

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

**Date of Report**    March 6, 2018

### Auditor Information

<b>Name:</b> Kayleen Murray	<b>Email:</b> kmurray.prea@yahoo.com
<b>Company Name:</b> Click or tap here to enter text.	
<b>Mailing Address:</b> P.O. Box 2400	<b>City, State, Zip:</b> Wintersville, OH 43953
<b>Telephone:</b> 740-317-6630	<b>Date of Facility Visit:</b> February 12-13, 2018

### Agency Information

<b>Talbert House Inc.</b>		<b>Governing Authority or Parent Agency (If Applicable):</b> Talbert House- Cincinnati. OH	
<b>Physical Address:</b> 2600 Victory Park Way		<b>City, State, Zip:</b> Cincinnati, Ohio, 45206 Click or tap here to enter text.	
<b>Mailing Address</b> 2600 Victory Parkway, Cincinnati, OH 45206		<b>City, State, Zip:</b> Cincinnati, Ohio, 45206 Click or tap here to enter text.	
<b>Telephone:</b> (513) 751-7747		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Private not for Profit
<b>Agency mission:</b> "Talbert House's mission is to improve social behavior and enhance personal recovery and growth."			
<b>Agency Website with PREA Information:</b> www.Talberthouse.org Click or tap here to enter text.			

### Agency Chief Executive Officer

<b>Name:</b> Neil Tilow	<b>Title:</b> President/CEO
<b>Email:</b> Neil.tilow@talberthouse.org	<b>Telephone:</b> (513) 751-7747

### Agency-Wide PREA Coordinator

<b>Name:</b> Cheryl Burns	<b>Title:</b> Compliance Coordinator
---------------------------	--------------------------------------

<b>Email:</b> Cheryl.burns@talberthouse.org	<b>Telephone:</b> (513) 751-7747 Ext#1117
<b>PREA Coordinator Reports to:</b> Karla Wilson, Compliance Manager	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 7 ❖ We have PREA Investigators at the site: (2) who report to PREA Coordinator.

**Facility Information**

<b>Name of Facility:</b> 3129 Spring Grove Avenue
<b>Physical Address:</b> 3129 Spring Grove Avenue
<b>Mailing Address (if different than above):</b> N/A
<b>Telephone Number:</b> (513) 853-6930

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

**Facility Mission:** "Talbert House's mission is to improve social behavior and enhance personal recovery and growth."

**Facility Website with PREA Information:** www.Talberthouse.org

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

**Director**

<b>Name:</b> Thomas Bach	<b>Title:</b> Director
<b>Email:</b> Thomas.bach@talberthouse.org	<b>Telephone :</b> (513) 872-5863 Ext#1167

**Facility PREA Compliance Manager**

<b>Name:</b> Kevin Corey	<b>Title:</b> Associate Director
<b>Email:</b> kevin.corey@talberthouse.org	<b>Telephone:</b> (513) 853-6930 Ext#1442

**Facility Health Service Administrator**

<b>Name:</b> Andrew Johnson	<b>Title:</b> Operations/Clinical Supervisor
<b>Email:</b> Andrew.johnson@talberthouse.org	<b>Telephone:</b> (513) 853-6930 Ext#1440

Facility Characteristics			
Designated Facility Capacity: 122 Adult Clients		Current Population of Facility: 113 Adult Clients	
Number of residents admitted to facility during the past 12 months			459
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			1
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			459
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			459
Number of residents on date of audit who were admitted to facility prior to <b>August 20, 2012:</b>			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 & up	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			3-6 months
Facility Security Level:			community
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			37
Number of staff hired by the facility during the past 12 months who may have contact with residents:			12
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			3
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		9	
Number of Open Bay/Dorm Housing Units:		3	
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.) (41) Cameras, (17) Clients on EM, The third floor house the administration offices and is locked at night. It contains (1) camera in the door entry and (1) camera in the administrative offices area. The administrative office area is locked after 5 p.m. The control area for monitoring of all cameras is located in the main duty office area located on the second floor. The cameras are monitored 24/7. The main entrance door located on the second floor is where the same floor that house the (5) housing units. There are cameras located in each housing unit and throughout the hall area. There are cameras located in all (4) housing areas on the lower level floor as well and cameras central located throughout the hallway area for maximum safety and security. Eight of the cameras provide surveillance for building perimeter. Spring Grove electronic surveillance program allows all (41) cameras to be viewed remotely by approved staff and the capability to record and playback up to (7) days. There is physical patrol conducted by the security staff every (30) minutes at different intervals so that there is not routine formulated. The patrols are more frequent in the event of higher risk situations. Resident count is conducted every (2) hours for client accountability. Mirrors are also utilized to assist with blind spots.</p>			
Medical			
Type of Medical Facility:		N/A	

<b>Forensic sexual assault medical exams are conducted at:</b>	University of Cincinnati Hospital SANE Unit
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	8
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	2

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The PREA audit for Spring Grove Halfway House was conducted on February 12-13, 2017 in Cincinnati, 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 was provided a private area in which to complete work and interviews. The auditor conducted formal and information interviews of staff and residents. During the tour, the auditor noted PREA audit notices posted in both resident and staff areas in conspicuous places. The notices included the name and address of the PREA auditor and the date posted was approximately 6 weeks prior to the on-site audit. Also posted throughout the facility were postings that informed residents how to report an allegation, including anonymously, phone numbers and address of the emotional support agency, and for staff a posting of the agency's coordinated response plan.

Twenty residents from the three housing units were interviewed. There were no residents or staff that requested to speak with the auditor. During resident interviews, they were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA posters and other handouts, and the zero tolerance policy. Vulnerable residents were asked about their safety and offering of counseling services and residents who have a disability stated the disability did not impair the resident's ability to fully participate in the facility's PREA education program. The facility did not have residents who have limited English proficiency or residents who reported an allegation. All residents reported feeling safe in the facility.

Staff interviewed included specialized staff. This includes the PREA Coordinator, Director of Program Operations, Human Resource Manager, and Program Director. The auditor was able to review SANE of Butler County MOU and website to confirm the scope of their services provided to residents at the facility. Random staff from each of the three shifts were interviewed. These staff were asked about PREA training, how to report, whom to report, filing out reports, investigations, conducting interviews, follow-up and retaliation monitoring, first responder duties, and the facility's coordinated response plan.

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

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Spring Grove is a halfway house located in Cincinnati, Ohio that serves adult male felony offenders. The facility is a three story building that can house 122 clients. The third floor houses administration offices and is locked and alarmed at night. To access the facility, one must be buzzed into a lobby area on the main floor of the building where they will be sign-in by staff. Clients would access the same entrance and be subject to a pat-down in the duty office which is visible by video surveillance.

The facility is equipped with 41 surveillance cameras which can record and play back 14-30 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. Cameras can be found in the hallways, stairwells, dayrooms, laundry rooms, dining hall, exercise room, and dorms. All exterior entrance points and the rec yard are also monitored by cameras. The Activity and Security Monitors (ASM) are required to conduct a circulation round every thirty minutes and a head count four times per shift. Clients are required to report to their rooms for head count.

The main floor also contains office space for case management and group rooms. These offices do not have any site views so staff must keep office doors open when meeting with clients. There are five dorms in this housing unit that house between twelve and fourteen offenders. The rooms are designed to minimize blind spot areas. There are cameras in the dorms. The facility has a bathroom dress policy in place. The housing unit on this floor also contains a large dayroom, medication office, laundry room, storage space, and an offender bathroom. Off the dayroom is the exit to the recreation yard. The rec yard leads to an employee parking lot and a blacktop court with a basketball hoop. There is a fence around the area. Clients are supervised when out on the rec yard.

The basement area has two housing units. One is an honor dorm with its own bathroom. There is another dayroom that has an exercise room connected. The exercise room has glass walls and is visible to the dayroom and is equipped with a camera. Clients have free access to the exercise room during open hours. There is also a staff duty desk on this floor. This desk is not manned at all hours and the monitoring system only provides access to the cameras on this floor. There is a group room with two access doors. The room is locked when not in use. The dining hall, kitchen and laundry room are also available to clients during open hours. Clients do not work in the kitchen area.

Clients that have been given a classification of vulnerable would be housed in one of the dorm rooms that offers the most visibility, security, and on camera. All rooms are designed to minimize blind spot areas. Outside of the main post office is a cot for clients in crisis. Clients who need increased watches due to any emergency or crisis situation would be placed on the cot for clear line of site views from staff working in the main duty office.

The bathroom is designed to offer privacy for clients (see standard 115.215 to see full bathroom description).

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 clients' needs. Treatment services are researched based, best practices. The staff provide a secure, supervised, and structured living environment that empower clients to change.

## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

N/A

**Number of Standards Met:** 41

115.211, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.424, 115.251, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

**Number of Standards Not Met:** 0

N/A

### Summary of Corrective Action (if any)

The facility did not need to address any standard with corrective actions. The agency has implemented corrective action plans from other facilities under its umbrella to address any previous deficiencies. The overall impression left with the auditor was the agency as a whole and the facility specifically take PREA compliance seriously. It is of the utmost importance to administration and facility leadership to provide a safe and secure environment that promotes change.

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spring Grove 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 Quality and Clinical Services Compliance Manager serve as the agency wide co-PREA Coordinators and reports to the agency's Vice President of Court and Corrections and

the Chief Administrative Officer. 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 Coordinators have sufficient time and authority to implement the agency's policies and practices in an effort to obtain and maintain compliance.

At the Spring Grove 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 he 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 Regional Director

## Standard 115.212: Contracting with other entities for the confinement of residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 is operated by a private agency and does not contract with other agencies for offender placement

## Standard 115.213: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 each facility complete a staffing plan that provides for adequate levels of staffing and where appropriate video monitoring equipment to protect clients 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 clients are in the office, and proper

training to ensure staff are conducting proper and timely tours throughout the facility; and ensuring proper staff to client 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 development of the plan included the input of the PREA Coordinator and the Associate Director, Regional Director, Program Director, and other key staff members. 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.

The facility has a total of 41 cameras (internally and externally) that aid in the supervision of clients. The cameras record to a digital server and are capable of a 14-30-day play back. The facility consists of three levels with the top level housing administrative offices. Staff, clients, and visitors must be "buzzed in" to the lobby area of the main entrance that is staffed with a Resident Advisor (RA) 24 hours a day. This staff member will monitor cameras, complete pat downs on clients entering the building, and sign clients in and out of the building.

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

## Standard 115.215: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)   
Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No

- Does the facility document all cross-gender pat-down searches of female residents?  
 Yes  No

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

The facility allows for clients to shower, perform bodily functions, and dress in areas not viewable to staff. The clients within each dorm area on the same floor share a bathroom. The bathroom in the dorm area on the main floor is equipped with six individual shower stalls. Each stall is covered with a half curtain. The toilet area has five toilet stalls with shower curtains for doors and three urinals. The first floor has an honor dorm with its own bathroom. This bathroom consists of two individual shower stalls, one toilet stall, and one urinal. The shower and toilet are all covered by shower curtains. The bathroom for the other dorms located on the first floor consist of four individual shower stalls, three toilet stalls and two urinals. The showers and toilets are covered with shower curtains. The entrance to all bathrooms have a solid door. Female staff members knock and announce themselves before opening the door. The facility has installed cameras in the dorms and has put in place a dress policy that requires clients to dress in the bathroom.

The facility has not housed a transgender or intersex client. The agency has developed a transgender housing policy that has identified ways to manage, house, and secure a transgender or intersex client safely. The client will be consulted as to their needs for privacy concerning personal hygiene and preferences on who would conduct pat downs. The agency has a policy for professional, respectful transgender/intersex client pat downs. No transgender/intersex client 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 pat downs. The staff members felt comfortable with their training and no issues have been reported concerning the pat down process.

During interviews with clients, the auditor noted that all clients 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. The facility has experienced some false allegations in conjunction with pat searches. These allegations were brought against a staff member after contraband was found.

Review:

Policy and procedure

Facility tour

Interview with Associate Director

Interview with Director

Interview with random staff

Interview with random clients

Interview with PREA Coordinator

Investigation reports

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency has a policy that calls for the reasonable accommodations for clients that allow for them to be able to benefit from program services. These services are for clients who may have a physical, mental, or cognitive disability or for clients who may be limited English proficient. The facility works with community partners to address specific individual needs so that clients 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 clients regardless of mental, physical, or cognitive disability or language barrier. If there is not a qualified staff member to assist the client, a community partner will be contracted to aid the client in understanding agency rules, PREA, and other regulations. The agency currently has partnerships with Affordable Language Services, and Hearing, Speech, and Deaf Center of Greater Cincinnati.

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

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

Review:

Policy and procedure

Interview with random staff

Interview with Associate Director

## Standard 115.217: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the 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 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. All employee at facilities that do not house federal offenders, will have a background check completed every five years. The HR department conducts annual file reviews and will alert the Program Director of each facility when an employee's background check is due. A random review of 23 employee files shows that all employee background checks are up to date. The agency documents all contact with previous employers.

The applicant interview requires potential employees 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 clients, 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 23 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, reference checks, reporting substantiated allegations to other facilities upon request, and the onboarding process.

Review:  
Policy and procedure  
Employee zero tolerance acknowledgement

Employee files  
Onboarding documentation  
Background checks  
Interview with HR Generalist

## Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility has not 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 assess 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 additional cameras throughout the living areas. 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

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 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 Cincinnati Police 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 has a signed MOU with SANE of Butler County to provide forensic examinations by a qualified practitioner free of charge to victims of sexual abuse. This agency collaborates with University of Cincinnati Medical Center (University Hospital) to also provide advocate services. The auditor made several attempts to speak with the Coordinator (who signed the MOU) but was unable to get in touch the Coordinator. The auditor was able to review the agency's website (<https://www.saneofbutlercounty.org>) and MOU with the facility to confirm that the forensic exam practitioner, emotional supportive services, and mental health services free of charge to victims of sexual abuse.

The contracting agency will also provide agency will provide advocate services free of charge to victims of sexual abuse or sexual harassment. The website states that the agency would provide advocate services, emotional supportive services, crisis services, hotline number for residents to report sexual abuse or sexual harassment, an address where residents could report sexual abuse and sexual harassment, follow up services, and community referrals all free of charge to the victim.

The facility also has a MOU with YWCA Rape Crisis and Abuse Center of Hamilton County (formerly Women Helping Women). This agency offers assistance to victims of sexual assault which includes court accompaniment, support groups, counseling, and hotline services. The auditor was able to verify these services with an agency representative.

### Review:

Policy and procedure  
MOU with Women Helping Women  
MOU with City of Cincinnati Police Department  
Emotional support person certificate  
Review of University of Cincinnati Hospital's website  
Review of Women Helping Women's website  
Interview with Director  
Interview with Associate Director

## Standard 115.222: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]  
 Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 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 City of Cincinnati Police 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 two allegations.

Investigation #1: This was a verbal third-party report (phone call) alleging staff-to-client sexual abuse. The administrative investigation determined the allegation was unsubstantiated. The Cincinnati police were called but no criminal investigation took place. The employee was moved to another Talbert House facility.

Investigation #2: This was a staff report after post was viewed on Facebook. The allegation was staff-to-client sexual abuse. An administrative investigation determined the allegation to be substantiated. The Cincinnati police were called but no criminal investigation took place. The staff member resigned during the investigation.

During the course of reviewing investigation reports and conducting interviews it was noted by the auditor that the investigations were all handled properly and had the correct outcome. The agency as a whole has a total of twenty-one trained investigators.

Review:

Policy and procedure

Agency website

Investigation reports

Interview with PREA Administrative Investigator

Interview with PREA Coordinator

Interview with Program Director

Interview with Human Resource Generalist

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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  
 Client 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.

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

## Standard 115.232: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency requires all contractors and volunteers to participate in training before having contact with clients. 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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All residents receive information at intake on the facility's zero tolerance policy. This information is reviewed with the client to ensure that each client knows how to report incidents or suspicions of sexual abuse or sexual harassment; their right to be free from sexual abuse, 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 client can benefit from the agency's efforts to prevent, detect, report, and respond to allegations of sexual abuse and sexual harassment (see standard 115.216).

At intake clients 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 client 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 clients, and noted the posters located throughout the facility.

In total, twenty clients were interviewed by the auditor. The clients acknowledged receiving PREA education training and

informational brochures from the facility. All clients reported feeling safe in the facility and comfortable enough with staff to report an allegation if necessary. Clients were aware of the PREA postings and the toll free phone numbers available if they needed to contact a hotline or other supportive services. Clients in this facility are also able to have a personal cell phone.

Review:

Policy and procedure

Client education curriculum

Client education roster

Client PREA brochure

PREA posters

Client support documentation

Facility tour

Interview with random clients

Interview with Program Director

## Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  
 Yes    No    NA

### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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. Spring Grove has 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 coordinators has been trained as an administrative investigator trainer and provides support and guidance to facility investigators.

Training was provided by the Moss Group or online training through NIC.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

N/A:

The facility does not provide onsite medical or mental health services. All residents requesting these services would be referred to community resources. Medical services would be provided to residents by University Hospital. The facility has an MOU with this hospital to provide forensic examination services should a resident be sexually abused or assaulted while at the facility. Mental Health or Victim Advocate services would be provided by SANE of Butler County or YWCA Rape Crisis.

University Hospital has collaborated with SANE of Butler County and together the agencies have comprehensive education and training on dealing with victims of sexual abuse or sexual assault.

Review:

Policy and procedure

MOU with YWCA Rape Crisis

MOU with SANE of Butler County

University Hospital website

SANE of Butler County website

Interview with PREA Coordinator

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

#### 115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

Interviews with clients 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.

The auditor noted that during a PREA audit for another facility in the Talbert House umbrella, the staff completing the screening form was not using their own perception when assessing a client’s LGBTI status. Spring Grove staff have received the corrective action measures on this and have been assessing clients correctly.

Review:

- Policy and procedure
- PREA initial risk assessment
- PREA rescreen risk assessment
- Interview with Intake Coordinator
- Interview with Clinical Supervisor
- Interview with case manger
- Interview with random clients

## Standard 115.242: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

Besides housing, the information obtained in the assessment may be included in the client's individual case plan. The client and the case manager would create goals to work on while in treatment or the case manager may make community referrals for treatment. Clients could be referred the mental health clinician or community mental health agencies.

The facility has developed an appropriate plan to house transgender/intersex clients safely. The case manager would discuss with a transgender/intersex client all available safety options and allow their views of their own safety to aid in determining housing and treatment options. Clients 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 client 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

## REPORTING

### Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The clients at Spring Grove have multiple ways of reporting sexual abuse or sexual harassment. Posters throughout the facility indicate how clients can report to Talbert House staff as well as how to report to an outside agency. Interviews with the clients 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 are allowed to have cell phones in the facility, which they can use to make a report. The facility also has a care and concern box in which a client can leave a written PREA allegation and remain anonymous.

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:

- PREA postings
- PREA brochure
- Client PREA education curriculum
- Facility tour
- Interview with random clients
- Interview with random staff
- Interview with PREA Coordinator
- Investigation reports

## Standard 115.252: Exhaustion of administrative remedies

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 client, staff will notify the client of the extension and provide a date a decision will be made. Clients 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. Clients 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 client. Grievances forms are available to clients and can be returned to any staff member or placed in the care and concern box (a locked box which allows clients to make written allegations).

During random client interviews, each responded that they were informed of the grievance process at intake. The grievance policy is also outlined in the client handbook which each client has verified they received at intake. No client interviewed has used the grievance system to report an allegation of sexual abuse or sexual harassment. The auditor discussed with the clients the 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 clients. Clients 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 clients

Interview with Associate Director

Interview with PREA Coordinator

## Standard 115.253: Resident access to outside confidential support services

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 SANE of Butler County to provide victim advocate services or emotional support services related to sexual abuse. The agency collaborates with University Hospital and together they 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 also has a MOU with YWCA Rape Crisis (formally Women Helping Women) to provide advocacy services.

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

Interviews with residents indicate that they have received the phone number and address of YWCA Rape Crisis and SANE of Butler County and understand that reporting an allegation to the center could result in a mandatory reporting of the allegation.

Review:

Policy and Procedure

Posters

MOU with SANE of Butler County

MOU with YWCA Rape Crisis

Interview with residents

## Standard 115.254: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 may make a third party report on behalf of another resident. The information on how to make a third party report is also posted in the visitation area.

All official visitors that come into the facility must sign a PREA Zero Tolerance Acknowledgment form. The form includes information on how to report an allegation.

One allegation this audit cycle was a third-party report.

Review:

Policy and procedure

Agency website

Facility tour

PREA postings

Investigation report

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 given instruction on how to document the report and limit access to that information, and to only share that information with staff in order to make treatment, investigation, or other security decisions. All allegations of sexual abuse or harassment are referred to the PREA Coordinator for investigation.

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

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

An allegation reported during this audit cycle included a staff report based on information discovered on their Facebook page.

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 State of Ohio does not require institutions or facilities licensed by the state of Ohio 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  
Interviews with staff  
Investigation reports  
State law statute

## Standard 115.262: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility has a plan to protect clients from imminent sexual abuse. The facility has several dorm units that a client can be moved to in order to facilitate protection. If necessary, Talbert House has several facilities throughout Cincinnati. The facility could utilize one of the other facilities if necessary to protect a client from imminent sexual abuse. The agency has a practice of placing a staff member on administrative leave if they are the subject of a sexual abuse or sexual harassment investigation.

An interview with the Associate Director and both PREA Coordinators discussed the process for ensuring client safety and making a move to another facility if necessary. The facility has placed a staff member on administrative leave during an investigation and moved that staff member to another facility at the conclusion of the investigation.

The auditor was left with the impression from the interviews with clients and staff that client 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 Manager  
Interview with PREA Coordinator

## Standard 115.263: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.263 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 client 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 have they had to report an allegation to another facility.

Review:

Policy and procedure

Interview with PREA Coordinator

Interview with Associate Director

## Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the 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.

There was no need for a first responder during this audit cycle.

- 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**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.265 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 lists 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 University Hospital, victim advocate services from YWCA Rape Crisis or SANE of Butler County, 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 clinical supervisor. The clinical supervisor 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

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.266 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.267 (a)

- Has the agency established 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 by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

The facility has placed staff on administrative leave 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 client 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

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility conducts administrative investigations but does not conduct criminal investigations. Criminal investigations would be completed by City of Cincinnati Police Department. The facility has two allegations of staff sexual misconduct during this audit cycle.

Investigation #1: This was a verbal third-party report (phone call) alleging staff-to-client sexual abuse. The administrative investigation determined the allegation was unsubstantiated. The Cincinnati police were called but no criminal investigation took place. The employee was moved to another Talbert House facility.

Investigation #2: This was a staff report after post was viewed on Facebook. The allegation was staff-to-client sexual abuse. An administrative investigation determined the allegation to be substantiated. The Cincinnati police were called but no criminal investigation took place. The staff member resigned during the investigation.

The facility has several trained administrative investigator and the PREA Coordinators are 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 client or staff member to determine credibility. The facility does not use a polygraph examination as part of an administrative investigation. All allegations will receive an administrative investigation regardless of whether the alleged victim or 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  
Investigation reports

## Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

The notification denotes whether a resident was notified and the date of notification or if there was no notification given. If the facility was unable to notify the resident, the reason is noted on the form.

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

The auditor reviewed notification forms from the various administrative investigations.

Review:

Policy and procedure

Client notification

Investigation reports

Interview with PREA Coordinator

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 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 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.

An allegation of a staff member resulted in a resignation during the investigation. The administrative investigation continued and was determined to be substantiated. The information was also turned over to the Cincinnati Police Department who refrained from a criminal investigation.

Review:

Policy and procedure

Employee handbook

Interview with random staff

Interview with PREA Coordinator

Interview with Human Resource Generalist

Review of employee files

Investigation reports

## **Standard 115.277: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
  
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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: Interventions and disciplinary sanctions for residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### 115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility has an appropriate policy that disciplines clients for a substantiated allegation of sexual abuse or sexual harassment or for a criminal finding of guilt for sexual abuse or harassment. The facility has not had an allegation of client on client sexual abuse or sexual harassment, nor have they had a guilty finding in a criminal investigation of client on client sexual abuse or sexual harassment during this audit cycle.

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

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

Review:

Policy and procedure

Client handbook

Interviews with random clients

Interview with PREA Coordinator

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 University Hospital, and mental health, crisis intervention, or advocacy services would be provided by SANE of Butler County or YWCA Rape Crisis. Clients 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 clients.

The victim's mental health will be evaluated by the agency clinical staff. The clinician 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.

A review of allegation investigation forms shows that staff would offer clients 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  
MOU with SANE of Butler County  
MOU with YWCA Rape Crisis

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.283 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.283 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### **115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### **115.283 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 clients 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 client to client 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 client to client 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 client has abused others while in a correctional setting. If a client indicates or has a report that indicates that he has in fact abused another client while in a correctional setting, the agency's clinician would meet with the client 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 YWCA Rape Crisis

MOU with SANE of Butler County

Training roster

Interview with PREA Coordinator

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes  No

### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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.

Spring Grove has had two allegations required a SART review. The auditor reviewed the paper work and process of a SART review with the PREA Coordinator. There was no recommendation necessary.

Review:

Policy and procedure

SART review forms

Interview with PREA Coordinator

Interview with Associate Director

Investigation reports

### Standard 115.287: Data collection

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.288 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### **115.288 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 lists 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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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:

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)  
 Yes  No  NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This is the facility’s second PREA audit. The auditor was able to review all areas of the facility, requested documentation to ensure compliance, and a private area to interview residents and staff. The facility posted the auditor’s email and mailing address to staff and resident with instructions on how to contact the auditor privately before the onsite visit. The date of the visit was also on the posting. The auditor did not have a resident or staff member who requested to speak with the auditor during the onsite visit.

The auditor was able to review documentation from the last year and when requested, information from the prior three years in order to ensure the facility has maintained compliance for the entire three years.

The agency has an appropriate audit schedule to ensure all facilities are audited and that 1/3 of the facilities have an audit each year. All final reports from each facility is posted on the agency website

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency website has the final audit report for all facilities posted on its website. The auditor reviewed the website to confirm the reports were posted.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

---

**Auditor Signature**

March 6, 2018

**Date**

---

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.