

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

Date of report: September 26, 2017

Auditor Information			
Auditor name: Kayleen Murray			
Address: P.O. Box 2400 Wintersville, Ohio 43953			
Email: kmurray.prea@yahoo.com			
Telephone number: 740-317-6630			
Date of facility visit: August 6-7, 2017			
Facility Information			
Facility name: West Central Community Correctional Facility			
Facility physical address: 18200 State Route 4 North, Marysville, Ohio 43040			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 937-644-2838			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: David Ervin			
Number of staff assigned to the facility in the last 12 months: 64 Click here to enter text.			
Designed facility capacity: 144 (male and female)			
Current population of facility: 105 males/40 females			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18 and older			
Name of PREA Compliance Manager: Lori Penrod		Title: Accreditation Manager	
Email address: LPenrod@wcccf.org		Telephone number: 937-644-2838	
Agency Information			
Name of agency: Click here to enter text.			
Governing authority or parent agency: <i>(if applicable)</i> Ohio Department of Rehabilitation and Correction			
Physical address: 770 West Broad Street, Columbus, Ohio 43222			
Mailing address: <i>(if different from above)</i>			
Telephone number: 614-387-0588			
Agency Chief Executive Officer			
Name: Gary Mohr		Title: Director	
Email address: gary.mohr@odrc.state.oh.us		Telephone number: 614-387-0588	
Agency-Wide PREA Coordinator			
Name: Cynthia Ali		Title: Program Administrator	
Email address: Cynthia.ali@odrc.state.oh.us		Telephone number: 614-728-1494	

AUDIT FINDINGS

NARRATIVE

The PREA audit for West Central Community Based Correctional Facility was conducted on August 6-7, 2017 in Marysville, Ohio. West Central opened in October of 1999 and continues to provide a secure treatment environment for male and female felony offenders. The facility provided the auditor with an email that contained relevant documentation to indicate compliance with the PREA standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, and MOU's were included in the documentation. The auditor had ample time to review the documentation before the onsite audit.

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

Ten male residents from the three housing units were interviewed including one resident that requested to speak with the auditor. Three female residents were also interviewed. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The resident who requested to speak with the auditor wanted information about a prior PREA allegation he made at another facility. That allegation was fully investigated and he had written documentation of the allegation outcome.

The auditor also interviewed specialized staff. This staff includes the Executive Director, PREA Coordinator, Resident Monitor Coordinator, Lead Counselor, Investigators, Facility Coordinator, Staff Nurse, Court Services Coordinator, Human Resource personnel, and Emotional Support personnel. The auditor reviewed Union County Memorial Hospital's website for information on their SANE program. The auditor was able to verify services through the organization's website. The facility does have a MOU with the Union County Prosecutor's Office Victims of Crime Assistance Program to provide emotional supportive services; however, can only provide residents with the agency's contact information due to the limits placed on the agency by PREA standard 115.221 D. The facility will use staff trained emotional support personnel to accompany and support the victim through the forensic medical examination process and investigatory interviews. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The West Central Community Correctional Facility is located in Marysville, Ohio and serves adult male and female felony offenders. The facility consist of two separate wings in one building, one wing for male residents and one wing for females. The male offender wing can house 105 male residents and the female wing can house 45. In order to access the secure perimeter of the facility one must report to the main entrance, sign in and sign a zero tolerance policy acknowledgement. Residents will enter at the intake entrance for their respective genders and receive a pat down or a strip search. The male intake area contains male clinic area, staff offices and two holding cells. Residents entering the facility will go into the holding cell until it is time for them to leave the building or reenter the facility. All residents reentering the facility will receive a strip search. The intake area in the female wing has a holding cell (with bathroom) and a segregation cell (without bathroom). The holding cell and segregation cell in the female wing have cameras inside the rooms. Female only staff work the control booth in the female wing and have the only access to these cameras. Each wing has its own visitation room and clinic.

The male wing consist of a large family room area that is divided into three sections. The dorms and a bathroom are located on either side of the family room which each side consisting of one large and one small dorm. The resident laundry room is just off the family room and has a bank of windows that view out into the family room as well as being monitored by security cameras. In the middle section of the family room, there is a Control Center that looks over the whole area. Resident Monitoring staff operating the main control post have access to all the cameras and door control panel. There are four cameras in the family room area and one camera near the entrance of each bathroom. At the rear of the family room is the facility's dining room and kitchen. The kitchen area utilizes cameras and security mirrors to cover the many blocked line of site views. The walk-in freezers and coolers have windows in the doors as well as the pantry. There is no camera in the pantry however; the door is locked when not in use. There is a sally port area in the back of the kitchen for receiving products. The doors can be unlocked by key or by the main control post. There are cameras that cover the outside dock area. Inside the dining room, there are three cameras. The wall that faces the family room is made totally of glass as well as the wall that looks out on to the outdoor seating area. The male outdoor recreation yard is secured by a 10ft fence. Residents have scheduled rec time and are monitored by staff. Above the kitchen and dining area is a mezzanine level that houses a library. Residents must submit a request to use this area and it is monitored by three cameras. The library can also be used for various groups and classes.

The facility has two male housing units. The male housing units are located at either end of the family room and each has its own bathroom. Resident are to use the bathroom that is in their respective housing unit. There are cameras in the dorms with a same sex viewing policy in place. The dorm views in the main control post are live views only. Residents that have been designated as vulnerable would be placed in a dorm and bed that is easily visible to camera coverage or Resident Monitor staff. The two bathrooms in male are set up the same. The bathrooms have open doorways (a camera covers the entryway), three urinals with partitions, two toilet stalls without doors, and seven single use shower stalls. Curtains that have clear tops and bottoms cover the showers.

The females are housed in a separate wing of the facility. Staff operating the main control post must unlock the door for entrance into this side of the facility. The housing unit in the female wing has one large family room and two dorm areas. The resident laundry room is off of the family room and has a bank of windows that view into the family room. Inside the laundry room is a supply closet that has a camera inside. The family room area has computers, a quiet study desk, and exercise equipment. The female recreation yard is surrounded by a 10ft fence and residents must be monitored by staff. The dining area M/P room has a window and camera surveillance and food that is prepared in the male facility is brought to the female facility by staff.

The housing unit in the female wing has two dorms. The dorm areas have cameras with plans on adding more. The cameras in the dorm areas are only viewable to female staff working in the unit. The views from these dorm cameras are live view only. The bathroom in the housing unit contains five toilet stalls without doors and five shower stalls that have curtains with clear top and bottoms.

The facility has put in place several strategies to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has placed security mirrors in strategic places to minimize blind spot areas and West Central's electronic surveillance program includes 80 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 30 days. Some cameras are omnidirectional. Camera footage is viewed by Resident Monitor staff assigned to the main control post. Cameras that have views to sensitive areas cannot be seen by cross-gender staff and only have live views. These recordings are stored on a server with only administrative access. Resident Monitor staff are required to conduct four security checks per shift and circulations throughout the day. Identified blind spot areas have increased circulation.

SUMMARY OF AUDIT FINDINGS

West Central Community Based Correctional Facility has had five (5) PREA allegations during the reporting period. The allegations were all administratively investigated. The facility has referred one allegation of staff sexual misconduct to the Union County's Sheriff's office for a criminal investigation. The office declined to pursue the investigation.

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

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

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

Overall, the auditor was left with the impression that the leadership and staff of West Central have made implementing the PREA standards a priority and that they have received the necessary training and authority to detect, protect, and respond to any incident of sexual abuse/sexual harassment. The auditor review the final PREA audit report from the last cycle and noted how the facility has reviewed the corrective action plans and have implemented positive changes that go beyond basic requirements. Opportunities to increase the ability to protect and detect sexual abuse and sexual harassment are proactive in nature. Facility leadership has developed policies and practices that shows a commitment to the safety of residents, and provides the necessary support to implement all aspects of the PREA standards.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

[Click here to enter text.](#)

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

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

Review:
Policy and Procedure
Interview with PREA Coordinator
Interview with Executive Director

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

N/A: The PREA Coordinator advises that the facility is not a public agency and does not contract with other facilities.

Standard 115.213 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

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

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

The staffing plan was developed with the agency PREA coordinator along with other facility leadership. The team reviews the previous plan and documents ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored and the facility has the ability to pull from either its male or female building if necessary to ensure appropriate coverage.

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

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

Review:

Policy and Procedure

Facility tour

Staffing plan

Deviation Report

Floor plans with camera placement/security mirrors

Interview with PREA Coordinator

Interview with Resident Monitor Supervisor

Interview with Facility Coordinator

Interview with Resident Monitor Coordinator

Standard 115.215 Limits to cross-gender viewing and searches

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

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

The facility does not conduct cross-gender strip, pat-down, or body cavity searches of residents except when performed by medical professionals. There is always a female staff member on duty, so no programming or other outside activities have been denied to female residents due to staffing. Pat-downs are completed near a camera view and supervisors will complete reviews in order to ensure proper professional searches are being conducted. All re-entries into the facility are stripe searched by the same sex staff member.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The male wing has two housing

units. The housing unit near family room 3 (dayroom) is the largest and contains three urinals with partitions, two toilet stalls with no doors, and seven individual shower stalls with curtains that have clear tops and bottoms. There is a handicap bathroom in the back of the bathroom that does not have a shower but it cannot be seen from the entryway. The second bathroom in near family room 1 that contains four urinals with stalls, two toilet stalls with no doors, and six individual shower stalls with curtains that have clear tops and bottoms. Both bathrooms have cameras near the entryway. A review of this camera angle shows that no resident can be seen using the facilities. The resident dorms have cameras therefore; residents are required to dress in the bathroom. The female wing of the facility has one bathroom. The bathroom contains five toilet stalls with no doors and five individual shower stalls with curtains that have clear tops and bottoms. The females have one housing unit with two dorms. Each dorm is equipped with cameras. The female offenders also have a dress policy that requires they change in the bathroom. The cameras in the male and female dorms only have live feed views to central control. The female control center has access to only female cameras with no cross views to the male facility.

The facility has not housed a transgender resident. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. The housing units have several dorms within each unit that are set up where residents who are identified as highly vulnerable or highly abusive or transgender or intersex would be housed and in beds that are easily viewable to staff. The cameras in the dorms will also assist in ensuring vulnerable residents are housed safely. A transgender or intersex resident would be offered showering options such as showering at different time in order to protect privacy and offer safety. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status. The auditor discussed housing and bathroom issues with staff. The staff report that their training has prepared them to interact with a transgender client professionally and felt sure that they could manage a transgender client appropriately.

Facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation. The Resident Monitor Coordinator is required to periodically review pat downs, live or reviewing surveillance video, and provide training/guidance to staff if necessary. Reviews of this training is conducted annually. Any referred transgender residents would be identified as such prior to placement and a gender classification would be made by administration. Administration would determine which staff would conduct pat-down and strip searches.

CORRECTIVE ACTION:

The facility has female staff that work the control booth where cameras can see into the male dorm unit. The possibility of consistent incidental viewing of male offenders in different state of dress was very high.

FACILITY RESPONSE:

The facility's IT Department has developed a system that will prevent views into the dorm areas when female staff are working the central control booth during times of the day where clients are more likely to be in states of undress.

Review:

Policy and procedure

Staffing plan

Facility tour

Training records

Interview with PREA Coordinator

Interview with Executive Director

Interview with Facility Coordinator

Interview with Resident Monitor Coordinator

Interview with Court Services Coordinator

Interview with random Resident Supervisor staff

Interview with residents

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

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

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

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

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

Review:

Policy and Procedure

Training Curriculum

Interview with PREA Coordinator

Interview with Lead Counselor

Interview with Court Services Coordinator

Standard 115.217 Hiring and promotion decisions

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

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

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

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

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

The Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion.

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

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

CORRECTIVE ACTION:

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

FACILITY RESPONSE:

The facility has updated its "Reference Verification Form" to include this statement:

"West Central Community Correction Center makes every effort 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. Please advise if there were any substantiated allegations of sexual abuse or any resignation during a pending investigation of a allegation of sexual abuse against this individual. This request is being made in accordance with the requirement of the Prison Rape Elimination Act (PREA) 115.217."

Review:

- Policy and procedure
- Employee files
- Volunteer files
- On boarding documentation
- Interview with Human Resources staff
- Updated Reference Verification Form

Standard 115.218 Upgrades to facilities and technologies

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

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

The facility has not acquired a new building but is in the process of a modification to the existing facility. June, 2017 began the construction of three new classrooms. The expected completion date is February of 2018. Cameras will be placed inside each classroom once completed.

The facility constantly reviews the facility's 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 and the PREA Coordinator 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 a plan to increase the number of cameras in the facility by fifteen to cover several blind spot areas. The PREA Coordinator will continue to monitor and request additional resources as needs arise.

Review:

Policy and procedure

Interview with Executive Director
Interview with PREA Coordinator
Interview with Resident Monitor Coordinator

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

The facility has trained investigators to conduct administrative sexual abuse investigations. The Union County Sheriff’s Office is responsible for conducting criminal investigations. The agency and the Sheriff’s Office have a signed MOU outlining the responsibilities of each agency should an allegation of sexual abuse or sexual harassment lead to a criminal investigation referral.

The facility will use Union County Memorial Hospital to provide a Sexual Assault Nurse Examiner when possible or a qualified medical practitioner for any resident who is a victim of sexual abuse. The auditor confirmed that any resident taken to this hospital would be treated by a certified SANE nurse or qualified medical practitioner. The services provided by the hospital would be at no cost to the resident.

The facility has a MOU with Union County Victims of Crime Assistance Program to provide a victim advocate to any victim of sexual abuse, and a trained staff member who can provide victim support services.

The facility has trained emotional support staff that can provide emotional supportive services or make a recommendation for outside services if necessary. These services will be provided to the resident at no cost. The services were confirmed with the agency.

CORRECTIVE ACTION:

The standard does not allow for the use of supportive services that are directly linked to the criminal justice system. Since the Victims of Crime Assistance is a part of the prosecutor’s office, it cannot be used to provide these services.

FACILITY RESPONSE:

The facility has trained emotional support staff to provide emotional support services to victims of sexual abuse or assault when requested by the victim. The facility will use Union County Prosecutor’s Victim of Crime Assistance office’s address as an available option for standard 115.253.

Review:

Policy and Procedure
MOU with Union County Sheriff’s Office
MOU with Union County Prosecutor’s Office
Interview with Administrative Investigators
Interview with PREA Coordinator
Union County Memorial Hospital’s website
Interview with Lead Counselor

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

- Does Not Meet Standard (requires corrective action)

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

The agency has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Union County Sheriff’s Office. The facility has referred one allegation of staff sexual misconduct to the Union County’s Sheriff’s office for a criminal investigation. The office declined to pursue the investigation.

The facility conducted five administrative investigations during this audit cycle:

Investigation #1: A resident made a sexual harassment allegation against another resident. The facility conducted an administrative investigation and determined the allegation to be substantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff’s Office.

Investigation #2: During an administrative investigation into an off duty violation, it was discovered that a staff member was potentially having an inappropriate relationship with a current resident. The facility conducted an administrative investigation and determined the allegation unsubstantiated however the staff member was terminated based on the off duty criminal activity. There was potentially some criminal activity involved so the incident was referred to the Union County Sheriff’s Office. The sheriff’s office declined to pursue criminal charges.

Investigation #3: A resident made a sexual harassment complaint against another resident. This allegation was verbally reported to staff. The facility initiated an administrative investigation and determined the allegation unsubstantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff’s Office.

Investigation #4: A resident made a sexual harassment allegation against another resident. This allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff’s Office.

Investigation #5: A resident made a voyeurism allegation against a staff member. This allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff’s Office.

West Central’s website post the investigative policy of the agency and the responsibilities of both the agency and the investigating entity. The auditor reviewed the agency’s website and confirmed that the appropriate policy was posted.

Review:

Policy and procedure

West Central website

Interview with PREA Coordinator

Interview with Resident Monitor Coordinator

Interview with Administrative Investigators

Review of investigations

Standard 115.231 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

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

The agency has trained all staff on the PREA required topics. The agency uses Relias, an online training system, to ensure all staff know the proper way to prevent, detect, report, and respond to any allegations of sexual abuse or sexual harassment. Staff also receive refresher training every other year that includes a review of West Central policies and procedures, staff duties and responsibilities, and the first responder coordinated response plan. All staff receive gender specific training.

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

All staff sign an acknowledgment of the training they received if it is not electronically documented in the Relias system.

Supervisors are to ensure that the required training is complete each year.

- Review:
- Policy and procedure
 - Training curriculum
 - Training records
 - Interview with PREA Coordinator
 - Interview with Human Resource staff
 - Interview with random staff

Standard 115.232 Volunteer and contractor training

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

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

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

The auditor interviewed the trainer and ensured that the proper training was given to volunteers and contractors based upon their level on involvement with the residents.

- Review:
- Policy and procedure
 - Contract/volunteer training
 - Contractor/volunteer zero tolerance acknowledgement
 - Interview with PREA Coordinator

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

During resident interviews, all offenders reported receiving the PREA education and information at intake and during orientation group. Residents also indicated that their case managers reviewed ways to keep themselves safe, how to report including anonymously, and the toll free numbers posted near the phones. Postings with PREA related information were located in conspicuous areas throughout the facility.

- Review:
- Policy and procedure
 - Resident training curriculum
 - Resident handbook
 - PREA postings
 - Facility tour
 - Interview with residents
 - Interview with Court Services Coordinator
 - Interview with Case Manager
 - Interview with Resident Monitor

Standard 115.234 Specialized training: Investigations

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

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

The facility has a standardized process for administratively investigating any allegations. The facility has several administratively trained investigators including the PREA Coordinator. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The training was provided by the Moss Group.

- Review:
- Policy and procedure
 - PREA Audit Report

Standard 115.235 Specialized training: Medical and mental health care

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

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

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

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

Interviews of the nurse indicate she knows how and whom to report allegations of sexual abuse and sexual harassment.

Review:
Policy and procedure
Interview with facility nurse
Interview with PREA Coordinator

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

All residents are screened for risk of vulnerability or abusiveness at intake. The screening tool used included all required criteria in order to accurately assess the resident's risk. The court services coordinator will complete the initial screening with all residents while the assigned counselor will complete the rescreen. The policy does not allow for a resident to be disciplined for refusing to answer or for not disclosing complete information in response to questions on the resident’s mental health, sexuality, or previous victimization.

The auditor reviewed several initial screening and rescreening to ensure that they were completed within the specified time frame and that all required criteria was used in the screening. All residents get a 30-day rescreen and a rescreen will also be completed if the facility receives any additional new information or if a PREA allegation occurred regardless of the time frame.

Should a classification of potential victim or potential abuser be made during the screening, appropriate staff would be notified and accommodations if necessary would be made. Should a resident need additional services, the clinician would complete an assessment and make a referral to the psychiatrist.

Quality assurance checks are completed by the PREA Coordinator to ensure screenings are completed appropriately.

CORRECTIVE ACTION:

The current set up for the screening has the screener ask the resident if he/she is perceived by others as being gay, lesbian, transgender, or gender non-conforming. F.A.Q. dated October 21, 2016, clarifies that the perception determination is based on the screeners perception of the resident.

FACILITY RESPONSE:

The screening tool has been modified to included the screener's perception of the resident's sexual orientation and gender status.

Review:

Policy and procedure

Initial PREA assessment screen

PREA assessment rescreen

Interview with Lead Counselor

Interview with residents

Interview with PREA Coordinator

Interview with Court Services Coordinator

Standard 115.242 Use of screening information

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

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

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

All residents with a classification may have it addressed with treatment goals (i.e. abuse survivors group). These residents work with their counselor to work on the issues underlining their classification and residents can also be referred to individual counseling if necessary.

The facility has a plan for housing a transgender or intersex resident safely which include opportunities to shower separately and make housing and program assignments with a transgender or intersex resident's own views taken into consideration. The agency has developed a team that will address placement issues for any transgender/intersex resident housed with agency. These determinations are made on a case-by-case basis.

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

Interviews with line staff revealed that they have received proper training on how to manage a transgender/intersex resident safely.

Review:

Policy and procedure

Facility tour
Initial PREA assessment screening
PREA re-screen assessment
Individual case plan
Staffing plan
Interview with Counselor
Interview with Lead Counselor
Interview with Resident Monitors
Interview with PREA Coordinator
Interview with random residents

Standard 115.251 Resident reporting

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

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

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

The facility has facility phones with the reporting numbers available to residents. This allows residents to make toll free reports and/or anonymous reports to an outside agency.

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

The auditor interview random residents who were able to describe the various ways that they could report and allegation including anonymously and directly to any staff member. The residents felt comfortable enough to report any problem directly to staff feeling confident that staff would address the situation appropriately.

Review:
Policy and procedure
PREA postings
PREA brochure
Facility tour
Interview with PREA Coordinator
Interview with Resident Monitor Coordinator
Interview with Lead Counselor
Interview with residents

Standard 115.252 Exhaustion of administrative remedies

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

- Does Not Meet Standard (requires corrective action)

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

N/A: The PREA Coordinator informed the auditor that the facility does not have a formal administrative procedure for dealing with a resident grievance regarding sexual abuse. Any client can at any time regardless of how much time has passed report an allegation of sexual abuse or sexual harassment. All allegations will receive an administrative investigation. Any allegations written as a grievance will be removed from the grievance process and give to the facility PREA Coordinator for review and investigation.

Standard 115.253 Resident access to outside confidential support services

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

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

The facility has a MOU with the Victim Witness Division of the Union County Prosecutor's Office to provide emotional support to any resident who is a victim of sexual abuse. The facility provides the phone number and address of this agency to residents as well as train them during orientation of the limitations to confidentiality and mandatory reporting.

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

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

The auditor reviewed the services available to any resident who may need emotional support after an incident of sexual assault/abuse. These services would be provided to any resident who made contact with the agency. The facility would not assist in allowing this agency to provide advocate services after an incident of sexual assault or sexual abuse due to the agency operating out of the prosecutor's office (See Standard 115.221 D). The agency has trained staff that can offer victim support services at the request of the victim.

CORRECTIVE ACTION:

The facility initially had the address of the facility listed on its posting as a way to receive emotional support. The facility needs to provide the residents with the mailing address to outside victim advocates for emotional support services related to sexual abuse.

FACILITY RESPONSE

The facility is now providing the residents with an extensive list of emotional support services from all over the state of Ohio. The list is provided by Ohio Alliance to End Sexual Violence website.

Review:

Policy and procedure
MOU Union County Prosecutor's Office Victim Witness Division
Emotional Support Training Certificate
Interview with PREA Coordinator
Interview with Lead Counselor

Standard 115.254 Third-party reporting

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

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

The agency has posted on its website ways that anyone can report sexual abuse or sexual harassment on behalf of a resident. Residents are also educated that they can report to family members who can then make a third party report. This information is also on posters located in areas the general public would see.

The facility has not had a third party report.

Review:

Policy and procedure

West Central website

PREA postings

Facility tour

Interview with Administrative Investigators

Interviews with random residents

Standard 115.261 Staff and agency reporting duties

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

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

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

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

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

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

facilities in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services (Chapter 5101:2-20 and 5101:2-20-01).

Review:

Policy and procedure

Ohio revised code

Investigation reports

Interview with random staff

Interview with Administrative Investigators

Interview with Lead Counselor

Interview with Resident Monitor Coordinator

Standard 115.262 Agency protection duties

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

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

West Central has several ways in which to protect residents from sexual abuse, sexual harassment, and retaliation. The facility can move residents to different dorms or beds as well as move staff to a different wing in the building or placing them administrative leave during the course of an investigation or after to prevent retaliation. During the interview process, it was very clear that the safety and security of all residents is their primary concern.

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

The facility has had five sexual harassment investigations during this audit cycle. During the investigations of resident on resident allegations, the alleged victim was moved to a different dorm in an effort to keep them safe when necessary. The staff member was placed on administrative leave during the investigation of staff sexual misconduct.

Review:

Policy and procedure

Investigation reports

Interview with Human Resource staff

Interview with PREA Coordinator

Interview with Lead Counselor

Interview with Resident Monitor Coordinator

Standard 115.263 Reporting to other confinement facilities

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

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

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

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

The facility has not received a report from another confinement facility, nor have they reported to another facility a report of sexual abuse or sexual harassment.

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

Standard 115.264 Staff first responder duties

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

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

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

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

The facility has a sexual abuse first responder checklist. The checklist has completion steps for non-security and security responders. There is also a first responder flow chart outlining security and non-security staff responsibilities.

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

Review:
Policy and procedure
Coordinated response plan
Sexual Abuse First Responder Checklist
First Responder flow chart
Interviews with random staff

Standard 115.265 Coordinated response

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

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

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

During staff interviews, staff knew and could articulate the coordinated response plan. All staff knew the entire plan and did not differentiate between security and non-security tasks. Staff was able to disclose the location of the plan.

Review:
 Policy and procedure
 Coordinated response plan
 Sexual Abuse First Responder Checklist
 First Responder flow chart
 Interview with random staff

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

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

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

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

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The facility has the ability to move victim, offender, or employees to other parts of the facility in order to protect against retaliation. Staff members can be placed on administrative leave if necessary.

Interviews with the agency's PREA Coordinator and Resident Monitor Coordinator confirmed the monitoring process. The auditor reviewed the form that is to be completed for status checks. The form includes any protection measures employed, emotional supportive services offered, and any resident concerns related to disciplinary reports, program changes, or work assignments.

The facility has not had an allegation of sexual abuse or sexual harassment during this audit cycle where a retaliation watch was necessary.

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

Review:

Policy and procedure

Training records

Interview with Lead Counselor

Interview with Resident Monitor Coordinator

Interview with PREA Coordinator

Interview with random staff

Interview with random residents

Standard 115.271 Criminal and administrative agency investigations

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

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

All allegations of sexual abuse or sexual harassment including third party and anonymous reports are administratively investigated by a trained investigator and any report that appears criminal in nature are referred to the Union County Sheriff's Office who has the legal authority to conduct a criminal investigation.

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

The investigators written report includes whether staff actions or failures to act contribute to the abuse and a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigator would work closely with the sheriff's office should the facility have an allegation that needed criminal referral. The Resident Monitor Coordinator would report the outcome of the investigation to the resident.

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

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

The facility conducted five administrative investigations during this audit cycle:

Investigation #1: A resident made a sexual harassment allegation against another resident. The facility conducted an administrative investigation and determined the allegation to be substantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff's Office.

Investigation #2: During an administrative investigation into an off duty violation, it was discovered that a staff member was potentially having an inappropriate relationship with a current resident. The facility conducted an administrative investigation and determined the allegation unsubstantiated however the staff member was terminated based on the off duty criminal activity. There was potentially some criminal activity involved so the incident was referred to the Union County Sheriff's Office. The sheriff's office declined to pursue criminal charges.

Investigation #3: A resident made a sexual harassment complaint against another resident. This allegation was verbally reported to staff. The facility initiated an administrative investigation and determined the allegation unsubstantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff's Office.

Investigation #4: A resident made a sexual harassment allegation against another resident. This allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff's Office.

Investigation #5: A resident made a voyeurism allegation against a staff member. This allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity involved so the incident was not referred to the Union County Sheriff's Office.

Review:
Policy and Procedure
Interview with Administrative Investigators
Review of investigation reports

Standard 115.272 Evidentiary standard for administrative investigations

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

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

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

The PREA Coordinator makes the final determination of investigation outcome.

Review:
Policy and Procedure

Standard 115.273 Reporting to residents

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

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

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

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

All residents who alleged some type of PREA allegation during this audit cycle received a notice of investigation outcome from the Resident Monitor Coordinator and signed that they had received such notice.

Review:
Policy and procedure
Review outcome notice
Interview with PREA Coordinator

Standard 115.276 Disciplinary sanctions for staff

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

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

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

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

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

The facility did an administrative investigation into staff sexual misconduct during this audit cycle. The administrative investigation resulted in a determination of unsubstantiated; however, the allegation was referred to the Union County Sheriff's Office for a criminal investigation. The sheriff's office declined to investigate. The staff member was terminated for other violations of policy.

Review:

Policy and procedure

Employee handbook

Interview with Human Resource staff

Interview with Administrative Investigators

Interview with random staff members

Interview with PREA Coordinator

Interview with Executive Director

Standard 115.277 Corrective action for contractors and volunteers

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

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

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

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

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

Review:

Policy and procedure

Contractor/volunteer sign-in sheet

Contractor/volunteer training curriculum

Interview with PREA Coordinator

Standard 115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

A review of the resident handbook shows how it outlines resident conduct and prohibits all sexual activity between residents and disciplines residents for such activity. Residents are given a handbook at intake and the contents are reviewed with the resident. Consensual sexual contact between residents is not considered a PREA violation.

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

Residents reporting allegations of sexual abuse and sexual harassment will not be disciplined if the report is made in good faith based upon reasonable belief that the alleged contact occurred regardless if an investigation does not establish evidence sufficient to substantiate an allegation.

The substantiated allegations involving resident on resident sexual harassment led to in-house disciplinary action.

Review:
 Policy and procedure
 Resident handbook
 Interviews with residents
 Interview with PREA Coordinator
 Interview with Resident Monitor Coordinator
 Investigation reports

Standard 115.282 Access to emergency medical and mental health services

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

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

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

If services are necessary, the Lead Counselor will provide appropriate referrals to the psychiatrist or to community resources and notify the counselor assigned to the resident. The scope of services provided will be determined by the licensed practitioner.

Staff have been notified of the facility’s plan on providing services after a sexual abuse/assault incident. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

First Responder forms indicate if services were offered and accepted or declined.

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

The facility has not had a sexual abuse/sexual assault allegation.

Review:
Policy and procedure
Coordinated Plan
Investigation reports
Interview with PREA Coordinator
Interview with Lead Counselor

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

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

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

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

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

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

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

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

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

Review:
Policy and procedure
Coordinated response plan
PREA initial assessments
Interview with Lead Counselor
Interview with PREA Coordinator

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

West Central 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 administrative staff and any other employee deemed appropriate.

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

West Central has no allegations of sexual abuse or sexual assault that would require a SART review during this audit cycle, but did complete a review after the staff sexual misconduct allegation. The team reviewed the case and determined that staff needed training on ethics, code of conduct, and boundaries. The facility followed through with the training. Interview with PREA Coordinator indicates that all executive approved recommendations will be implemented the facility will document implementation or the reason for not implementing.

Review:
Policy and procedure
Sexual Abuse Case Review report
Interview with PREA Coordinator

Standard 115.287 Data collection

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

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

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

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

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

Review:
Policy and procedure
SSV-4
Interview with PREA Coordinator

Standard 115.288 Data review for corrective action

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

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

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

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

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

Auditor verified that the reported was posted on the agency's website (www.wcccf.org) and that the report contained all required information.

Review:
Policy and procedure
PREA annual report
West Central CCF website
Interview with Executive Director
Interview with PREA Coordinator

Standard 115.289 Data storage, publication, and destruction

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

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

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

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

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

Review:
Policy and procedure
PREA Audit Report

PREA annual report
West Central CCF website
Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kayleen Murray

September 30, 2017

Auditor Signature

Date