

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: 03/16/2018

Auditor Information			
Auditor name: Kayleen Murray			
Address: P.O. Box 2400 Wintersville, Ohio 43953			
Email: kmurrap.prea@yahoo.com			
Telephone number: 7403176630			
Date of facility visit: August 10-11, 2017			
Facility Information			
Facility name: Stark County Community Correction Center (SRCCC)			
Facility physical address: 4433 Lesh Street, Louisville, Ohio 44641			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 330-588-2500			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center		<input checked="" type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Craig Prysock			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 131			
Current population of facility: 131			
Facility security levels/inmate custody levels: minimum/community control			
Age range of the population: 18 and up			
Name of PREA Compliance Manager: Dennis Evans		Title: Operations Director	
Email address: devans@srccc.net		Telephone number: 330-588-2500	
Agency Information			
Name of agency: Click here to enter text.			
Governing authority or parent agency: <i>(if applicable)</i> Ohio Department of Rehabilitation and Correction			
Physical address: Click here to enter text.			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number:			
Agency Chief Executive Officer			
Name: Gary Mohr		Title: Director	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency-Wide PREA Coordinator			
Name: Cynthia Ali		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	

AUDIT FINDINGS

NARRATIVE

The PREA audit for the Stark County Community Correction Center (SRCCC) Community Based Correctional Facility was conducted on August 10-11, 2017 in Louisville, Ohio.

SRCCC is a community correction facility that houses both male and female felony offenders. The facility was founded in June 1992 and has been nationally recognized for community corrections and chemical dependency treatment. The facility provided the auditor with relevant documentation to indicate compliance with the PREA standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, and MOU's were included in the documentation. The auditor had ample time to review the documentation during the onsite audit.

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

Ten male offenders and three female offenders were randomly chosen for interviews (10% of the population) from the 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/postings, and the zero tolerance policy.

The facility currently has a staff member who identifies as transgender who was interviewed by the auditor. The staff member spoke to the sensitivity and professionalism of the agency and fellow co-workers whenever necessary to discuss this topic. The staff member has never had an issue about services the staff member can or cannot provide because of their gender status. Clients who spoke openly to the auditor about knowing or guessing the gender status of this staff member did not report any issues or concerns.

The auditor also interviewed specialized staff. This staff includes: Director, Deputy Director, PREA Coordinator, Operations Manager, Resident Supervisor, Intake personnel, and Emotional Support personnel. The auditor was able to speak with the liaison for Stark County Red Cross Rape Crisis Center. The auditor was able to verify services through the organizations' representative. The facility does not provide on-site mental health or medical services. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

After a brief opening with agency staff, the auditor toured the facility. The tour consisted of examining all housing units, dorms, bathrooms, group areas, operations posts, rec yard, air break patio, utility areas, kitchen, 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 the immediate findings.

CORRECTIVE ACTIONS:

On March 2, 2018, the PREA coordinator sent the final corrective actions for the deficient standards. The auditor reviewed the documentation and now deems the facility in compliance with all parts of the standards. Please see standards for specific corrective action taken.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Stark County Community Correction Center (SRCCC) is a community based correctional facility located in Louisville, Ohio that serves adult male and female felony offenders. The facility is a single story building that can house 131 offenders. In order to access the secure perimeter of the facility one must report to the main entrance and be buzzed into the main lobby by staff. Once inside the main lobby, all visitors must be signed in. Male residents will enter through the admissions area on the male wing and receive a pat down that is visible by video surveillance or a strip search which is supervised by staff of the same sex. Female residents enter the building through a separate admissions entrance on the female wing. Female offenders will also receive a pat down that is visible by video surveillance or a strip search which is supervised by female staff.

The male wing has an upper mezzanine level that houses dorm rooms, laundry room, and bathrooms. The dorms, laundry room, and a bathroom are located along the perimeter of the upper and lower level. The resident laundry room on both levels have a bank of windows that view out into the hallway or day room area. In the middle of the day room, there is a Control Center that looks over the whole area. Resident Monitoring staff operating the main control post have access to all the cameras and door control panel. The day room also has access to the TV room, classroom, quiet room, and workout room. At the rear of dayroom is access to the male recreation yard. The male outdoor recreation yard is secured by a 12ft curved fence that has razor wire at the top. Residents have free access to the rec yard during the day and are monitored by cameras that pan, tilt, and zoom.

The female wing of the facility is one level. The housing unit on the female wing has a dayroom, MP/dining room that is also used as a TV room, laundry room, admissions area, monitoring center, and recreation yard. A glass wall to give clear line of site views into the dorm hallway, laundry room, and dayroom area surrounds the monitoring center. The rec yard is open to the residents during daytime hours and is surrounded by a 12ft curved fence. The rec yard is monitored by video cameras that pan, tilt, and zoom. The admissions area encompasses the clinic (medication dispense room and exam room), strip search and urine drug screen room, and visitation area.

The facility has a kitchen that is operated by contact staff from ABL Management. ABL Management staff will supervise residents that work in the kitchen serving or cleaning up. This staff has received the appropriate zero tolerance training. There are cameras in the back kitchen area, dining area, and supply dock. The exit to the dock from the kitchen is locked. Male residents eat in the dining hall while food is brought over to the female wing through a connected hallway.

The facility has a probation hallway, professional hallway, and career resources hallway. These areas have staff offices, classrooms, and group rooms that windows and/or windows in the doors to provide clear line of site views. These areas also have security mirrors in strategic places to minimize blind spot areas. SRCCC's electronic surveillance program includes 83 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 30 days. Resident Supervisor staff assigned to the main control post in both the male and female wings view camera footage. Supervisors can review live and recorded footage on their desktops.

Resident supervisor staff also are required to conduct four head counts each day and circulate throughout the facility. Identified blind spot areas have increased circulation. The facility has placed surveillance mirrors in strategic locations in order to capture areas that are not immediately visible when looking through the window, and in the hallways to cover corners and other hidden areas.

The facility is in the process of expanding the current facility. The new area will house a new visitation room, staff offices, clinic, and bathrooms.

The facility aims to improve the community integration process for residents by addressing chemical dependency, employment, education, and other issues prior to release; and reducing recidivism by addressing certain behaviors, attitudes, and thought processes. SRCCC accomplishes these goals by using programming that has demonstrated the ability to reduce crime.

SUMMARY OF AUDIT FINDINGS

Stark Regional Community Correction Center has had seven (7) PREA allegations during the reporting period. These allegations were all investigated by a trained administrative investigator and referred to the appropriate legal authority if criminal activity is apparent. SART reviews were conducted on any allegation of sexual abuse that was determined to be substantiated or unsubstantiated.

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

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

All MOU's documented the partnership between the facility and the contracting agency concerning services to be provided should there be a need. The auditor was able to interview representative from Stark County Red Cross Rape Crisis Center and confirm the services provided to offenders should there be an allegation of sexual assault or abuse.

Overall, the auditor was left with the impression that the leadership and staff of SRCCC 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. 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 that enables positive change.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

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

The facility's PREA Coordinator is the Operations Director, and reports directly to the agency's Deputy Director. During staff interviews, the PREA coordinator indicated that he has enough time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The PREA Coordinator is new to this position but the former coordinator is the deputy director. The deputy director is able to work directly with the coordinator and give guidance toward implementing policy and procedure where PREA is concerned.

Review:
Policy and Procedure
Interview with PREA Coordinator
Interview with Deputy 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 advises that the facility does not contract with other facilities.

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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The facility has a staffing plan that provides for adequate levels of staffing, and where appropriate video monitoring to protect residents against sexual misconduct. The staffing plan takes into consideration the physical layout of the facility, types of residents housed at the facility, and the number of substantiated and unsubstantiated incidents. The facility management has considered all blind spot areas and developed an appropriate response to maintain the safety and security of the facility.

The staffing plan was developed with the facility’s PREA coordinator along with other facility leadership. The team conducts an annual meeting and documents ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored and the facility has the ability to use staff from the other wing if necessary to ensure appropriate coverage.

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

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

Review:

Policy and Procedure

Facility tour

Staffing plan

Deviation Report

Floor plans with camera placement/security mirrors

Interview with PREA Coordinator

Interview with Operations Manager

Interview with Deputy Director

Interview with Resident Supervisor

Interview with Director

Standard 115.215 Limits to cross-gender viewing and searches

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

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The facility does not conduct cross-gender pat downs, cross-gender strip, or cross-gender body cavity searches of residents. All pat downs are recorded on the facility's video monitoring system. All searches are conducted by members of the same sex.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility houses both male

and female offender; however, the genders are separated by wings and do not have contact with each other. The male unit has two floors. The top floor is a catwalk with rooms surrounding the perimeter. Both floors have twenty rooms and a bathroom. Along the walkway near the dorm rooms and the bathroom is thin line painted on the floor. Opposite gender, staff are to announce themselves before crossing the line in order to allow for residents to have privacy when changing or using the bathroom. The bathrooms on the top floor is equipped with three individual shower stalls. The shower curtains have tops that are clear. There are two toilet stalls and two urinals. The bathrooms on the first floor have an open entrance. The bathroom is equipped with four individual shower stalls, two toilet stalls with doors, and three urinals. During the tour, it was noted by the auditor that those outside one of the restrooms could see one of the urinals. The restroom is set back from the dayroom and is not in a high traffic area. The facility will put up a curtain partition so that the urinal is not clearly visible. The restrooms allow for privacy while in use however has increased circulations due to it not being easily viewable to staff.

The security staff on the female wing of the facility is all female. Male shift supervisors may complete rounds on the female wing or give assistance when needed. The female wing is only single level, but also have the line around the dorm rooms and bathrooms as boundary markers. The single bathroom in the female housing unit has an open doorway. The facilities are around the corner and are not visible from the doorway. The bathroom is equipped with three toilet stalls with doors and three shower stalls. The shower stalls have curtains with clear tops and bottoms.

The male and female housing units have holding cells that are equipped with a toilet sink combo. The view of the toilet area is blocked by a half wall partition.

The facility does not currently have a transgender or intersex resident. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. Agency administration would assign the resident to the most appropriate wing of the facility and develop a plan for specific bed placement and showering accommodations. Residents who are identified as highly vulnerable or highly abusive would be housed and in beds that are easily viewable to staff. A transgender or intersex resident would be offered showering options such as showering at different times in order to protect privacy and offer safety. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status.

Facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation.

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

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

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

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

The facility has been able to partner with other agencies to provide disabled resident equal opportunity to participate in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility identifies residents who may be limited English proficient and works with interpreters so that residents can benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Per policy, the facility will only rely on resident interpreters if a delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's

allegations.

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

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

Review:
Policy and Procedure
Interview with PREA Coordinator
Interview with Admissions Officer
Interview with Resident Supervisor staff

Standard 115.217 Hiring and promotion decisions

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

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

The agency conducts a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks will be completed every five years. Every five years the Human Resource Department will have the Stark County Sheriff's Department run background checks on the entire facility regardless when a person was hired in order to guarantee all staff received the required updated check. All employees, independent contractors, volunteers, and interns are required by policy to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation on an annual basis.

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

Employees up for a promotion will interview for the position with management staff. During the interview, the team will review the personnel file, specifically any disciplinary action, and inquire about any sexual misconduct allegations.

Administrative staff conducts referral checks for all new hires.

The auditor conducted a review of ten randomly chosen employee's files and confirmed the background checks (initial and five-year update), documentation of the continual affirmation to disclose any sexual misconduct, referral checks, and the promotion process. The auditor conducted an interview with the Director, Deputy Director, and PREA Coordinator who took the auditor systematically through the hiring and promotion process.

CORRECTIVE ACTION:

During the files review, the auditor noted that the facility was not conducting reference checks on applicants who had previously worked in another institution. The auditor spoke with the PREA Coordinator along with Human Resource staff who verified that there is not present a practice to call former institutions and ask if the applicant has any substantiated allegations of sexual abuse or resigned during a pending investigation of an allegation of sexual abuse.

FACILITY RESPONSE:

The facility has put in place a new system to ensure that all successful applicants who have previously worked in an institution as defined by 42 U.S.C. §1997 have a reference check completed. The reference check will specifically ask previous employers for any information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The new system has been in place since September of 2017.

- Review:
- Policy and procedure
- Employee files
- On boarding documentation
- Interview with Director
- Interview with Deputy Director
- Interview with PREA Coordinator

Standard 115.218 Upgrades to facilities and technologies

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

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The facility has not acquired a new building, but is in the middle of a substantial expansion to the existing facility.

The PREA Coordinator tours the auditor through the new area. The new construction will house a new male entrance and lobby area, visitation room, office corridor, clinic, male bathroom, and evacuation pad. The PREA Coordinator indicate that the facility has recently been able to add cameras and upgrade a few cameras to pan, tilt, and zoom. No other electronic surveillance system or other monitoring technology has been changed. The facility will address any needs to these areas as the budget allows.

- Review:
- Policy and procedure
- Interview with Operations Manager
- Interview with PREA Coordinator

Standard 115.221 Evidence protocol and forensic medical examinations

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

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The facility has trained investigators to conduct administrative sexual abuse investigations. The Canton City Police Department is responsible for conducting criminal investigations, however the facility is located across the street from the Stark County Sherriff’s Department who can and will assist the facility when necessary. The agency has an agreement with Canton City Police that acknowledges that the department is responsible for conducting criminal investigations for the facility.

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

The facility has a MOU with the Red Cross Rape Crisis Center to provide a victim advocate to any victim of sexual abuse, and a trained staff member who can provide victim support services. The auditor spoke to Michelle Cowley of the center who confirmed the services the agency would provide to clients of SRCCC and that all services were free of charge.

The facility also has an emotional support person that can provide emotional supportive services or make a recommendation for outside services if necessary. These services will be provided to the resident at no cost.

- Review:
- Policy and Procedure
 - Emails to local legal authority
 - MOU with Red Cross Rape Crisis Center
 - Interview with Administrative Investigators
 - Interview with PREA Coordinator
 - Phone interview with Mercy Medical Patient and Visitor Services Coordinator
 - Phone interview with Red Cross Rape Crisis Center Advocate

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 requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Canton City Police Department. The facility has had seven allegations of sexual abuse or sexual harassment during this audit cycle. The auditor interviewed both administrative investigators and reviewed their process for investigating allegations and what would prompt a referral to the legal criminal investigative authority.

Investigation #1: Several residents made a verbal report to staff that another resident touched them. An administrative investigation was conducted and the allegation was determined to be unsubstantiated. The situation was monitored by staff but no other issues occurred. There was no criminal activity so no criminal investigation referral was necessary.

Investigation #2: Two residents made a verbal report to staff that another resident was making inappropriate sexual gestures. An administrative investigation was conducted and the allegation was determined to be unsubstantiated. A retaliation watch was conducted and the administrative staff conducted a SART review of the allegation. There was no criminal activity so no criminal investigation referral was necessary.

Investigation #3: A resident made a verbal report to staff that another resident left an inappropriate sexualized note on her bed. An administrative investigation determined that the relationship was mutual and therefore no unwelcomed behavior.

Investigation #4: A resident made a verbal report that other residents are make inappropriate derogatory sexualized comments about him. An administrative investigation was conducted and determined to be unfounded. Although the allegation was determined unfounded, the resident's room was changed.

Investigation #5: A resident made a verbal report that another resident propositioned her. An administrative investigation determined that it was a onetime incident and has not met the criteria of repeated unwanted behavior. The resident was cautioned and counseled about her behavior.

Investigation #6: A third party reporter made an allegation of staff inappropriate sexual misconduct. The reporter did not leave enough information to start an investigation or how to be contacted. The allegation is shelved unless new information is obtained.

Investigation #7: A resident made a verbal report of staff sexual misconduct during a pat search. An administrative investigation was conducted and determined the allegation was unfounded.

SRCCC uses a Facebook page in lieu of a website to post the investigative policy of the agency and the responsibilities of both the agency and the investigating entity. The auditor reviewed the agency's page and confirmed that the appropriate policy was posted.

Review:

Policy and procedure

SRCCC Facebook page (<https://www.facebook.com/groups/373899242758413/files/>)

Interview with PREA Coordinator

Interview with Administrative Investigators

Standard 115.231 Employee training

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

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The agency has trained all (1-10 of section 115.231) staff on the PREA required topics. The facility ensures all staff know the proper way to prevent, detect, report, and respond to any allegations of sexual abuse or sexual harassment. Staff also receive refresher training every other year that includes a review of facility's policies and procedures, staff duties and responsibilities, and the first responder coordinated response plan. All staff receive gender specific training.

During staff interviews, all staff were able to discuss the various PREA related training they received either at orientation or during an annual training sessions. Staff was well versed on the PREA policies and protocols.

All staff sign an acknowledgment of the training they received.

Review:

Policy and procedure

Training curriculum

Training records

Interview with PREA Coordinator

Interview with random staff

Standard 115.232 Volunteer and contractor training

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

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The facility's administrative staff completes PREA training for all volunteers that have contact with residents. This training includes their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and reporting policies. There were no volunteers or contractors on duty during the audit; however, the facility maintains documentation of the training curriculum and sign-in sheets verifying the training received.

The auditor reviewed the training material and documentation of completed training from various contractors/volunteers.

Review:

Policy and procedure

Contract/vendor training

Volunteer/contractor zero tolerance notification

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)

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

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

All residents watch a PREA education video during orientation and receive handouts that include ways to report and reporting phone numbers. This information is also on posters located throughout the facility. During this orientation group, the PREA Coordinator ensures that residents understand the services available to them at no cost and the limits to confidentiality.

During resident interviews, all offenders reported receiving the PREA education and information at intake and during orientation group. Residents also indicated that their case managers reviewed ways to keep themselves safe, how to report including anonymously, and the toll

free numbers posted near the phones. Postings with PREA related information were located in conspicuous areas throughout the facility.

Review:

Policy and procedure
Resident training curriculum
PREA postings
Facility tour
Interview with 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 facility has a standardized process for administratively investigating any allegations. The facility's PREA Coordinator and Operations Manager have been trained. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The training was provided by the Moss Group.

Review:

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

Standard 115.235 Specialized training: Medical and mental health care

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

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

The facility provides all medical and mental health practitioners that work within the facility training on how to detect and assess the signs of sexual abuse and sexual harassment; how to preserve any physical evidence of sexual abuse; and how to effectively respond to allegations or suspicions of sexual abuse and sexual harassment.

The medical staff at the facility would not complete a forensic examination. Should one be necessary, the resident would be taken to Mercy Medical Hospital, which would provide a sexual assault nurse examiner or other, qualified medical practitioner.

Review:
Policy and procedure
Interview with PREA Coordinator

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

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

An interview with a case manager confirmed the training on completing the form appropriately and the steps to take should a resident be classified as highly abusive, abusive, highly susceptible, or susceptible.

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

CORRECTIVE ACTION: The current set up for the question of perception has the screener ask the resident if he/she is perceived by others as being lesbian, gay, bisexual, transgender, intersex, or gender non-conforming. See FAQ for this standard dated October 21, 2016. There is clarification that the screen requires a determination based on the perception of the screening staff.

The screening form says to “check one”: straight, lesbian, gay, bisexual, transgender, intersex, or gender non-conforming. The list is combining sexual orientation with gender identity. The list needs to be separate or allow for more than one choice.

FACILITY RESPONSE:

The facility has developed a new screening tool that properly allows for a resident to select their gender identity as transgender, intersex, or gender non-conforming as well as identify their sexual orientation as straight, gay, lesbian, or bi-sexual.

The facility’s new screening tool also allows for the assessor to identify his/her perception of the resident’s gender identity and/or sexual orientation.

The new screening tool meets all the requirements of standard 115.241 and has been in use since September of 2017.

Review:
Policy and procedure
Initial PREA assessment screen
PREA assessment rescreen
Interview with PREA Coordinator
Interview with Intake staff
Interview with residents
Interview with case managers
Interview with Resident Supervisors

Standard 115.242 Use of screening information

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

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

All residents receive a classification based upon their PREA screening information. Classifications include: none, vulnerable, or abusive. A resident's classification will be documented but no staff member will be able to see the screening form or answers. Any resident who is classified as vulnerable or abusive will be housed in a designated dorm with a bed that is easily viewable by staff.

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

The facility has not housed a transgender resident but has a plan to house such residents safely which include opportunities to shower separately and make housing and program assignments with a transgender or intersex resident's own views taken into consideration. The administration and the offender that will address placement issues for any transgender resident housed with the facility.

Interviews with staff revealed that the facility has equipped them with the proper skills to appropriately communicate and manage residents that identify as LGBTI.

Review:
Policy and procedure
Facility tour
Initial PREA assessment screening
PREA re-screen assessment
Individual case plan
Staffing plan
Interview with Case Managers
Interview with Resident Supervisors
Interview with PREA Coordinator

Standard 115.251 Resident reporting

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

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

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

The facility has phones with the reporting numbers unblocked to allow free calls to the reporting entities.

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

Review:

Policy and procedure

PREA postings

PREA brochure

Facility tour

Interview with PREA Coordinator

Interview with Operations Manager

Interview with residents

Standard 115.252 Exhaustion of administrative remedies

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

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

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

Standard 115.253 Resident access to outside confidential support services

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

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

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

Interviewed residents verified that they received this information and that the information is available on posters located throughout the facility.

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

The facility has not used these services during this audit cycle.

CORRECTIVE ACTION: The facility provides residents with several different inside and outside way to report allegations of sexual abuse or sexual harassment but it does not provide the mailing address to outside victim advocates for emotional supportive related to sexual abuse.

FACILITY RESPONSE:

The facility has posted new PREA posters in conspicuous areas around the facility that include the mailing address for the American Red Cross Rape Crisis Services. The facility has an MOU with this agency that allows for resident to write or call for victim support services/advocacy.

Review:

Policy and procedure

MOU with Red Cross Rape Crisis Center

Interview with Victim Advocate

Interview with PREA Coordinator

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 Facebook page 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 facility where visitors may frequent.

The facility has had a third party anonymous report.

Review:

Policy and procedure

SRCCC Facebook page

PREA postings

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.

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

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

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

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

Review:
Policy and procedure
Ohio revised code
Interview with random staff
Interview with PREA Coordinator
Interview with Operations Manager

Standard 115.262 Agency protection duties

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

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

SRCCC has several dormitories within the facility. This allows the facility to move either the alleged victim or the alleged abuser to another dorm during or after an investigation. During the interview process, it was very clear that the safety and security of all residents is their primary concern.

An interview with the PREA Coordinator and Operations Manager (both trained investigators) describe the process on how they determine if an alleged victim or abuse should be moved to another facility in order to protect the victim from imminent abuse. The practice is to place a staff member on administrative leave if they are accused of sexual harassment or sexual abuse during the investigation. The staff member is to have no contact with the facility or other staff member until a determination has been made. If another resident is the alleged abuser, the abuser and victim will be separated either by dorm until a determination has been made.

The facility has made dorm moves for residents due to an allegation of sexual abuse or sexual harassment during this audit cycle.

Review:
PREA Audit Report

Policy and procedure
Interview with Operations Manager
Interview with PREA Coordinator

Standard 115.263 Reporting to other confinement facilities

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

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

Upon receiving an allegation that a client was sexually abused while confined at another corrections facility, the Director shall notify in writing the head of the facility or appropriate central office of the agency where the alleged abuse occurred. The policy requires notification within 72 hours. Should the facility receive an allegation from another agency concerning an allegation by a former resident, the PREA Coordinator will ensure that the allegation is investigated appropriately.

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

The facility has not received any allegation that they had to make a report to another agency, nor have they received an allegation from another agency concerning a prior client.

Review:
Policy and procedure
Interview with Director
Interview with Deputy Director
Interview with PREA Coordinator

Standard 115.264 Staff first responder duties

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

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

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

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

their training.

Each security post has a posting of the first responder duties and coordinated response plan.

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

Review:

Policy and procedure

Coordinated response plan/first responder duties flow chart

Training records

Interviews with random staff

Standard 115.265 Coordinated response

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

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

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

During staff interviews, staff knew and could articulate the coordinated response plan. All staff knew the entire plan and did not differentiate between security and non-security tasks. Staff was able to disclose the location of the plan and discussed how they practice using the plan in various scenarios during training.

Review:

Policy and procedure

Coordinated response plan/first responder duties flow chart

Interview with random staff

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

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

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

N/A: The PREA Coordinator indicates that the facility is not under any collective bargaining agreements – a non-union agency.

Standard 115.267 Agency protection against retaliation

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

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

The facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. The facility has assigned the PREA Coordinator or supervisory designee as the staff responsible for monitoring against retaliation for at least 90 days. The client would be placed on special surveillance and would have increased checks by security staff. In the case of resident victims, a status check is completed by the case manager.

The facility has the ability to move victim, offender, or employees in order to protect against retaliation. The facility has moved residents during this audit cycle in order to protect from retaliation.

The auditor reviewed the retaliation forms that were completed for the allegations. The facility completes retaliation checks for all allegations. The team would review the status checks to determine if an extension in monitoring is necessary.

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

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

Standard 115.271 Criminal and administrative agency investigations

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

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

All allegations of sexual abuse or sexual harassment including third party and anonymous reports are administratively investigated by trained investigators and any report that appears criminal in nature are referred to the Canton City Police Department who has the legal authority to conduct a criminal investigation.

The agency has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Canton City Police Department. The facility has had seven allegations of sexual abuse or sexual harassment during this audit cycle. The auditor interviewed both administrative investigators and reviewed their process for investigating allegations and what would prompt a referral to the legal criminal investigative authority.

Investigation #1: Several residents made a verbal report to staff that another resident touched them. An administrative investigation was conducted and the allegation was determined to be unsubstantiated. The situation was monitored by staff but no other issues occurred. There was no criminal activity so no criminal investigation referral was necessary.

Investigation #2: Two residents made a verbal report to staff that another resident was making inappropriate sexual gestures. An administrative investigation was conducted and the allegation was determined to be unsubstantiated. A retaliation watch was conducted and the administrative staff conducted a SART review of the allegation. There was no criminal activity so no criminal investigation referral was necessary.

Investigation #3: A resident made a verbal report to staff that another resident left an inappropriate sexualized note on her bed. An administrative investigation determined that the relationship was mutual and therefore no unwelcomed behavior.

Investigation #4: A resident made a verbal report that other residents are make inappropriate derogatory sexualized comments about him. An administrative investigation was conducted and determined to be unfounded. Although the allegation was determined unfounded, the resident's room was changed.

Investigation #5: A resident made a verbal report that another resident propositioned her. An administrative investigation determined that it was a onetime incident and has not met the criteria of repeated unwanted behavior. The resident was cautioned and counseled about her behavior.

Investigation #6: A third party reporter made an allegation of staff inappropriate sexual misconduct. The reporter did not leave enough information to start an investigation or how to be contacted. The allegation is shelved unless new information is obtained.

Investigation #7: A resident made a verbal report of staff sexual misconduct during a pat search. An administrative investigation was conducted and determined the allegation was unfounded.

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

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

Both investigators would work with the local police department and remain informed about the progress of any referred allegation.

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

Review:
Policy and Procedure
Interview with Administrative Investigators

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

Review:
Policy and Procedure
Interview with Administrative Investigators

Standard 115.273 Reporting to residents

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

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

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

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

CORRECTIVE ACTION:

The facility has previously completed this standard, however with the change of PREA Coordinator, reporting allegation outcomes have been left out of the process.

FACILITY RESONSE:

The facility’s PREA Coordinator or designee is responsible for the notice of investigation outcome reporting to residents. The resident will sign that they have received the outcome notification.

Review:
Policy and procedure
Interview with PREA Coordinator
Investigation reports

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.

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

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

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

Review:
Policy and procedure
Employee handbook
Interview with Director
Interview with Deputy Director
Interview with random staff members
Interview with PREA Coordinator

Standard 115.277 Corrective action for contractors and volunteers

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

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

All contractors and volunteers are made aware of the agency’s zero tolerance policy toward sexual abuse and sexual harassment. Each must participate in PREA training where they will be taught how to prevent, detect, respond, and report sexual harassment and sexual abuse. They will also learn the consequences of participating in any type of sexual misconduct. Contractors and volunteers sign a zero tolerance acknowledgement.

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

Any person (contractor, vendor, volunteer, or visitor) must read and sign an acknowledgment form stating that they have read and understand the agency's Zero Tolerance Policy and agree to abide by the rules set forth by the agency before entering the facility.

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

Review:
Policy and procedure
Contractor/vendor acknowledgement form
PREA Audit Report

Standard 115.278 Disciplinary sanctions for residents

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

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

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

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

Review:
Policy and procedure
Resident handbook
Interviews with residents
Interview with Operations Manager
Investigation reports

Standard 115.282 Access to emergency medical and mental health services

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

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

Policy indicates the types of service offered free of charge to an alleged victim of sexual assault. It is documented which types of services were rendered and or declined by the alleged victim on the investigation form. Residents are offered timely information about and timely access to sexually transmitted infection prophylaxis and birth control.

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

The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

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

The facility has not had a sexual abuse/sexual assault allegation that resulted in the use of these services.

Review:
Policy and procedure
Coordinated Response Plan
Interview with PREA Coordinator

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

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

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

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

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

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

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

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

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

Review:
Policy and procedure
Coordinated Response Plan
PREA initial assessments
Interview with PREA Coordinator

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

SRCCC 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 Deputy Director, PREA Coordinator, Facility Nurse, Operations Manager and any other employee deemed appropriate.

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

At the conclusion of an investigation, the team would provide the Director with any relevant recommendations that would increase the ability to protect, detect, or report allegations of sexual harassment or sexual abuse. The Director would deem which recommendations are appropriate to implement and provide documentation to the recommendations that were not implemented.

Review:
Policy and procedure
Review of SART reports
Review of Investigation reports
Interview with PREA Coordinator

Standard 115.287 Data collection

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

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

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

The facility’s PREA Coordinator collects the data. The information for the facility is used to complete the Survey of Sexual Victimization.

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

Review:
Policy and procedure
PREA data collection and statistical reporting information
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 facility should use the information collected in 115.287 to make improvements in how the agency prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The report compares the current year’s data with those of previous years, and includes the updates made from previous year’s reports. The information contained in the report is based on a calendar year and the report with this information can be found on the agency’s website.

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

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

Auditor verified that the reported was posted on the facility’s Facebook page (<https://www.facebook.com/groups/373899242758413/files/>) and that the report contained all required information.

CORRECTIVE ACTION:

The facility does complete an annual report; however, the report for the current year does not include a list of the identified problem areas, corrective actions, or progress toward addressing sexual abuse.

FACILITY RESPONSE:

The facility has completed the new annual report. This report includes identified problem areas, corrective actions, and progress towards addressing sexual abuse and sexual harassment issues. The report is written by the PREA coordinator and approved by the Executive Direction and submitted the facility’s governing board. The new report can be found on the facility’s Official Facebook page.

Review:

- Policy and procedure
- PREA annual report
- SRCCC Facebook page
- Interview with Deputy Director
- Interview with PREA Coordinator

Standard 115.289 Data storage, publication, and destruction

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

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

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

The aggregated information from the facility was posted on its Facebook page.

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

Review:
Policy and procedure
PREA annual report
SRCCC Facebook page
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

March 16, 2018

Auditor Signature

Date