfortable in a sexualized way during a pat down.

Review:
Policy and procedure
Facility tour
Interview with Associate Director
Interview with Director
Interview with random staff
Interview with random residents
Interview with PREA Coordinator

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 residents that allow for them to be able to benefit from program services. These services are for residents who may have a physical, mental, or cognitive disability or for residents who may be limited English proficient. The facility works with community partners to address specific individual needs so that residents can benefit from all aspects of the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The facility staff are instructed to ensure that all aspects of PREA are communicated to all residents regardless of mental, physical, or cognitive disability or language barrier. If there is not a qualified staff member to assist the resident, a community partner will be contracted to aid the resident in understanding agency rules, PREA, and other regulations. The agency currently has partnerships with Affordable Language Services, VocaLink, and Hearing, Speech, and Deaf Center of Greater Cincinnati.

At no time will another resident be used for interpretive services unless a delay in services would compromise the resident's safety, the performance of first responder duties, or an investigation.

The facility does not currently house any resident needing these services.

Review:
Policy and procedure
Interview with random staff
Interview with Associate Director
Invoice for Affordable Language Services

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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Talbert House has a policy that prohibits any of the facilities it operates to hire or promote staff (including contractors and volunteers) that have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility, nor will they hire or promote anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse in the community. The facility conducts a NCIC/NLETS background check on all employees and volunteers. Staff members who work in a facility that houses federal Bureau of Prison offenders will automatically receive a background check every five years as part of the contract renewal. A random review of 12 employee files shows that all employee background checks are up to date. The agency documents all contact with previous employers.

The employee application requires all applicants to reveal if they have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility or convicted of engaging or attempting to engage in sexual activity in the community by force (over or implied) or coercion, or if the victim did not consent or was unable to consent; and if they have been civilly or administratively adjudicated to have engaged in the above activity.

The agency also has a PREA acknowledgement form that all staff sign. The form reviews the agency's zero tolerance policy and all expectations under the PREA guidelines including the continuing affirmative duty to report any allegation against the employee. New employees are also trained on ethical and professional conduct and scope of practice, prevention of personal or familial relationships with residents, and professional boundaries.

Employees who would like to move up within the agency will have to submit a letter of interest to the HR Department. The HR Department will assess the eligibility of the employee by reviewing performance appraisals, disciplinary records, and personnel action reports. Employees who have a disciplinary report that includes a substantiated allegation of sexual harassment will not be considered for the position.

The auditor reviewed 12 random employee files. The review included on boarding documentation, employment application, reference checks/verification, interview forms, disciplinary records, training records, background checks, employee handbook, code of conduct/ethics acknowledgement, and promotions.

The auditor interviewed the Human Resource Generalist concerning their method for ensuring all employees receive their initial and five-year background checks, the process for promotions, and the onboarding process.

CORRECTIVE ACTION:
Employee files reviewed showed staff at CCC are not getting the required five year background check. A plan needs to be put into place to insure the checks are completed.

FACILITY RESONSE:
The entire staff at CCC received a background check completed by the Warren County Sheriff's Department. All staff regardless of when they started would receive a background check every five years in order to be sure background checks are completed according to the

standard requirement. The facility send copies of all staff updated background check to the auditor.

Review:
Policy and procedure
Employee zero tolerance acknowledgement
Employee files
Onboarding documentation
Background checks
Interview with HR Generalist
Updated background checks

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 any new facility nor is it planning any substantial expansion or modification to the current facility. The facility constantly reviews the facility for needs to its video monitoring system. This includes taking into consideration how such technology may enhance its ability to protect residents from sexual abuse.

Facility management review the staffing plan annually in order to access the effectiveness of the facility's security program and if improvements in the electronic monitoring could help in the prevention, detection, and responding to sexual abuse and sexual harassment. The facility has added 20 additional cameras throughout the living areas from the last audit.. There is no other need for additional electronic monitoring or increased staffing levels. The PREA Coordinator will continue to monitor and request additional resources as needs arise.

Review:
Facility tour
Floor plans
Interview with PREA Coordinator
Interview with Associate Director
Interview with Director

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 conducts administrative investigations into allegations of sexual abuse and sexual harassment. 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 has an MOU with the City of Warren County Sheriff's Department as they have the legal authority to investigate criminal conduct at the facility. The department has agreed to use "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" as the uniform evidence protocol in which to investigate any criminal allegations.

The facility will send residents to Bethesda-Warren County Hospital where they perform SANE services as no cost to the victim. The auditor reviewed the hospital's website to confirm the services of a SANE practitioner and advocate services. Talbert House has a MOU with Warren County Rape Crisis to provide advocate and emotional supportive services.

University Hospital has a SANE nurse on call 24 hours a day 7 days a week. These nurses have been trained in forensic nursing and crisis intervention clinical competencies. Warren County Rape Crisis would provide an advocate to offer emotional support, crisis intervention, and follow up services.

The facility has a psych intern that would also be available to provide emotional health/mental health services.

Review:
Policy and procedure
MOU with Warren County Rape Crisis
MOU with Warren County Sheriff's Department
Emotional support person certificate
Review of Bethesda-Warren County Hospital's website
Review of Warren County Rape Crisis's website
Interview with Director
Interview with Associate Director

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 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 MOU with the Warren County Sheriff's Department, the agency who has the legal authority to conduct such investigation. The agency has posted its policy concerning conducting an administrative and criminal investigation on its website (http://www.talberthouse.org/resources/prea-5/). During this audit cycle, the facility has had five allegations.

Investigation #1: A resident made a sexual abuse allegation against a staff member. The allegation was referred to the Warren County Sheriff's Department for criminal investigation and an internal administrative investigation also took place. The administrative investigation determined that the allegation was not founded. The police department determined there was no criminal activity. During the investigation, the residents was moved to another area of the facility and directed to have no contact with the alleged victim. A rescreen was conducted. Retaliation monitoring was conduct and no other issues occurred during the resident's stay.

Investigation #2: A staff member made resident-to resident sexual harassment report based on suspicious resident behavior. The facility conducted an administrative investigation and determined the allegation to be substantiated. The victim was moved to a different dorm during the investigation that was more visible to staff and in camera view. There was no criminal activity so there was no need for a criminal investigation referral. Both victim and abuser received an updated risk assessment.

Investigation #3: A resident made a written sexual harassment allegation against a staff member. The resident was placed in a different group during the administrative investigation. The allegation was investigated and determined to be unfounded.

Investigation #4: A resident made a verbal report of resident-to-resident sexual harassment to staff. The allegation was administrative investigated and determined to be unsubstantiated. The resident was moved during the investigation and accepted mental health services. The alleged abuser was removed from the program. There was no criminal activity so no criminal investigation referral was needed. The victim received an updated risk assessment.

Investigation #5: A resident made a verbal report of resident-to-resident sexual harassment to staff. The allegation was administratively investigated and determined to be substantiated. The resident was moved during the investigation and place on increased security watch. The abuser was removed from the program. There was no criminal activity so no criminal investigation referral was needed. The victim received an updated risk assessment.

Review:
Policy and procedure
Agency website
Interview with PREA Coordinator
Investigation reports
Administrative reviews
Retaliation reports

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 orientation training during their onboarding at Talbert House. This training includes PREA related topics. During this training staff learn from experienced trainers on practical and facility specific ways to manage PREA related situations. At training, staff also learn how to detect blind spot areas; conduct pat downs, strip searches, and transgender/intersex pat downs; and complete searches. The classroom part of the training includes:

Gender specific training
Code of ethics
PREA assessment and the use of screening information
Resident reporting
Boundaries
Investigations
First responder duties/coordinated response plan
Resident rights under the PREA guidelines
PREA policies
Rights and responsibilities for incidents of sexual abuse, assault, harassment, and retaliation
Symptoms of abuse
LGBTI populations
Victim medical/mental health care

In addition to orientation training on PREA topics, employees also receive, PREA related training annually. All training is tracked and a copy is kept in the employees file.

CORRECTIVE ACTION:
The facility offers the required specific training identified in 115.231; however, the training is only mandatory during orientation. Staff members may choose Relias online training to fulfill the training requirement for other years. A review of the Relias online training showed that it lacked training on how to communicate effectively and professionally with residents including, lesbian, gay, bisexual, transgender, intersex, or gender non-conforming. This training is allowable for the off year of the biannual training requirement, but not on an annual basis.

FACILITY RESPONSE:
The PREA Coordinators met with all facility Directors and Associate Directors and clarified the training requirement. Talbert House offers training classes throughout the year via the agency's Institute for Training and Development that any staff member can attend. The facility Directors and Associate Directors will ensure staff participate in the facilitated training that covers all required topics on a biannual basis.

Review:
Employee files
Training curriculum
Staff rosters
Interview with Training Coordinator
Interview with PREA Coordinator
Interview with random staff
Interview with Associate Director
Interview with Director
Court and Corrections Service Meeting Minutes

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 requires all contractors and volunteers to participate in training before having contact with residents. The training includes a review of the agency's zero tolerance policy, how to prevent, detect, and respond to allegations of sexual abuse and sexual harassment. All contractors and volunteers are required to sign verification of training. Visitors to the facility must read and acknowledge Talbert House's zero tolerance policy.

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

Review:
Policy and procedure
Visitor zero tolerance acknowledgement form/sign-in sheet
Contractor/volunteer zero tolerance acknowledgement form
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 intake on the facility's zero tolerance policy. This information is reviewed with the resident to ensure that each resident knows how to report incidents or suspicions of sexual abuse or sexual harassment; their right to be free from sexual abuse, sexual harassment, and retaliation; and how to keep themselves safe while in the facility. If a resident is limited in English proficiency or another disability that prevents, normal communication, the facility will work with outside agencies to ensure each resident can benefit from the agency's efforts to prevent, detect, report, and respond to allegations of sexual abuse and sexual harassment.

At intake residents will receive brochures and other documentation that provides phone numbers and addresses to reporting and supportive agencies. This information is also documented throughout the facilities on posters located in conspicuous places. A more formal resident education concerning their rights and responsibilities under the PREA standards is given at a later time.

The facility provided the auditor with the documentation that is given to residents, and noted the posters located throughout the facility.

In total, eleven residents were interviewed by the auditor. The residents acknowledged receiving PREA education training and informational brochures from the facility. All residents reported feeling safe in the facility and comfortable enough with staff to report an allegation if necessary Residents were aware of the PREA postings and the toll free phone numbers available if they needed to contact a hotline or other supportive services.

Review:
Policy and procedure
Resident education curriculum
Resident education roster
Resident PREA brochure
PREA posters
Resident support documentation
Facility tour
Interview with random residents
Interview with PREA Coordinator

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 agency has a policy concerning specialized training for PREA administrative investigators. All criminal investigations are referred to the local legal authority for investigation. CCC has two staff members that have received appropriate training on how to conduct an administrative investigation. 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 or criminal investigation referral. The PREA coordinator has been trained as an administrative investigator trainer and provides support and guidance to facility investigators.

Review:
Policy and procedure
Administrative investigator training curriculum
Administrative investigator training certificate
Interview with Associate Director
Interview with PREA Coordinators

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 offer in-house medical services however the medical staff will not perform a forensic examination. All residents requiring a forensic examination or sexual assault advocate services would be referred to community resources. The facility would use Bethesda-Warren County Hospital for SANE practitioners who are on call 24 hours a day 7 days a week free of charge. Residents needing mental health services would be first assessed by the facility psych intern and then referred out to services in the community. Advocate services for any resident needing services after a sexual abuse or sexual assault incident would receive services from Warren County Rape Crisis.

Review:
Policy and procedure
Bethesda-Warren County Hospital's website
Warren County Rape Crisis website
Warren County Rape Crisis MOU
Interview with PREA Coordinator
Interview with Case Manger

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 within 72 hours from intake to assess their risk of vulnerability or abusiveness. The screening tool used includes all required criteria per the standard to accurately assess the resident's risk. The screening is completed by case management staff and a rescreen is completed before the resident reaches 30 days in the facility. Case managers have been trained on how to complete the assessment appropriately. Resident's assessments are referred to the clinician for further review and/or classification if a resident answers in the affirmative to any of the questions. The clinical supervisor also reviews assessments for accuracy. Per policy, a resident cannot be

disciplined for refusing to answers assessment questions.

Interviews with residents confirmed that they received an assessment at intake and a rescreening at a later date.

Interviews with staff confirmed they understood how to use the screening tool and kept all information confidential. The agency provides case managers with specific PREA training related to their responsibilities as a case manager which includes how to accurately complete an initial assessment and rescreen.

CORRECTIVE ACTION:
The facility's screening tool question as to perception is set up to get the residents perception as to whether others see him/her as being lesbian, gay, transgender, intersex, or gender non-conforming. The FAQ dated October 21, 2016 for this standard clarifies that the determination is based on the screener's perception.

FACILITY RESPONSE:
The screening tool and the procedure have been revised to direct staff to note their perception of the resident's LGBTI status. The Associate Directors have reviewed the new forms and process with case management staff. The auditor has reviewed the new form and meeting minutes.

Review:
Policy and procedure
PREA initial risk assessment
PREA rescreen risk assessment
Interview with case manger
Interview with random residents
New risk assessment forms
Clinical staff meeting minutes

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 who receive a classification as vulnerable based on their PREA screening assessment will be housed in a bed/room that provided the maximum supervision. Staff would be aware of their status and ensure the safety and security of the resident without knowing details of the assessment.

Besides housing, the information obtained in the assessment may be included in the resident's individual case plan. The resident and the case manager would create goals to work on while in treatment or the case manager may make community referrals for treatment. Residents could be referred the psych intern.

The facility has developed an appropriate plan to house transgender/intersex residents safely. The case manager would discuss with a transgender/intersex resident all available safety options and allow their views of their own safety to aid in determining housing and treatment options. Residents would be able to receive the same treatment benefits while being house in a manner that allows for safe housing, work, and program assignments.

During the interview, the Associate Director was able to clearly discuss the facility's plan to keep potential victims away from potential abusers during work, education, or program assignments. At this time, the facility does not have a resident that has identified as transgender or intersex.

Review:
PREA assessment
Interview with Case Manger
Interview with Associate Director
Interview with PREA Coordinator
Interview with RA staff

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.

The residents at CCC have multiple ways of reporting sexual abuse or sexual harassment. Posters throughout the facility indicate how residents can report to Talbert House staff 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 allows for free calls to the reporting entities. Residents have access to a free phones in the facility, which they can use to make a report.

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 facility has investigated six allegations during this audit cycle. Residents reported allegations in five of these incidences.

Review:
PREA postings
PREA brochure
Resident PREA education curriculum
Facility tour
Interview with random residents
Interview with random staff
Interview with PREA Coordinator
Investigation reports

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.

Talbert House has a grievance policy which does not assess a time limit for filing a grievance alleging sexual abuse or sexual harassment. The agency will respond to a grievance within five working days and has several levels of appeals. Should staff need more time to investigate or respond to the resident, staff will notify the resident of the extension and provide a date a decision will be made. Residents are informed that they are not required to use the grievance system in order to make an allegation of sexual abuse and sexual harassment, and that there are no time limits to reporting. Residents are also notified that third party sources can assist in the grievance process and that they can file a sexual abuse or sexual harassment grievance on behalf of another resident. Grievances forms are available to residents and can be returned to any staff member.

During random resident interviews, each responded that they were informed of the grievance process at intake. The grievance policy is also outlined in the resident handbook which each resident has verified they received at intake. No resident interviewed has used the grievance system to report an allegation of sexual abuse or sexual harassment. The auditor discussed with the residents response times to any type of grievance and those who have filed various grievances received a response from the agency within the specified time limit.

The facility Associate Director reviewed the grievance process with the auditor and the various levels of appeals available to residents. Residents who allege substantial risk of imminent sexual abuse will be immediately protected. The victim can be moved to another room or facility or the abuser can be moved to another room or facility. Agency practice is to place any staff member who is the subject of a sexual abuse or sexual harassment allegation on administrative leave.

Review:
Policy and procedure
Interview with random residents
Interview with Associate Director
Interview with PREA Coordinator

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 Warren County Rape Crisis to provide victim advocate services or emotional support services related to sexual abuse. Warren County Rape Crisis has provided residents with their address and hotline number in order to obtain these services or make a sexual abuse or sexual harassment report.

The facility informs residents the limits of confidentiality when using these services during orientation group. Staff with licensure also inform residents about the limits of confidentiality when discussing issues with them.

Interviews with residents indicate that they have received the phone number and address of the Warren County Rape Crisis and understand that reporting an allegation to the center could result in a mandatory reporting of the allegation. The address and phone number to Warren County Rape Crisis is on posters located throughout the facility.

Review:
MOU with Warren County Rape Crisis
Facility tour
Interview with random residents
Interview with Associate Director

Postings

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.

The facility has not had a third party report during this audit cycle.

Review:
Agency website
Facility tour
Interviews with random residents

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 a way 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 Associate Director and 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. The facility has investigated an allegation that was reported based on staff suspicion.

All staff members who have licensure are required to inform residents 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 resident that is under the age of 18 and does not have a duty to report to child protective services. The facility would make a report to adult protective services if the alleged victim was classified as a vulnerable adult.

Review:
Policy and procedure
Employee training curriculum
Interviews with random staff
Interview with Associate Director
Interview with PREA Coordinator
Investigation report

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 residents from imminent sexual abuse. The facility has several dorm units that a resident can be moved to in order to facilitate protection. The facility could utilize one of the other dorms or holding cell if necessary to protect a resident from imminent sexual abuse. The agency can move a staff member to another area of the building, move to another facility or place a staff member on administrative leave if they are the subject of a sexual abuse of sexual harassment investigation.

An interview with the Associate Director and both PREA Coordinators discussed the process for ensuring resident safety and making a move if necessary. The facility has moved residents beds or dorms in order to protect the resident. Staff have been assigned to other areas of the facility during the course of an investigation.

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

Review:
Police and procedure
Interview with Associate Director
Interview with RA staff
Interview with Case Manger
Interview with PREA Coordinator
Investigation reports

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 facility Director to report to the head of another facility any allegation made against that facility within 72 hours of receiving the allegation. The Director is responsible for documenting the report and making notification of such report to the PREA Coordinator. Should a report be made to the facility that a resident at another facility is making an allegation toward someone in their agency; the Associate Director shall ensure that the allegation is fully investigated.

An interview with the Associate Director indicated that the facility has not received a report from another institution, nor has the facility made a report to another institution.

Review:
Policy and procedure
Interview with PREA Coordinator
Interview with Associate 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 sexual abuse, assault, harassment response procedure for any incident of sexual abuse. This plan is located in the compliance manual stored at the main post. The response procedure 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 facility Associate Director or the manager on call and the PREA Coordinator.

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 and knew the location of the sexual abuse, assault harassment response procedure.

Review:
Policy and procedure
Facility tour
First Responder Duties in Compliance Manual
Interview with random staff
Interview with Associate Director
Interview with PREA Coordinator

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 Sexual Abuse, Sexual Assault, Sexual Harassment Reporting Form to walk staff members through the coordinated response plan. The plan list the required steps and is posted in the Compliance Manual located at the main post. 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 Associate Director or Manager on Call as well as the PREA Coordinator.

The Associate Director 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 Bethesda-Warren County Hospital, victim advocate services from Warren County Rape Crisis, 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. In cases of sexual assault or sexual abuse, the victim's mental health will be evaluated by the agency psych intern. The psych intern will update the PREA Coordinator on the victim's need for additional services.

The case manager or designee will be responsible for the 90 day retaliation monitoring and status checks.

Review:
Policy and procedure
Sexual abuse, assault, harassment reporting form
Interview with PREA Coordinator
Interview with Associate Director
Interview with staff
Interview with RA Practitioner

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 nor does it enter into any contracts 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 residents and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation from other residents or staff. The protection measures include bed moves, dorm moves, facility moves, and administrative leaves for staff. Should a resident or staff member make a request, an emotional support person will be available for services.

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

The facility has made facility moves for victims and alleged abusers during investigations in order to protect against retaliation.

The auditor was able to interview the Associate Director as well as the Clinical Supervisor to confirm the retaliation monitoring process and the measures the facility would employ to ensure that a resident or staff member would be protected from retaliation.

Review:
Policy and procedure
Retaliation monitoring form
Interview with Associate Director
Interview with PREA Coordinator
Interview with Clinical Supervisor
Investigation reports

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 Warren County Sheriff's Department. The facility has five allegations during this audit cycle.

Investigation #1: A resident made a sexual abuse allegation against a staff member. The allegation was referred to the Warren County Sheriff's Department for criminal investigation and an internal administrative investigation also took place. The administrative investigation determined that the allegation was not founded. The police department determined there was no criminal activity. During the investigation,

the residents was moved to another area of the facility and directed to have no contact with the alleged victim. A rescreen was conducted. Retaliation monitoring was conduct and no other issues occurred during the resident's stay.

Investigation #2: A staff member made resident-to resident sexual harassment report based on suspicious resident behavior. The facility conducted an administrative investigation and determined the allegation to be substantiated. The victim was moved to a different dorm during the investigation that was more visible to staff and in camera view. There was no criminal activity so there was no need for a criminal investigation referral. Both victim and abuser received an updated risk assessment.

Investigation #3: A resident made a written sexual harassment allegation against a staff member. The resident was placed in a different group during the administrative investigation. The allegation was investigated and determined to be unfounded.

Investigation #4: A resident made a verbal report of resident-to-resident sexual harassment to staff. The allegation was administrative investigated and determined to be unsubstantiated. The resident was moved during the investigation and accepted mental health services. The alleged abuser was removed from the program. There was no criminal activity so no criminal investigation referral was needed. The victim received an updated risk assessment.

Investigation #5: A resident made a verbal report of resident-to-resident sexual harassment to staff. The allegation was administratively investigated and determined to be substantiated. The resident was moved during the investigation and place on increased security watch. The abuser was removed from the program. There was no criminal activity so no criminal investigation referral was needed. The victim received an updated risk assessment.

The facility has a trained administrative investigator and the PREA Coordinator is a trained investigator as well.

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 status as a resident 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 abuser is no longer employed or in the control of the agency.

All allegations are documented and reviewed by the Risk Management Committee. 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 PREA Coordinator confirmed the retention schedule of for as long as the person is incarcerated or employed with the agency plus five years. The Associate Director 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
Interview with PREA Coordinator
Interview with Associate Director

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 the investigator 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 PREA Coordinator reviews all investigations to ensure that the proper determination was met based on the preponderance of evidence criteria.

Review:
Policy and procedure
Interview with PREA Coordinator

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.

Talbert House policy requires resident notification to any resident that alleges sexual abuse or sexual harassment whether that allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PREA coordinator is responsible for reporting investigation outcomes to residents.

Review:
Policy and procedure
Resident notification
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.

Talbert House 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 resident 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 PREA Coordinator and Human Resource Generalist 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 harassment will be immediately disciplined up to and including termination from the facility and employees found to have engaged in sexual abuse will be immediately terminated and law enforcement would be notified.

Review:
Policy and procedure
Employee handbook
Interview with random staff
Interview with PREA Coordinator
Interview with Human Resource Generalist
Review of employee files

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.

The facility has not had an allegation of sexual abuse or sexual harassment against a contractor or volunteer during this audit cycle.

Review:
Policy and procedure
Contractor training verification
Interview with PREA Coordinator
Investigation reports

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 residents 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 had several allegations against residents during this audit cycle. Resident offenders that have been violated CCC's zero tolerance policy have been appropriately disciplined according to the facility's progressive discipline policy or have been terminated unsuccessfully from the program. No allegations against residents have lead to a criminal investigation during this audit cycle.

The resident handbook clearly defines the agency's rule violations and the possible sanctions. Each resident is given a handbook at intake and staff reviews the handbook, specifically the disciplinary policies, with each resident.

During resident interviews, all residents stated that they received a handbook at intake and that staff reviewed the disciplinary policies with them. Each resident 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
Interviews with random residents
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.

After an incident of sexual abuse or sexual assault, victims are offered unimpeded access to emergency medical treatment and crisis intervention services. Qualified practitioners who would determine the appropriate scope of services would provide these services. Medical services would be provided by Bethesda-Warren County Hospital, and mental health, crisis intervention, or advocacy services would be provided by Warren County Rape Crisis. Residents would be given timely information about sexually transmitted infections prophylaxis (there are no women in this facility). All services are offered free of charge to residents.

The victim's mental health will be evaluated by the agency's psych intern. The psych intern will update the PREA Coordinator on the victim's need for outside services.

Talbert House staff are trained on the appropriate response to an incident of sexual abuse or sexual assault during monthly staff meetings. Staff would develop a safety action plan with victims to ensure continued safety.

A review of allegation investigation forms shows that staff would offer residents the opportunity to receive medical and mental health care if appropriate.

Review:
Policy and procedure
Sexual Abuse, Assault, Harassment Reporting form
Training roster
Investigation report form
Interview with PREA Coordinator

Interview with Associate Director
Interview with random staff

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 facility offers community medical and counseling services for residents who have been sexually abused in a prison, jail, lockup, or juvenile facility. The treatment includes testing for sexually transmitted diseases. Treatment is offered to all known resident to resident abusers within 60 days of learning such history. All treatment is offered free of charge. The facility has not had a report of any known resident to resident abuser.

Staff are trained on the first responder duties and coordinated response plan. This plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical and mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

The PREA initial screening and rescreening along with other intake documentation are reviewed to determine if a resident has abused others while in a correctional setting. If a resident indicates or has a report that indicates that he has in fact abused another resident while in a correctional setting, the agency's psych intern would meet with the resident to determine if additional treatment or a referral for community treatment is necessary.

Review:
Policy and procedure
Sexual Abuse, Assault, Harassment Reporting form
MOU with Warren County Rape Crisis
Training roster
Interview with PREA Coordinator
Interview with Associate Director
Interview with random staff

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.

Talbert House has an agency 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, Facility Associate Director, Facility Director, Clinical staff, and any other staff member deemed necessary.

The team would review agency policies and practices, training, staffing plan, and physical vulnerabilities. This includes 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. The agency's Risk Management Committee will review for any significant issues that may need to be addressed agency wide.

CCC has had two allegations required a SART review; however, the facility completed a review on all allegations. The auditor review the paper work and process of a SART review with the PREA Coordinator. No investigation reviews resulted in recommendations. Should there be recommendations, the Director ensures that the Associate Director implements any recommendations.

Review:
Policy and procedure
SART review forms
Interview with PREA Coordinator
Interview with Associate Director
Investigation reports

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 facility directors are responsible for collecting the data for every allegation of sexual abuse and sexual harassment at the facility for each calendar year. The facility is using Ohio Department of Rehabilitation and Corrections PREA reporting form as the collection instrument. The information from this report is aggregated and listed in the agency's annual PREA report and the report is posted on the facility's website.

The PREA Coordinator reports the records retention schedule for information collected is ten years.

The Justice Department has not requested this information from the agency.

Review:
Policy and procedure
Annual PREA report
Agency website (http://www.talberthouse.org/resources/prea-5/)
ODRC PREA outcome measures 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 requiring the PREA Coordinator to publish an annual PREA report. The report contains details on 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 along with the corrections from prior years. The report also includes an assessment of the agency's progress in addressing sexual abuse.

A review of the report shows the facility documented the required information as well as a comparison to last year's allegation demographics and corrective actions. The report list the ways the agency has addressed issues and its overall progress toward addressing sexual abuse.

The report is posted on the agency's website (http://www.talberthouse.org/resources/prea-5/) and includes reports from previous years. The report does not include any identifying information that could jeopardize the safety and security of the facility.

Review:
Policy and procedure
Annual PREA report
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.

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 to 10 years. The Coordinator takes all collected information from each facility under the Talbert House Inc. umbrella and creates an annual report which is published on the agency's website (http://www.talberthouse.org/resources/prea-5/) after approval from the agency's President/CEO.

The report does not contain any information that could identify anyone personally or contain any information that could jeopardize the safety and security of the facilities.

Review:
Policy and procedure
Annual PREA 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 October 20, 2017

Auditor Signature Date