

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

**Date of report:** October 1, 2017

<b>Auditor Information</b>			
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<b>Telephone number:</b> 740-317-6630			
<b>Date of facility visit:</b> August 2-3, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Jackson Pike Residential Treatment Center			
<b>Facility physical address:</b> 2655 Jackson Pike, Columbus, Ohio 43207			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 614-801-1845			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Jeremy Parkins			
<b>Number of staff assigned to the facility in the last 12 months:</b> 35			
<b>Designed facility capacity:</b> 102			
<b>Current population of facility:</b> 100			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 18 & up			
<b>Name of PREA Compliance Manager:</b> Jeremy Parkins		<b>Title:</b> Regional Manager	
<b>Email address:</b> Jeremy.parkins@alvis180.org		<b>Telephone number:</b> 614-801-1845	
<b>Agency Information</b>			
<b>Name of agency:</b> Alvis, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 2100 Stella Court Columbus, Ohio 43215			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 614-252-8402			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Denise Robinson		<b>Title:</b> President/CEO	
<b>Email address:</b> denise.robinson@alvis180.org		<b>Telephone number:</b> 614-252-8402	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ramona Swayne		<b>Title:</b> Managing Director	
<b>Email address:</b> ramona.swayne@alvis180.org		<b>Telephone number:</b> 614-252-8402	

## **AUDIT FINDINGS**

### **NARRATIVE**

The PREA audit for Jackson Pike Halfway House was conducted on August 2-3, 2017 in Columbus, Ohio. As part of the Alvis House residential corrections program, the facility focuses on successful transition from correctional supervision to community. The facility emailed the auditor documentation relevant to showing compliance with each of the standards. This documentation included the pre-audit questionnaire, policy and procedure, facility floor plan with camera coverage marked, MOU's, staffing plan, and other PREA forms. The auditor received this information prior to the audit and received additional documentation while conducting the onsite visit.

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

Ten random clients were interviewed from Jackson Pike's two housing units and an additional two were interviewed from the Power Program. There were no residents who identified as LGBTI, so a random sample of clients was chosen from the various dorm rooms. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures and postings, and the zero tolerance policy.

Also interviewed were specialized staff. This staff includes the PREA Coordinator (also Investigator), PREA Manager (also Investigator), Operations Managers, Case Manger, Human Resource Generalist, and Emotional Support Personnel. The local hospitals SANE Coordinator, and SARNCO Director were not able to be interviewed. The auditor reviewed both agencies' websites and MOU agreement. The facility does not provide on-site medical or mental health services. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

After a brief opening with agency staff, the auditor toured the facility. The tour consisted of examining all dorm areas, group rooms, day rooms, bathrooms, operations post, utility areas, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs were also completed. The auditor gave a closeout and shared some of the immediate findings.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Jackson Pike is a halfway house located in Columbus, Ohio that serves adult male felony offenders. The facility is a one story building that serves two programs. One unit houses offender commitments from the Ohio Department of Rehabilitation and Corrections and the other houses offenders in the Power Program. The facility can house up to 102 offenders. To access the facility, one must be buzzed into a lobby area where they will be sign-in by staff. Clients would access the entrance and be subject to a pat-down which is visible by video surveillance or residents may receive an enhanced pad down.

The facility is equipped with 36 surveillance cameras which can record and play back up to 30 days. The cameras are placed strategically throughout the interior and exterior of the building. There are also multiple security mirrors to enhance security in vulnerable areas. The Power Program is for clients who participate in the opiate dependent program. The clients in this program have access to their own bathroom, lounge area, vending, exercise equipment, dorms, and outside recreation yard. Clients are supervised while outside for rec or smoke breaks. The dorm can house twenty offenders and the bathroom is accessible from the dorm. The dorm room has cameras therefore clients are required to dress in the bathroom (see standard 115.215 to see a full bathroom description). The clients that participate in the Power Program are separated from those in regular programming. Clients are escorted to group rooms, group facilitator offices, and employment area. .

There are two dorms in the other unit. These dorms share a recreation yard, lounge area, and dining hall. There are laundry equipment near both B and C dorms. Clients must have staff allow them access to the treatment wing. In this wing, clients have access to group rooms, education/work release area, and staff offices. The offices in this area all have windows in the doors with clear line of site views into the office. Clients also have to have permission to enter the case manager hallway. The offices in this hallway have solid doors. The facility has a policy that requires staff members to have their doors open when one-on-one with a client. The two open bay dorms in this housing unit share a bathroom (see standard 115.215 to see a full description). There are cameras inside both dorms so clients are required to dress in the bathroom. Clients that have been given a classification of vulnerable or abusive would be housed in one of the dorm rooms closest to the dorm entrance where there are windows in the door or near a camera. All rooms are designed to minimize blind spot areas.

The facility uses SecurManage system to assist in accountability for conducting four head counts per shift and circulation rounds every 30 minutes, as well as security and perimeter checks throughout the facility. Community Reentry Specialist (CRS) are required to conduct more frequent checks in areas that are considered blind spot areas

The facility offers several programs designed to successfully reintegrate offenders back into the community. Reentry Services include cognitive behavioral treatment, chemical dependency treatment, workforce development, case management, mentoring, housing assistance, and links to community services and support; the GED Program serves as the first step toward attending college or technical skills training and helping clients achieve financial stability; the Workforce Development Program provides job readiness training, skills training, job placement assistance, mentoring, and job retention support; and Social Enterprises provide job skills training and work experience for individuals with limited or no work history. *Transitions* provides high-quality commercial cleaning services, while *Nature's Touch Landscaping and Lawn Care* offers residential and commercial landscaping and lawn care services. Social Enterprises also provide revenue to support Alvis House services to individuals and families.

## **SUMMARY OF AUDIT FINDINGS**

Jackson Pike Halfway House has had four PREA allegations during this audit cycle. All allegations were administratively investigated by a trained investigator. The allegations did not meet the criteria for referral for a criminal investigation by the legal authority.

Jackson Pike staff interviewed indicated that they received formal PREA training during orientation as well as monthly as part of their annual training. Staff on all three shifts including security and program staff were able to discuss their responsibility as a first responder, how to report or respond to an allegation of sexual abuse, sexual harassment, or retaliation.

Staff were sure of their education and training and would be capable to responding to any allegation appropriately. Clients interviewed from the facility seemed well versed on their rights under the PREA standards and knew who and how they could report including anonymously. All clients receive information at intake with the phone number and address of inside and outside agencies that could help and knew the location of posters. Services with the SARNCO for victim advocacy services and with Ohio State University Hospital for SANE practitioners are in place.

Overall, the auditor was left with the impression that the agency as a whole and the facility specifically take PREA compliance seriously. The agency has implemented policies and practices that allow facility leadership to provide their staff with training and equipment that ensures the safety of all clients. This is the facility's second PREA audit and facility and agency management continue to make maintaining client safety and security a priority. While the facility met all standard requirements, management readily accepted auditor recommendations for best practices in select areas. The facility was not just interested in meeting minimum requirements but has created a culture where all staff and clients feel comfortable reporting any concerns that they have and trust that these concerns will be taken seriously and investigated.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

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

The agency's Managing Director serves as the agency wide PREA Coordinator and reports to the agency's President/CEO. The auditor spoke with the PREA Coordinator concerning her authority to develop, implement, and oversee the agency's efforts to comply with PREA standards. During the interview, it was clear that the PREA Coordinator has sufficient time and authority to implement the agency's policies and practices in an effort to obtain and maintain compliance.

At the Jackson Pike facility, the Regional Director serves as the facility PREA manager. The Regional Director would report any PREA related issues to the Coordinator. During the interview, the current and next Regional Director noted that while she learning the responsibilities of the role, she has sufficient time and authority to implement all policies and practices related to obtain and maintaining compliance with PREA standards. The current Regional Director will be moving to a different region and is assisting with the transition. He agrees that there is sufficient time and authority to implement all policies and practices.

Review:

Policy and procedure

Interview with PREA Coordinator/Managing Director

Interview with PREA Manager/Regional Director (current and new)

Past Interview with President/CEO

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

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

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N/A: The PREA Coordinator reports that the facility is operated by a private agency and does not contract with other agencies for offender placement

### **Standard 115.213 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The facility has a total of 35 cameras (internally and externally) that aid in the supervision of clients. The cameras record to a digital server and are capable of a thirty day play back. There is a main post at the entrance of the facility with a Community Reentry Specialist (CRS) at the main post 24 hours a day. This staff member will monitor cameras, complete pat downs on clients entering the building, sign clients in and out of the building, and grant access to visitors into the facility and sign-in. Clients have supervised access to a recreation yard and scheduled access to a smoke break area. Emergency exits doors are alarmed. CRS staff complete four house checks per shift and a walkthrough every 30 minutes.

The plan is required to be reviewed annually.

During the most recent review, the PREA Coordinator along with the Regional Director and Operations Manager completed a walkthrough of the facility and discussed areas of concern and implemented a plan of action to correct all deficiencies. This is the facility’s second PREA audit and the auditor noted corrective action implementation from recommendations on the first audit. This includes policies addressing staff meeting with clients in offices with no windows, more frequent checks in the kitchen area, and not allowing clients to hang anything that may obstruct clear views into the dorm areas.

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

- Review:
- Policy and procedure
  - Facility tour
  - Staffing plan
  - Floor plan with identified blind spots
  - Interview with PREA Coordinator
  - Interview with Regional Director (current and new)
  - Interview with Operations Manager

**Standard 115.215 Limits to cross-gender viewing and searches**

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

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

## **corrective actions taken by the facility.**

Per agency policy, the facility does not permit body cavity or strip searches. The facility houses only male felony clients and has trained female staff on how to properly pat down a male client. The facility conducts enhanced pat downs (striped to the lowest layer of clothing excluding underclothes). All pat downs including the enhanced pat downs are completed in camera view. All employees are trained on the proper techniques to several pat downs during orientation and again annually at the facility.

The facility allows for clients to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has three housing units. Two housing units are in the main section of the facility and the third is in a special unit (Power) of the facility. The clients in the Power program are kept separated from the other clients. The bathroom for Dorm A (Power house clients) is connected to the dorm but has an outside entrance. The entrance from outside the dorm locked. The bathroom has three toilet stalls with half wall dividers, three urinals, a changing area, and two showers with curtains. The bathroom for dorms B&C must be access from outside the dorm. The bathroom has three toilet stalls with half walls, three urinals, two changing areas, and four showerheads along a single wall. Staff performing security checks announce themselves before entering the bathroom. The facility has not had an incident of incidental viewing.

The facility has not housed a transgender or intersex client. The agency has developed a transgender housing policy that has identified specific facilities in the Alvis, Inc. umbrellas that is uniquely equipped to manage, house, and secure a transgender or intersex client safely. The Jackson Pike facility has not been identified as being capable of housing a transgender or intersex client safely.

Should a transgender client be referred to the Jackson Pike Facility, the client would be assigned to another Alvis facility in the Columbus area that can manage and house the client safely. Once identified and assigned a facility, the client will be place in a room near the main post that offers a more secure environment. The client will be consulted as to their needs for privacy concerning personal hygiene and pat down preference. The agency has a policy for professional, respectful transgender/intersex client pat downs. All staff members are trained during orientation at Alvis House's live academy where staff will practice appropriate pat downs, cross-gender pat downs, and transgender/intersex pat downs on manikins.

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

During interviews with clients, the auditor noted that all residents reported that the pat downs were conducted professionally and respectfully but at time inconsistent from one staff member to the next. At no time did a resident complain that they were uncomfortable in a sexualized way during a pat down.

### **Review:**

Policy and procedure

Facility tour

Interview with Operations Manager

Interview with random staff

Interview with random clients

Interview with PREA Coordinator

### **RECOMMENDATION:**

The auditor recommended that the increase the frequency of staff pat down training (especially when a staff member is moving from an all-female facility to a male facility that conducts cross gender pat downs) and supervisory review of CRS pat downs.

### **FACILITY RESPONSE:**

The facility operations managers will increase the frequency in which they monitor CRS pat downs. The agency has recently promoted a Regional Manager to the agency Training Manager that has building operations experience to properly train staff on all types of searches.

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

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

### **Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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

The facility staff are instructed to ensure that all aspects of PREA are communicated to all clients regardless of mental, physical, or cognitive disability or language barrier. If there is not a qualified staff member to assist the client, a community partner will be contracted to aid the client in understanding agency rules, PREA, and other regulations. At no time will another client be used for interpretive services unless a delay in services would compromise the client’s safety, the performance of first responder duties, or an investigation.

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

Review:

Policy and procedure

Interview with random staff

Interview with Regional Director (current and new)

#### **Standard 115.217 Hiring and promotion decisions**

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

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

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

The agency also has a PREA acknowledgement form that all staff sign. The form reviews the agency’s zero tolerance policy and all expectations under the PREA guidelines including the continuing affirmative duty to report any allegation against the employee.

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

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

The auditor interviewed the Human Resource Generalist concerning their method for ensuring all employees receive their initial and five year background checks, the process for promotions, and the onboarding process. The HR Generalist reported that if a staff member does not have all proper documentation related to PREA and the onboarding process, notification will be sent to the regional director along with instruction on how to correct the deficiency.

During the last audit, it was noted by the auditor that while the HR Department completes reference checks for all candidates for employment, the agency did not document whether they contacted past institutional employers for information on substantiated allegations of sexual abuse or if the employee resigned during a pending investigation of an allegation of sexual abuse. During file reviews this audit cycle, all new employees have a proper reference check if they previously worked in an institution as defined by 42 U.S.C. § 1997.

Review:  
Policy and procedure  
Employee ethics acknowledgement  
Employee files  
Onboarding documentation  
Interview with HR Generalist

### **Standard 115.218 Upgrades to facilities and technologies**

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

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The facility has not acquired any new facility nor is it planning any substantial expansion or modification to the current facility. The facility constantly reviews the facility for needs to its video monitoring system. This includes taking into consideration how such technology may enhance its ability to protect residents from sexual abuse.

Facility management 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 request in the agency management for additional cameras for the hallway new dorm B&C bathroom and pantry areas. The facility is also requesting additional updates to the camera system and windows in office doors. The PREA Coordinator will continue request additional resources as needs arise.

Review:  
Facility tour  
Floor plans  
Interview with PREA Coordinator  
Interview with Regional Director (new and current)  
Interview with Operations Manager

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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The facility conducts administrative investigations into allegations of sexual abuse and sexual harassment. If at any time during the investigation the incident appears to be criminal in nature, the PREA investigator will refer the case to the legal authority for a criminal investigation. The facility has an MOU with the City of Columbus Police Department as they have the legal authority to investigate criminal conduct at the facility. The department has agreed to use “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” as the uniform evidence protocol in which to investigate any criminal allegations.

The facility will send clients to Ohio State University (OSU) Hospital where they perform forensic exams at no cost to the victim. The auditor reviewed OSU’s website to confirm the services of a SANE practitioner and advocate services that would be provided by partnering agency SARNCO (Sexual Assault Response Network of Central Ohio). Alvis House has a MOU with SARNCO (Sexual Assault Response Network of Central Ohio) to provide advocate and emotional supportive services.

OSU has a SANE nurse on staff 24 hours a day 7 days a week. These nurses have been trained in forensic nursing and crisis intervention clinical competencies. SARNCO would provide an advocate to offer emotional support, crisis intervention, and follow up services.

The agency clinician, Dr. Shivley, is trained to provide emotional supportive services and would offer follow up services for the victim.

Review:

- Policy and procedure
- MOU with SARNCO
- MOU with City of Columbus Police Department
- Emotional support person certificate
- Review of OSU website
- Review of SARNCO website
- Interview with PREA Coordinator

**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 regulates an administrative investigation of all allegations of sexual abuse and sexual harassment. The policy ensures that any allegation that appears to be criminal in nature is referred to the legal authority in charge of conducting a criminal investigation. The facility has a MOU with the City of Columbus Policy Department, the agency who has the legal authority to conduct such investigation. The agency has posted its policy concerning conducting an administrative and criminal investigation on its website (<https://alvis180.org>).

During this audit cycle, the facility has had four reported allegations.

Investigation #1: Resident made a verbal report that a staff member entered into the bathroom without announcing herself. An administrative investigation revealed that staff entered the bathroom without announcement with probable cause to believe clients were in violation of program rules. The allegation was determined to be unfounded. There was no criminal activity so no referral for criminal investigation was necessary.

Investigation #2: There were multiple allegations against a client from other clients for sexual harassment. An administrative investigation revealed that clients were trying to get the alleged abuser terminated from the facility because he was a sex offender. The allegation was determined to be unfounded. There was no criminal activity so no referral for criminal investigation was necessary.

Investigation #3: The facility received a third party report of staff sexual misconduct. An administrative investigation determined that the allegation was unsubstantiated due to both parties denying the allegation and no other facts to substantiate the allegation. The staff member however did resign in the middle of the investigation. There was no criminal activity so no referral for criminal investigation was necessary.

Investigation #4: The facility received a third party report from another client alleging staff sexual misconduct. An administrative investigation determined the allegation to be unsubstantiated, but found clear violations of agency policy. The staff member resigned before she could be terminated. There was no criminal activity so no referral for criminal investigation was necessary.

Review:

Policy and procedure

Agency website

Interview with PREA Coordinator

Interview with Regional Director (new and current)

Review of investigation reports

### Standard 115.231 Employee training

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

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All employees' orientation training during their onboarding at Alvis House. This training includes PREA related topics. During this training staff are trained in a room that replicates a facility setting. There staff are able to learn how to detect blind spot areas; conduct pat downs, enhanced pat downs, and transgender/intersex pat downs; and complete searches. The classroom part of the training includes:

Gender specific training

Code of ethics

PREA assessment and the use of screening information

Resident reporting

Boundaries

PREA compliance for HR operations

Investigations

First responder duties/coordinated response plan

Client rights under the PREA guidelines

PREA policies

Rights and responsibilities for incidents of sexual abuse, assault, harassment, and retaliation

Symptoms of abuse

LGBTI populations

Community based resources  
Allegation outcome reporting  
Victim medical/mental health care

In addition to orientation training on PREA topics, employees participate in monthly training which will cover a PREA related topic. The training coordinator in conjunction with the PREA Coordinator ensures that the required PREA topics in standard 115.231 are covered and that each employee signs verification of such training. All training is tracked and a copy is kept in the employees file.

During the audit, the auditor had an opportunity to sit in on new employee orientation. The PREA Coordinator review the agency's zero tolerance policies, PREA related terms and definitions, and the staff's responsibility in preventing, detecting, and reporting sexual abuse and sexual harassment.

HR Generalist reported that during file reviews if a staff member is found not to have completed mandatory annual training, which includes PREA, that staff member will be pulled off the schedule until the training is completed.

Review:  
Employee files  
Training room tour  
Training curriculum  
Staff rosters  
Interview with Training Coordinator  
Interview with PREA Coordinator  
Interview with random staff  
Interview with Human Resource Generalist

#### **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 agency requires all contractors and volunteers to participate in training before having contact with clients. The training is conducted by the PREA Coordinator and includes review of the agency's zero tolerance policy, how to prevent, detect, and respond to allegations of sexual abuse and sexual harassment, documentation of allegations, client care, code of ethics, and rules of conduct. All contractors and volunteers are required to sign verification of training.

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

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

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

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

In total, 10 clients (5 state offenders and 5 federal offenders) were interviewed by the auditor. The clients acknowledged receiving PREA education training and informational brochures from the facility. Clients stated that their case manager also reviewed PREA related information with them. All clients reported feeling safe in the facility and comfortable enough with staff to report an allegation if necessary. Clients were aware of the PREA postings and the free phone available if they needed to contact a hotline or other supportive services. Clients in this facility are also able to have a personal cell phone.

- Review:
- Policy and procedure
  - Client education curriculum
  - Client education roster
  - Client PREA brochure
  - PREA posters
  - Client support documentation
  - Facility tour
  - Interview with random clients
  - Interview with PREA Coordinator

### **Standard 115.234 Specialized training: Investigations**

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

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

The agency has a policy concerning specialized training for PREA administrative investigators. All criminal investigations are referred to the local legal authority for investigation. Several agency staff as well as the PREA Coordinator have received appropriate training on how to conduct an administrative investigation. The training curriculum was developed by the Moss Group. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity Warnings, evidence collection in a confinement setting, and required

evidence to substantiate a case for administrative or criminal investigation referral. The PREA coordinator has been trained as an administrative investigator trainer and provides initial and refresher training to agency staff.

The facility offers refresher investigator training annually.

Review:

Policy and procedure  
Administrative investigator training curriculum  
Administrative investigator refresher training curriculum  
Administrative investigator training certificate  
Interview with Regional Director  
Interview with PREA Coordinator

### **Standard 115.235 Specialized training: Medical and mental health care**

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

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

The facility does not conduct onsite medical or mental health services. All clients requiring these services would be referred to community resources. The facility would use Ohio University Hospital for SANE practitioners who are available 24 hours a day 7 days a week free of charge. Clients needing mental health services would be first assessed by the facility clinician and then referred out to services at Southeast Mental Health. Advocate services for any client needing services after a sexual abuse or sexual assault incident would receive services from SARNCO

Review:

Policy and procedure  
OSU website  
SARNCO website  
Interview with PREA Coordinator  
Interview with case manager

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

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

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

Review:  
Policy and procedure  
PREA initial risk assessment  
PREA rescreen risk assessment  
Interview with case manager  
Interview with random clients

### **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 clients who receive a classification as vulnerable based on their PREA screening assessment will be housed in a bed/dorm closest to the main post. Staff would be aware of their status and ensure the safety and security of the client without knowing details of the assessment.

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

The facility has been identified by agency administration as not being appropriate to house transgender/intersex clients safely.

Review:  
PREA assessment  
Interview with case manager  
Interview with Regional Director  
Interview with PREA Coordinator  
Interview with Operations Manager

### **Standard 115.251 Resident reporting**

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

- Does Not Meet Standard (requires corrective action)

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

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

The facility allows for free calls to the reporting entities. Residents are allowed to have cell phones in the facility, which they can use to make a report.

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

The facility has received verbal allegation reports from clients making sexual harassment or sexual abuse allegations.

Review:  
PREA postings  
PREA brochure  
Client PREA education curriculum  
Facility tour  
Interview with random clients  
Interview with random staff  
Interview with PREA Coordinator  
Review of investigation reports

### **Standard 115.252 Exhaustion of administrative remedies**

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

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

Alvis House has a grievance policy which does not assess a time limit for filing a grievance alleging sexual abuse or sexual harassment. The agency will respond to a grievance within 2 working days and has several levels of appeals. Should staff need more time to investigate or respond to the client, staff will notify the client of the extension and provide a date a decision will be made. Clients are informed that they are not required to use the grievance system in order to make an allegation of sexual abuse and sexual harassment, and that there are no time limits to reporting. Clients are also notified that third party sources can assist in the grievance process and that they can file a sexual abuse or sexual harassment grievance on behalf of another client. Grievance forms are posted in the client lounge and can be returned to any staff member or to a locked communications box.

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

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

Review:  
Policy and procedure  
Interview with random clients  
Interview with PREA Coordinator

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

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

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

The facility has a MOU with SARNCO to provide victim advocate services or emotional support services related to sexual abuse. SARNCO has provided clients with their address and hotline number in order to obtain these services or make a sexual abuse or sexual harassment report.

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

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

Review:  
MOU with SARNCO  
Facility tour  
Interview with random clients  
Interview with Regional Director

### **Standard 115.254 Third-party reporting**

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

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

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

The facility has had two third party report during this audit cycle. One report was made from another client while the other came from a source outside the facility.

Review:  
Agency website  
Facility tour  
Interviews with random clients  
Review of investigation reports

### **Standard 115.261 Staff and agency reporting duties**

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

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

The agency has a policy that requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third party and anonymous reports. The staff have been give instruction on how to document the report in the SecurManage system, which limits access to that information, and to only share that information with staff in order to make treatment, investigation, or other security decisions. All allegations of sexual abuse or harassment are referred to the Regional Director and PREA Coordinator for investigation.

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

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

The facility does not accept any client that is under the age of 18 and does not have a duty to report to child protective services. The facility would make a report to adult protective services if the alleged victim was classified as a vulnerable adult.

All allegations that were verbally reported to staff were immediately documented and reported to the shift supervisor.

Review:  
Policy and procedure  
Employee training curriculum  
Interviews with random staff  
Interview with Regional Director  
Interview with PREA Coordinator  
Review of investigation reports

### **Standard 115.262 Agency protection duties**

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

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

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

An interview with the Regional Director, both current and new, and the Operations Manager discussed the process for ensuring client safety and making a move to another facility if necessary. The facility did transfer an alleged abuser in an unfounded allegation due to the alleged victim becoming the aggressor. The facility also terminated an employee due to retaliation in a staff misconduct allegation.

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

Review:  
 Police and procedure  
 Interview with Regional Director  
 Interview with Operations Manager  
 Interview with PREA Coordinator

**Standard 115.263 Reporting to other confinement facilities**

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

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

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

An interview with the Regional Director indicated that the facility has not received a report from another institution nor have they received an allegation that the CEO/President had to relay to the head of another facility.

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

### Standard 115.264 Staff first responder duties

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

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

The agency has a policy requiring all staff be trained on first responder duties. The duties vary from non-security staff to security staff. All staff are supplied the required first responder training. The facility has a detailed sexual abuse, assault, harassment response procedure for any incident of sexual abuse. This plan is posted at the staff main post. The response procedure includes where to place an alleged abuser when separating from the victim so that the abuse cannot destroy any evidence, preserving evidence until the local legal authority can collect the evidence, requesting that the alleged victim not do anything to destroy evidence including washing, brushing teeth changing clothes, performing bodily functions, smoking, drinking, or eating, reporting allegation to the local authorities and to the facility Regional Director or the manager on call and the PREA Coordinator.

Non-security staff are required per policy to contact a security staff member and make a request that the alleged victim not take any action that could destroy evidence.

During staff interviews, both security and non-security staff have acknowledged their training of the first responder duties. The staff was able to specifically identify the steps they are to take as a security or non-security staff and knew the location of the sexual abuse, assault harassment response procedure.

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

Review:

Policy and procedure

Facility tour

Sexual abuse, assault, harassment response procedure posting

Interview with random staff

Interview with Regional Director

Interview with PREA Coordinator

### Standard 115.265 Coordinated response

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

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

The agency has developed a Sexual Abuse, Assault, Harassment Response Procedure for any incident of sexual abuse. The plan list the required steps in a flow chart and is posted at the security posts. The steps listed are specific and detailed enough for staff to follow in the PREA Audit Report

event of a sexual abuse/sexual assault incident and includes phone numbers. The list starts with the first responder duties and refers the staff member to call the local authorities and the PREA Compliance Manager or Manager on Call as well as the PREA Coordinator.

The Regional Director will follow up with the local authorities until completion of the investigation. An administrative investigation will not take place until after the criminal investigation is completed or in conjunction with the local legal authority.

The staff will offer the victim access to a forensic medical exam at Ohio State University Hospital, victim advocate services from SARNCO, and if the advocate services are not readily available a qualified staff member who has been trained as an emotional support person will assist. The advocate will accompany the victim to the medical exam and any investigative interviews. In cases of sexual assault or sexual abuse, the victim's mental health will be evaluated by the agency clinician within 48 hours of alleged abuse. The clinician will update the PREA Coordinator on the victim's status every 24 hours until ending monitoring is appropriate.

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

Review:

Policy and procedure

Sexual abuse, assault, harassment response procedure

Interview with PREA Coordinator

Interview with Regional Director

Interview with staff

Interview with Operations Manager

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

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

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

N/A: The PREA Coordinator reports that the facility does not have a union nor does it enter into any contracts with employees.

#### **Standard 115.267 Agency protection against retaliation**

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

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

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

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

There have been no allegations of sexual abuse during this audit cycle. The facility quickly moved an alleged abuser in an unfounded investigation who was being harassed by the alleged victim and terminated another employee for retaliation in a staff sexual misconduct allegation.

The auditor was able to interview the Regional Director, current and new, as well as the Operations Manager to confirm the retaliation monitoring process and the measures the facility would employ to ensure that a client or staff member would be protected from retaliation.

Review:  
Policy and procedure  
Retaliation monitoring form  
Interview with Regional Director  
Interview with PREA Coordinator  
Interview with Operations Manager  
Investigation reports

### **Standard 115.271 Criminal and administrative agency investigations**

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

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

The facility conducts administrative investigations but does not conduct criminal investigations. Criminal investigations would be completed by City of Columbus Police Department. The facility has had four allegation of sexual harassment during this audit cycle.

Investigation #1: Resident made a verbal report that a staff member entered into the bathroom without announcing herself. An administrative investigation revealed that staff entered the bathroom without announcement with probable cause to believe clients were in violation of program rules. The allegation was determined to be unfounded. There was no criminal activity so no referral for criminal investigation was necessary.

Investigation #2: There were multiple allegations against a client from other clients for sexual harassment. An administrative investigation revealed that clients were trying to get the alleged abuser terminated from the facility because he was a sex offender. The allegation was determined to be unfounded. There was no criminal activity so no referral for criminal investigation was necessary.

Investigation #3: The facility received a third party report of staff sexual misconduct. An administrative investigation determined that the allegation was unsubstantiated due to both parties denying the allegation and no other facts to substantiate the allegation. The staff member however did resign in the middle of the investigation. There was no criminal activity so no referral for criminal investigation was necessary.

Investigation #4: The facility received a third party report from another client alleging staff sexual misconduct. An administrative investigation determined the allegation to be unsubstantiated, but found clear violations of agency policy. The staff member resigned before she could be terminated. There was no criminal activity so no referral for criminal investigation was necessary.

The facility has a trained administrative investigator and the PREA Coordinator is a trained investigator as well. The agency facilitates a refresher training for all agency administrative investigators each year.

The auditor sat with the PREA Coordinator and the PREA Investigator to review the process for how the investigator completes an investigation. The investigator discussed the review of any camera footage if available, interviewing the alleged victim, witness, and abuser, and review if there has been previous complains made against the suspected abuser. At no time does the investigator use status as a client or staff member to determine credibility. The facility does not use a polygraph examination as part of an administrative investigation. All allegations will receive an administrative investigation regardless of whether the alleged victim or abuser is no longer employed or in the control of the agency.

All allegations are documented on the facility's SecurManage Database System. The report is comprehensive in the information it collects from the beginning to the disposition of the allegation. If a Sexual Abuse Review Team meeting and retaliation monitoring in necessary, the investigator will denote the time of the SART meeting and who is responsible for retaliation monitoring.

The PREA Coordinator confirmed the retention schedule of for as long as the person is incarcerated or employed with the agency plus five years. The Operations Manager or the Regional Director is responsible for maintaining contact with the legal local authority when the investigation has been referred for criminal investigation.

Review:  
Policy and procedure  
Investigation reports  
Interview with PREA Coordinator  
Interview with Operations Manager  
Interview with Regional Director

### **Standard 115.272 Evidentiary standard for administrative investigations**

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

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

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

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

Review:  
Policy and procedure  
Interview with PREA Coordinator  
Investigation reports

### **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.**

Alvis House policy requires client notification to any client that alleges sexual abuse or sexual harassment whether that allegation has been determined to be substantiated, unsubstantiated, or unfounded. Should the client be released from the facility before the report is made, every effort is made to notify the client.

Review:  
Policy and procedure  
Client notification sample  
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.**

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

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

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

The facility has not terminated anyone for staff sexual misconduct; however, has terminated staff based on ethics violations and retaliation based on a staff sexual misconduct allegation.

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

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

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

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

All contractors and volunteers are made aware of the agency’s zero tolerance policy toward sexual abuse and sexual harassment. Each must participate in PREA training where they will be taught how to prevent, detect, respond, and report sexual harassment and sexual abuse.

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

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

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

**Standard 115.278 Disciplinary sanctions for residents**

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

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

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

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

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

Review:  
Policy and procedure  
Client handbook  
Interviews with random clients  
Interview with PREA Coordinator

**Standard 115.282 Access to emergency medical and mental health services**

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

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

After an incident of sexual abuse or sexual assault, victims are offered unimpeded access to emergency medical treatment and crisis intervention services. Qualified practitioners who would determine the appropriate scope of services would provide these services. Medical services would be provided by Ohio State University Hospital and mental health, crisis intervention, or advocacy services would be provided by SARNCO. Clients would be given timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. All services are offered free of charge to clients.

The victim’s mental health will be evaluated by the agency clinician within 48 hours of alleged abuse. The clinician will update the PREA Coordinator on the victim’s status every 24 hours until ending monitoring is appropriate.

Alvis House staff are trained on the appropriate response to an incident of sexual abuse or sexual assault during monthly staff meetings. A review of first responder duties as well as the Sexual Abuse, Assault, Harassment Response Procedure is conducted during one of these meetings.

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

Review:  
Policy and procedure  
Sexual Abuse, Assault, Harassment Response Procedure  
Training roster  
Investigation report form  
Interview with PREA Coordinator  
Interview with Regional Director  
Interview with random staff

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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

Staff are trained on the Sexual Abuse, Assault, Harassment Response Procedure. This plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical and mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

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

Review:

- Policy and procedure
- Sexual Abuse, Assault, Harassment Response Procedure
- MOU with SARNCO
- Training roster
- Interview with PREA Coordinator
- Interview with Regional Director
- Interview with random staff

### **Standard 115.286 Sexual abuse incident reviews**

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

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

Alvis house has an agency policy on a review of all substantiated or unsubstantiated allegations of sexual abuse within 30 days of the conclusion of the investigation. The review team includes the PREA Coordinator, Facility Manager, Facility Director, Vice President of Agency Programs, CQI Director, Clinical staff, and any other staff member deemed necessary.

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

Jackson Pike has had one unsubstantiated allegation of staff sexual misconduct that required a SART review. The team reviewed all relevant information and made some changes to current camera placement and made a request for an additional 13 cameras based on the allegation. The Coordinator would ensure that any recommendations were implemented by the Regional Director.

Review:

- Policy and procedure
- SART review forms
- PREA Audit Report

### Standard 115.287 Data collection

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

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

The facility directors are responsible for collecting the data for every allegation of sexual abuse and sexual harassment at the facility for each calendar year. The facility is using the Department of Justice Survey of Sexual Violence IV as the collection instrument. The information from this report is aggregated and listed in the agency’s annual PREA report and the report is posted on the facility’s website.

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

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

Review:  
Policy and procedure  
Annual PREA report  
Agency website (www.alvis180.org)  
Survey of Sexual Violence IV report  
Interview with PREA Coordinator

### Standard 115.288 Data review for corrective action

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

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

The agency has a policy requiring the PREA Coordinator to publish an annual PREA report. The report contains details on how the facility assess and improves the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report identifies problem areas and corrective action along with the corrections from prior years. The report also includes an assessment of the agency’s progress in addressing sexual abuse.

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

The report is posted on the agency's website (<https://alvis180.org>) and includes reports from previous years. The report does not include any identifying information that could jeopardize the safety and security of the facility.

Review:  
Policy and procedure  
Annual PREA report  
Interview with PREA Coordinator

### Standard 115.289 Data storage, publication, and destruction

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

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

The PREA Coordinator is responsible for the collection and secure retention of all data collected pursuant to standard 115.287. The data collected will be retained to 10 years. The Coordinator takes all collected information from each facility under the Alvis House Inc. umbrella and creates an annual report which is published on the agency's website (<https://avis108.org>) after approval from the agency's President/CEO.

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

Review:  
Policy and procedure  
Annual PREA report  
Agency website  
Interview with PREA Coordinator

### AUDITOR CERTIFICATION

I certify that:

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

Kayleen Murray

October 4, 2017

Auditor Signature

Date