

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

Interim       Final

**Date of Interim Audit Report:** March 29, 2020       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** May 8, 2020

### Auditor Information

**Name:** Kayleen Murray      **Email:** kmurray.prea@yahoo.com

**Company Name:** Click or tap here to enter text.

**Mailing Address:** P.O. Box 2400      **City, State, Zip:** Wintersville, Ohio 43953

**Telephone:** 740-317-6630      **Date of Facility Visit:** February 13-14, 2020

### Agency Information

**Name of Agency:** Talbert House

**Governing Authority or Parent Agency (If Applicable):** Click or tap here to enter text.

**Physical Address:** 2600 Victory Parkway      **City, State, Zip:** Cincinnati, Ohio 45206

**Mailing Address:** Click or tap here to enter text.      **City, State, Zip:** Click or tap here to enter text.

**The Agency Is:**       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

**Agency Website with PREA Information:** talberthouse.org

### Agency Chief Executive Officer

**Name:** Neil Tilow

**Email:** neil.tilow@talberthouse.org      **Telephone:** 513-751-7747

### Agency-Wide PREA Coordinator

**Name:** Cheryl Burns

**Email:** Cheryl.burns@talberthouse.org      **Telephone:** 513-751-7747

**PREA Coordinator Reports to:**      **Number of Compliance Managers who report to the PREA Coordinator:**

Karla Wilson, Quality & Compliance Manager      7

## Facility Information

**Name of Facility:** Cornerstone

**Physical Address:** 2216 Vine Street

**City, State, Zip:** Cincinnati, Ohio 45219

**Mailing Address (if different from above):**  
Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** talberthouse.org

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Click or tap here to enter text.

### Facility Director

**Name:** Thomas Bach

**Email:** Thomas.bach@talberthouse.org

**Telephone:** 513-751-7747

### Facility PREA Compliance Manager

**Name:** Mollie Flynn

**Email:** mollie.flynn@talberthouse.org

**Telephone:** 513-684-7965

### Facility Health Service Administrator N/A

**Name:** Dr. Charles Collins

**Email:** Charles.collins@talberthouse.org

**Telephone:** 513-751-7747

### Facility Characteristics

**Designated Facility Capacity:**

60

**Current Population of Facility:**

48

Average daily population for the past 12 months:	45	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 and up	
Average length of stay or time under supervision	90 days	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	290	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	275	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	247	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	28	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of open bay/dorm housing units:</b></p>	7
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>0</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<p><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>4</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The PREA onsite visit for Cornerstone halfway house, 2216 Vine Street, Cincinnati, Ohio, was held on February 10-14, 2020. The facility is a part of the Talbert House operated community confinement facilities. The facility is being audited in conjunction with two other Talbert House operated facilities. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act (PREA) standards for community Confinement.

The PREA Coordinator and facility Associate Director forwarded the auditor the pre-audit questionnaire and other documentation to show compliance with the standards. The information was received by the auditor six weeks prior to the onsite visit.

The auditor requested each facility provide photographic evidence that audit notices were posted in conspicuous areas throughout the facility. The notices showed the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to have confidential correspondence with the auditor. The auditor did not have any staff or client send confidential correspondence prior to the onsite visit. During the onsite visit, no client or staff member made a request to speak to the auditor.

The auditor was able to review client files, employee files, staff and client training records, risk screening, agency website, acknowledgments, client handbook, employee handbook, policy and procedures, camera views, posters, brochures, coordinated response plan, staffing plan, annual report, investigations, and facility tour.

The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, intake area, staff offices, storage closets, gym, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and not how staff interacted with clients. The auditor was provided a private office to conduct formal interviews of clients and staff.

The auditor interviewed ten (10) clients based on the population of forty-eight (48) clients during the onsite visit. The clients were selected based on the requirements of the PREA Resource Center's Auditor Handbook Guidelines. The clients were selected based on demographic information, housing unit, targeted interview status, risk assessment screening, intake dates, and ORAS risk level. The auditor conducted the following interviews:

- Random = 9

- Targeted = 1

The breakdown of the number of targeted interviews is as follows:

- Clients that have limited English proficiency (English as a second language) = 1

The targeted client was given both specialized and random interview protocols. The facility did not have a client that identified as deaf, or hard of hearing; having a physical, mental, or cognitive disability; transgender or intersex; or reported sexual abuse. The auditor inquired about these status to several staff members and clients to ensure one was not overlooked. The auditor questioned staff about the process for provided protection and accommodations to clients who fit into these targeted groups when it does occur. The protocols are documented in the standard reviews.

The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. The auditor explained the interview process to each resident and that they were under no obligation to answer questions. The auditor asked questions concerning the resident's experience with PREA education, allegation reporting requirements, retaliation, staff communication, grievance reporting, knock and announcements, searches (pat, enhanced pat, strip, body cavity, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has a total of twenty-eight (28) full and part time staff members including the Associate Director. The auditor was able to talk with agency and facility leadership, along with other specialized and random staff members. Employee interviews include:

- Director of Programs
- PREA Coordinator
- PREA Compliance Manager
- Administrative Investigators
- Quality & Compliance Manager
- Clinical Practice Director
- Associate Director
- Risk screener
- Retaliation Monitor
- SART members
- HR staff
- First responders (security and non-security)
- PREA client educator

The auditor also interviewed random staff members from both programming and security. Security staff from all shifts were interviewed. Several staff members were responsible for more than one specialized area. The auditor was unable to interview the minimum of twelve random staff member due to the limited number of staff employed at this facility.

All staff interviews, random and specialized, were conducted using the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. The auditor was able to question staff on the agency's zero tolerance policies, trainings, reporting protocols, first responder duties, coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies and procedures, data collection, annual reports, staffing plans, electronic surveillance, reporting to other confinement facilities, disciplinary procedures, knock and announcements, cross-gender supervision policies, and transgender/intersex accommodations.

The auditor reached out via email to the rape crisis agency listed on the facility's MOU and coordinated staffing plan and the local hospital that performs SANE services. The community partners were able to confirm the services they would provide to clients of Pathways for Women free of charge.

On the final day of the onsite visit, the auditor was able to discuss with agency and facility leadership some preliminary audit findings.



## Facility Characteristics

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

Cornerstone is a halfway house located in Cincinnati, Ohio that serves adult male felony offenders. The facility is three separate renovated houses that are connected by a courtyard in the rear of the buildings. The buildings are multilevel and house both state and federal commitments. All clients have access to all three buildings and must use the center building to enter and exit the facility. The facility can house up to 60 offenders. To access the facility, one must be buzzed into a lobby area in the center building where they will be sign-in by staff. Clients would access the same entrance and be subject to a pat-down in the duty office which is visible by video surveillance.

The facility is equipped with 28 surveillance cameras which can record and play back up to seven days. The cameras are placed strategically throughout the interior and exterior of the building. There are also multiple security mirrors to enhance security in vulnerable areas. The facility has identified areas that can be considered vulnerabilities and have developed a plan for monitoring these areas until electronic monitoring can be added. The center building contains the administration area and the main security post. From this post, the security staff can view all cameras. The basement of this building houses the laundry area and an exercise room. Both of these rooms are covered by electronic surveillance. There are housing units on the upper floors. There are two dorms across the hall from each other that share a bathroom. The dorms have areas inside that are separated by walls. This makes it difficult for clear line of site views into the room. Housing Units that house ODRC offenders have cameras in the dorm area. Resident Advisor (RA) staff are required to enter the room and check all areas during circulations and head counts. Clients are informed that they must dress in the bathroom.

The top floor of the building has the lounge area and staff offices. The staff offices have outer door that is solid and within the room are three offices. All office doors are solid. The staff have their doors open when clients are inside.

State Building A has the kitchen and dining hall for all offenders. The clients are not allowed to enter into the back kitchen area. They line up to receive meal trays and take them into the dining hall. The dining hall is open to clients until lights out. The upper floors of this building have staff offices, offender lounges, and dorm areas. The dorms are open rooms with no wall dividers. The bathroom on the floor is shared by both dorms. The bathroom contains two toilet stalls with doors and two individual shower stalls with curtains.

State building B is the smallest of the three. The building only houses thirteen offenders. The first floor occupies the day room, group room, and a urinalysis office. The top floor has a single dorm room and multiuse bathroom. The bathroom is equipped with two toilets with doors and two individual shower stalls with curtains.

The facility requires Resident Advisors to conduct head counts during the day and circulation rounds every 30 minutes, as well as security and perimeter checks throughout the facility. Resident Advisors (RA) are required to conduct more frequent checks in areas that are considered blind spot areas. Clients who need to see staff such as a case manager, will need to go to the main control post and get permission before entering a staff office hallway.

The facility has several housing units. Some of these dorms in these units are divided by wall barriers and limit the number of beds in each contained area. Clients that have been given a classification of vulnerable would be housed in one of the dorm rooms that offers the most visibility and security. All rooms are designed to minimize blind spot areas. The bathroom is designed to offer privacy for clients (see standard 115.215 to see full bathroom description). Clients are required to be out their rooms during program hours.

Throughout the facility there are several PREA posters in English and Spanish that provides information on reporting options, emotional supportive services, and client rights

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:**

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Community Correctional Center (CCC) adheres to Talbert House policy 12.04.01 that states the facility must provide a safe, human, and appropriately secure environment, free from the treat of sexual misconduct for all clients by maintaining a program of prevention, detection, response, investigation, and tracking. The facility will maintain zero tolerance for sexual abuse

and sexual harassment. All allegations of sexual misconduct and/or sexual harassment will be administratively and/or criminally investigated.

The agency's Compliance Coordinator serves as the agency wide PREA Coordinator and reports to the Quality and Compliance Manager. The auditor interviewed the PREA Coordinator who reports that she has sufficient time and authority to ensure each of the facilities under the Talbert House umbrella are complying with the PREA standards. She states her duties include working with each facility PREA Compliance Manager to ensure staff and clients receive the appropriate training, point of contact for all allegations of sexual abuse and sexual harassment, monitoring risk screening procedures, developing safety plans for high risk clients, collecting data for reporting PREA outcome measures, and insuring all allegations receive an administrative and/or criminal investigation.

The auditor interviewed the PREA Coordinator's supervisor, the Quality and Compliance Manager, and the Director of Correctional Programs during the onsite visit. Both report that the PREA Coordinator is supported in all areas of developing and implementing policies, procedures, and protocols that allures all facilities ae in compliance with the PREA standards.

The Associate Director has been identified as the facility's PREA Compliance Manger. The compliance manager is responsible for ensuring the facility is complying with all agency policies, procedures, and protocols. She reports the auditor that her responsibilities include ensuring that the facility has an adequate staffing plan, staff and clients have appropriate training and education, and all allegations, regardless of how reported, are investigated. The associate director is also performing these duties for female counterpart facility.

The agency wide PREA Coordinator and facility PREA Compliance Manager both report having sufficient time and authority to ensure compliance.

**Review:**

Policy and procedure

Agency table of organization

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Director

Interview with Quality and Compliance Manger

Interview with Regional Director

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

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

### **115.212 (a)**

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

#### 115.212 (b)

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

#### 115.212 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The PREA Coordinator reports that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf of Talbert House.

#### Standard 115.213: Supervision and monitoring

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

**115.213 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes  No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

**115.213 (b)**

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

**115.213 (c)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has a documented staffing plan that provides for adequate levels of staffing and video monitoring to protect clients against sexual abuse. The plan is reviewed at least annually and updated as necessary. The plan will take into consideration:

- The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities
- The composition of the client population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors

The facility provided the auditor with a copy of the most recent staffing plan. The staffing plan includes:

#### Layout of the facility

- Three buildings (connected by a courtyard) that are multilevel and clients are separated by referral source and by ORAS risk level
- Identified blind spot areas
- 32 cameras

#### Composition of offenders

- Serves adult male felony offenders
- FBOP and ODRC offenders

#### Incidents of sexual abuse

- Staff-to-Client sexual abuse/sexual harassment- 1 unfounded

#### Deviations from staffing plan

- No deviations from staffing plan
- Would use mandatory overtime or staff from other Talbert House facilities

The facility reviews the staffing plan during the annual budget review. The review assesses:

- Prevailing staffing patterns
  1. Resident Advisors: 4/per shift for three shifts
  2. 28 staff total

- Deployment of video monitoring systems and other monitoring technologies
  1. 32 cameras
- Resources the facility has available to commit to ensure adequate staffing levels
  1. Based on annual budget
  2. Maximum number of clients
  3. Security equipment available

The review is conducted by the Director and Associate Director. The Director will make budget request on behalf of the facility if additional staff or electronic monitoring is needed.

Review:

Policy and procedure

Staffing plan

Camera views

Tour of facility

Interview with Director

Interview with Associate Director

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

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

### 115.215 (a)

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

### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes    No    NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes    No    NA

### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes    No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).    Yes    No    NA



### 115.215 (d)

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

### 115.215 (e)

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

### 115.215 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.02 prohibits the facility from conducting cross-gender strip searches and prohibits all body cavity searches. All searches must be conducted by staff of the same gender as the client. The policy requires all Resident Advisors to be properly trained on pat, enhanced pat, and strip searches and transgender and intersex searches. The policy does not all for the searching of transgender or intersex clients for the sole purpose of determining genitalia.

Pat search- A pat down of the client's clothes while the client is still clothed. The staff member will run hands along the outer garments.

Enhanced pat search- Client removing all clothing except underwear. The staff member will do a visual body search and search of clothing

Strip search- Inspection of genitalia, buttocks, breast of a person that is preceded by the removal or rearrangement of some or all of the person's clothing that directly covers these areas

Training is conducted at New Employee Orientation by a qualified staff member. The trainer will ensure that all Resident Advisor's are able to conduct all searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The trainer will inform facility management that the staff member is qualified to conduct proper searches, including searches on transgender/intersex clients.

The policy ensures that clients are allowed appropriate levels of privacy while shower, changing, clothes, or performing bodily functions. Clients are able to conduct those activities without the staff of the opposite gender viewing their buttocks or genitalia. Staff of the opposite gender are required to announce their presence when entering areas where clients are likely to be showering, changing clothes, or performing bodily functions.

The facility has cameras in the dorm areas (ODRC dorms only). The facility has a dressing policy which requires all clients to be properly dressed in all common areas of the facility. Clients are informed that they must change clothing in the bathroom.

The clients within each dorm area on the same floor share a bathroom. The bathroom is equipped with three toilet stalls with doors, three individual shower stalls with curtains that open up to a changing area that is covered by a shower curtain. There are two urinals across from the shower area. The bathroom on the third floor of this building has the same set up. In State Building A, The two dorm areas share a bathroom that is located just outside the smaller dorm. The bathroom is equipped with two toilet stalls with doors and two individual showers with curtains. State Building B has one dorm that is across from the only bathroom. The

bathroom is equipped with two toilet stalls with doors and two individual shower stalls with curtains. All bathrooms have a solid door entrance.

Each of the bathrooms are configured to allow clients to shower, change clothing, and perform bodily functions with as much privacy as possible without compromising the safety of the facility.

The auditor interviewed ten clients during the onsite visit. The auditor inquired about searches (pat, enhanced, and cross-gender), cross-gender announcements, and bathroom privacy. The clients report that they have never been searched by a female staff member, and that all female staff members announce themselves before entering the bathroom. The clients state that for the most part, only male staff members enter into the bathroom. The clients state that because there are cameras in the dorm rooms, they are required to change clothes in the bathroom. When asked, the clients report that they are told at intake of the facility's dress policy. The clients report that the bathroom offers enough privacy and that they have no issues with staff professionalism concerning searches.

All staff interviewed indicated that they received annual training on how to conduct proper pat searches, strip searches, and transgender searches. The staff report that they are prohibited from conducting cross-gender searches and body cavity searches. The RA's report that they are not allowed to conduct a strip search without the Associate Director's approval. When questioned about searching transgender residents. Older staff report that they have had several transgender residents throughout the years and are totally comfortable conducting respectful and professional searches. The staff report that they are not allowed to conduct body cavity searches. The auditor was able to view several pat searches conducted during the onsite visit. The searches were conducted according to agency policy.

The Operations Manager states that he trains and conducts quality control observations of searches. They report search training techniques include appropriate communication when conducting searches and using the back of the hand in erogenous zones.

The auditor discussed with the Associate Director the plans for offering transgender/intersex clients a private opportunity to shower, perform bodily functions, and change clothing. The Associate Director reports that the facility will address any concerns the client may have about showering or changing. The main building has a dorm room that has two beds and a single use bathroom within the room. The facility would house transgender clients in this room if there are concerns about safety or having a private shower. The Associate Director states that transgender clients will be asked their preference of gender for searches but the facility cannot guarantee the preference due to staffing levels.

The auditor reviewed 15 staff files and was able to verify staff training through training sign-in sheets.

Review:  
Policy and procedure  
Facility tour

Training curriculum  
Training sign-in sheets  
Search procedures  
Interviews with clients  
Interview with staff  
Interview with Associate Director

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

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

### 115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

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

#### 115.216 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Agency policy 12.04.01 states that the agency will use professional interpreters in the community to assist with communicating to clients with special needs. Clients will not be used as interpreters, readers, or assistants except in rare circumstances where an extended delay in obtaining an effective interpreter could compromise safety and/or the first responder duties or investigation process. The resources include:

- Interpreters Ohio Relay 1-800-750-0750
- Vocalink 1-937-223-1415
- Hearing, Speech, and Deaf Center of Greater Cincinnati 513-221-0527
- Affordable Language Services 513-745-0888
- Cycom 1-844-203-2025

The auditor spoke to the Intake Coordinator who conducts PREA client orientation during the onsite visit. He states that he provides initial intakes for the clients at Cornerstone and the female clients at Pathways for Women (another halfway house operated by Talbert House). During the initial meeting with both male and female clients, he will assess the clients' ability to read, write, understand, and speak English. If the client exhibits signs that they would need additional assistance such as translators or auxiliary aids, he would work with the Associate Director to obtain the proper assistance. He also conducts PREA orientation for the male clients at Cornerstone. He states that he has worked with the current client who is limited English proficient. The client can speak English and did not need a translator, but the Coordinator states that he conducted orientation one-on-one with this client so that he can be sure he understood all facility rules, expectations, and PREA protocols.

The Associate Director reports that the facility has not needed the services of community resources to assist clients in being able to benefit from the facility's efforts to prevent, detect, respond, and report allegations of sexual abuse or sexual harassment. She states that she would receive information prior to intake of services or auxiliary aids needed for clients and would provide those services free of charge.

The facility has identified one client as speaking English as a second language. The auditor spoke to this client to ensure he was able to speak, read, and understand English. The client was capable of fully participating in the interview and was able to discuss the information he received as a part of the PREA orientation group.

The auditor interviewed all clients that were identified as having a reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. No client in the targeted category was in need of any additional services in order to benefit from the facility's efforts to prevent, detect, or respond to sexual abuse or sexual harassment. All

specialized client interviewed where able to describe the PREA education provided to them at orientation group and knew all ways they were able to report an allegation.

Review:

Policy and procedure

Community resources

Interviews with targeted clients

Interview with Associate Director

Interview with Intake Coordinator

## Standard 115.217: Hiring and promotion decisions

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

### 115.217 (a)

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

### 115.217 (b)

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

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on



substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 prohibits the agency from hiring anyone, or enlisting the services of any contractor, to a position of direct contact with residents who has:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the previously described activities

The agency requires all applicants to disclose any allegation of sexual misconduct in the community and while working in an institution. Applicant will document this on the application and during the interview process. The application informs applicants that material omissions with regard to sexual misconduct, or materially false information, are ground for termination. Should an applicant be chosen for employment, the new staff member is informed of their continued responsibility to disclose such information.

To ensure the agency does not hire a prohibited applicant, the Human Resource Department is required to complete background checks, institutional employer reference checks, and ensure the applicant is not listed on the Ohio Department of Developmental Disabilities Abuse Registry or the Ohio Nurse Aid Registry. Employees who have contact with offenders are required to have an initial background check and another check every five years thereafter. The staff of the HR department will collect the background checks and compare any offense with the Disqualifying Offense Affidavit.

The auditor reviewed fifteen employee files. The auditor was able to review and confirm that staff received an initial background check and a five year recheck. The agency obtains checks from the Ohio Bureau of Criminal Investigations, Butler County Sheriff's Office, and Federal Bureau of Investigations. The files reviewed contained the initial background check and if needed, the five-year recheck. A check of employee annual performance evaluation, shows documentation of the employees continued affirmation of no incidents of sexual misconduct in the community or the facility.

The agency conducts background checks every five years regardless of when the staff started employment. This will guarantee that all staff receive the required check.

When conducting reviews of employees who have previously worked in institutional settings, it was noted by the auditor that any attempt to contact that agency was not documented. The auditor discussed this provision with the PREA Coordinator and the Quality and Compliance Manager.

When discussing the promotion process, the Director reports that employees will receive notification through the agency's intranet of all available open positions. Employees must complete an application or submit a letter of interest. The HR department will review all internal applicants to be sure they meet minimum qualifications before conducting an interview. A review of the minimum qualifications includes a check of the employees performance reviews and disciplinary records. Disciplinary action is considered active for six months and staff cannot be promoted during that time.

The auditor checked for promoted employees during the file review and verified that any employee promoted did not have disciplinary action that would have prevented the promotion. No employee file reviewed had any disciplinary action that would prohibit them from working with clients.

Contractors and volunteers are subject to the same background checks and vetting process as employees.

The HR department will honor all request for employment verification for previous employees unless prohibited. The information provided would include information on substantiated allegations of sexual abuse or sexual harassment if requested from an institutional employer for whom such employee has applied to work.

#### **CORRECTIVE ACTION:**

During an employee file review, it was noted by the auditor that the agency is not conducting reference checks of applicants who have previously worked in institutional settings and inquired if the employer has any information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency needs a process to ensure that they are capturing this information so they are not inadvertently hiring staff that have sexually abused offenders. The auditor discussed appropriate ways the facility can capture this information.

## FACILITY RESPONSE:

The agency has developed a new onboarding process to ensure that all potential employees who have previously worked at an institution, will have an appropriate reference check as required by standard 115.217. The employee reference check form has a large section that is dedicated to PREA related information and the onboarding pre-hire checklist has a highlighted section that addresses PREA related documents that are required to be completed prior to receiving a start date. Ensuring the proper paperwork is completed before starting will be the responsibility of the Human Resource Department. In addition to the new process, the agency already conducts annual audits of employee files. The process will also ensure that all pre-hire reference checks were completed.

### Review:

Policy and procedure

Employee files

Employee background checks

Reference checks

Disciplinary actions

Interview with Director

Interview with PREA Coordinator

Interview with Quality and Compliance Manager

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Director reports that the facility has not acquired a new facility or had any substantial expansion or modification of existing facilities. He reports that the agency has no plans to substantially change this facility.

The facility will assess the need to installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology during the annual staffing plan review. Since the last audit in 2017, the facility has increase the number of cameras. The increase in cameras have greatly reduced the facility’s blind spot areas and have increase the facility’s ability to protect clients of incidents of sexual abuse and sexual harassment.

The Director will address any facility’s request for a budget increase in order to augment the facility’s electronic monitoring system.

Review:

Facility tour

Staffing plan

Interview with Director

## RESPONSIVE PLANNING

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

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

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.221 (b)

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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Policy 12.04.01 requires the agency to ensure investigations are conducted by properly trained investigators and report all allegations of sexual abuse to the appropriate law enforcement agency(ies) for investigation.

The agency has a signed and dated MOU with the Cincinnati Police Department to investigate all criminal allegations of sexual abuse or sexual harassment at the facility by using a uniform evidence protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility has had one allegation that had criminal investigation (see standard 115.222 for investigation details).

Clients of Pathways that are in need of a medical forensic exam will be transported to the University of Cincinnati Medical Center. The hospital has nurses that are specially trained to provide around the clock, first-response care to sexual assault survivors. The nurses are trained to:

- Address psychological and physical trauma
- Conduct safe and comprehensive physical examinations (including the use of colposcope and digital photography)
- Provide dignity and compassionate support
- Work with clients who have disabilities or are deaf

The hospital has partnered with Women Helping Women to provide rape crisis advocates to victims of sexual assaults.

The facility has an MOU with Women Helping Women to provide advocate services to any client victim of sexual abuse or sexual harassment. The MOU outlines the agency agrees to provide to all Talbert House facilities in the Cincinnati area clients. The services include:

- Hospital support
- One-on-one crisis intervention sessions
- Long-term counseling
- Legal accompaniment
- Support groups
- Support services for clients who identify as LGBTQ

The auditor communicated via email with the director from Women Helping Women. The advocate confirmed the scope of services the agency would provide and that the services are free of charge.

The facility has a trained emotional supportive staff member. The PREA Coordinator reports that the agency tries to always provide an advocate from a rape crisis agency to any client victim.

The facility has provided the auditor with documentation of staff administrative investigator training and emotional support training.

Review:

Policy and procedure

MOU with Cincinnati Police Department

University of Cincinnati Medical Center SANE program

MOU with Women Helping Women

Email with Women Helping Women Director

Interview with PREA Coordinator

Training certificates

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

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

### 115.222 (a)

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

### 115.222 (b)

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

### 115.222 (c)



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

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The agency has a policy (12.04.01) that requires administrative and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The policy states that investigations are conducted by a properly trained individual or by the legal authority to conduct criminal investigations.

The agency post the investigatory policy on its website, [https://www.talberthouse.org/media/resources/PREA%20-%20FAQ\\_2015.pdf](https://www.talberthouse.org/media/resources/PREA%20-%20FAQ_2015.pdf). The website states that all investigations will receive an administrative investigation and allegations local law enforcement will conduct independent criminal investigations, and be responsible for referral for prosecution.

The facility has had one allegation of sexual abuse in the past twelve months.

Investigation #1: A client made a verbal complaint at the facility that a staff member was staring at him while conducting an urinalysis screening. The client called 911 from his cell phone while at the facility and eventually was transported to the hospital for unrelated issues. While at the hospital, the client reported sexual abuse by the staff member who transported the client to the hospital. The police responded to the hospital and interviewed the staff member

while on scene. The police have not released the report to the agency despite several attempts to procure the report. The police did states that they determined the incident to be unfounded. The client did not return to the facility. The facility was later informed of the clients initial complaint about the staff member starring at him while conducting a urinalysis. This information was reported by the client's Probation Officer. The agency determined the allegation to be unfounded. Clients are informed and document their acknowledgement of the agency's drug testing policies, including the staff member visually observing testing to ensure it is the client's sample.

**Review:**

Policy and procedure

Agency website

Investigation report

Interview with administrative investigators

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

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

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency's Institute for Training and Development and online training system, Relias, provide agency staff with mandatory training to comply with the PREA standards. During *New Employee Orientation* staff will be trained on the following topics related to this standard:

- PREA overview (what is PREA)
- Mandated reporter obligation
- Responsive planning
- Prevention planning
- Searches/cross-gender viewing
- Risk screening
- Investigations
- Reporting
- Medical and Mental health care
- Grievances
- Signs of abuse
- Client rights
- Communicating effectively
- Responding to incidents
- First responder duties
- LGBTI communication

PREA topics learned during *New Employee Orientation* are reviewed with staff bi-annually. On the off year, the staff receive refresher training on agency policies and other PREA related topics. In addition to the PREA topics listed above, the agency also provides staff training in the following topics:

- Employee conduct and code of ethics
- Reporting neglect/abuse
- Socialization with clients
- Conflicts of interest
- Non-harassment training
- Crisis de-escalation
- Core correctional practices
- Pat searches (enhanced, cross-gender, and transgender)
- Professional etiquette
- Community resources
- Employee disciplinary procedures

All training is tracked and a tracking report is kept in each employee's file.

During staff interviews, they report that they were trained their responsibilities in keeping clients staff, mandated reporting, recognizing behaviors that might signal abuse, red flags of staff inappropriate relationships, LGBTI communication and safety, and searches.

Review:

Policy and procedure

Training files

Interview with Associate Director

Interview with PREA Coordinator

Interview with Quality and Compliance Manager

## Standard 115.232: Volunteer and contractor training

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

### 115.232 (a)

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

### 115.232 (b)

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

### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy 12.04.01 requires contractors, interns, and volunteers to receive PREA education training before being permitted to work with clients without staff supervision. The training includes a review of the agency's zero tolerance policy, how to prevent, detect, and respond to allegations of sexual abuse and sexual harassment.

Site contractors will sign the Visitor Log acknowledging the agency's zero tolerance for sexual abuse and sexual harassment and the requirement to report any such behaviors. Regularly used contractors will sign a statement acknowledging awareness of PREA policy. Contractors are not permitted to move around the facility freely; they may only visit the area appropriate to their service provision. Resident Advisors are required to monitor the contractor's activities every ten (10) minutes.

The auditor was required to read and sign acknowledgement of the agency's zero tolerance policy during the onsite visit to each facility. There were no contractors, interns, or volunteers at the facility during the onsite visit.

Review:

Policy and procedure

Visitor zero tolerance acknowledgment form

Interview with PREA Coordinator

## **Standard 115.233: Resident education**

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

### **115.233 (a)**

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

### 115.233 (b)

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

### 115.233 (c)

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

### 115.233 (d)

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

### 115.233 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 12.04.01 states that at intake, each client will receive education about the agency's zero tolerance for sexual abuse and harassment, how to report incidents or suspicions, and their right to be free from retaliation for making any report. 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 at a later time.

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

- Facility safety message
- Definitions
- Services available (including female specific services)
- Examples of sexual abuse, sexual harassment, and retaliation
- Prohibition of consensual relationships (including staff)
- Prevention techniques
- Reporting and investigations
- What to expect after a report
- Victim advocate information
- Retaliation
- Discipline for false allegations
- Free of charge services

The auditor conducted ten (10) client interviews, including clients that have been identified as having a mental, physical, or cognitive disability and are limited English proficient. The clients report that they have received the necessary information to report a PREA allegation. The clients were able to list the different ways they could report and that they would not be retaliated against for reporting or cooperating in an allegation. Some of the client were able to state that advocate and medical services would be provided free of charge. Most of the clients that after they received their handbook and other PREA documentation, they did not pay close attention to the rest of the class. They state that the information provided is not new to them due to being provided this information on a continual basis at other confinement facilities.



The auditor conducted an interview with the client orientation instructor. The instructor states she provides facility specific information for reporting allegations; accessing medical and mental health or advocate services; and reviews the client handbook, grievance policy, and disciplinary procedures. The instructor reports she also makes clear that all staff, volunteers, and contractors are mandatory reports and all allegations will be investigated.

Review:

Policy and procedure

Client education materials

Client handbook

Interview with clients

Interview with client orientation instructor

## Standard 115.234: Specialized training: Investigations

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

### 115.234 (a)

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

### 115.234 (b)

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

### 115.234 (c)

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

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 requires the facility to have trained investigators to conduct administrative investigations. The training must include techniques for interviewing sexual abuse victims; evidence required to substantiate an allegation for administrative action or criminal referral; the use of Miranda and Garity warnings; evidence collection; and report writing.

The facility has two trained investigators and the PREA Coordinator serves as the agency investigator. All administrative investigators have been trained by facilitators from the Moss Group. The auditor has the training curriculum provided by the Moss Group and it meets the standard requirements. The agency retains a copy of the investigators' training certificate in the employee file.

The auditor interviewed the both facility investigators and the agency investigator. The all report they are not allowed to conduct criminal investigations, and that at any time the allegations appears to be criminal, they will refer the allegation to the Cincinnati Police Department. The agency has a signed MOU with this agency.

The PREA Coordinator states that the agency is private and is not subject to Garity warnings. She states that the facility would not interview staff if the allegation appeared to be criminal without permission from criminal investigators.

The PREA Coordinator would be responsible for conducting investigations involving staff members.

The administrative investigators were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation.

Review:

Policy and Procedure

Moss Group training curriculum

Training certificates

Interview of administrative investigators

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

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

### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

### 115.235 (b)

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

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility does not have full or part time medical or mental health practitioners that would inside the facility. Clients that need medical services, including services for a forensic medical examination, would be sent to the University of Cincinnati Medical Center. The agency has services off-site for clients in need of mental health services. Integrative Services provides mental health counseling and has the capability of providing services at the facility. Integrative Services staff have received employee PREA training as well as Specialized Training for Medical and Mental Health professionals provided by the PREA Resource Center's website.

The Associate Director reports that no client has used medical or mental health services due to a PREA related incident.

Review:

Policy and procedure

Specialized training for Medical and Mental Health Professionals

Interview with Associate Director

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No

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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 states that each client will be provided a risk screening assessment within 72-hours of admission to determine their risk for victimization or predatory behaviors. Clients assessed to be at risk will be addressed immediately to assure they and others are safe. Each client will be reassessed within 30 days. Clients can also be reassessed if the facility receives additional relevant information or an allegation is made. The assessment collects the following information:

- Physical attributes

- Age of client
- Physical, mental, or cognitive disability
- Social indicators (timid, withdrawn)
- Lesbian, gay, or bisexual identification
- Screener's perception of the client's sexual orientation
- Transgender/intersex identification
- History of sexual victimization
- Client's perception of safety
- Previous incarceration, including county jails and halfway houses
- Placement in protective custody while incarcerated
- History of consensual sex while incarcerated
- Experienced previous sexual abuse while incarcerated
- Institutional sexual taunting toward staff or offenders
- Current or prior convictions for sex offense
- Gang affiliation
- History of violence
- Length of previous incarceration
- Previous numbers of incarcerations
- Open discriminatory of LGBTI populations
- Current or prior criminal conviction of abuse, neglect, or rape
- History of misconduct in a correction facility to include sexual conduct, masturbation, etc.

The assessment has indicators listed to determine the classification of the client. The possible classifications include; high risk, potential risk, or no risk for victimization or abusiveness.

The policy does not allow for disciplining a client for refusing to answer or not disclosing complete information when questioned.

Each facility is required to perform the following procedure for clients who are assessed as high risk for victimization or abusiveness:

- Place client in a dorm that is open and visible to staff
- Increase dorm/facility checks to ensure clients are safe
- Clients will be informed to immediately report problems
- Case manager will privately conduct status checks and address any safety concerns
- Management will document all safety measures taken

If a client reports being abused at another confinement facility, the Associate Director will immediately report that information to the head of that facility and the PREA Coordinator. The client will also be offered mental health services.

The auditor met with the Intake Coordinator who conducts the initial and reassessment. He reports that he tries to make the clients feel as comfortable as possible and builds a rapport



before conducting the assessment. He states that he would inform the Clinical Supervisor and the Operations Manager so that can make appropriate accommodations.

The auditor reviewed ten (10) client files. The files contained the agency's risk assessment form. The form contains information for both the initial assessment and the 30-day recheck. The auditor discussed with facility management, the PREA Coordinator and the agency Director some issues with how the agency was documenting the 30-day recheck. As is, the auditor could not determine how the staff was making a 30-day determination of classification. The auditor suggested reformatting the form to include a separate section with information specifically from the 30-day recheck. The new form includes this section and addresses:

- Additional information/concerns reported by staff
- Additional information/concerns reported by client
- Is a rescreening required based on additional information or concerns

Should any additional information or concerns be reported, the case manager will conduct a new full assessment. There is also room on the assessment for staff to make comments. The new form makes it easier to ensure staff is conducting the assessment as intended. The new forms will be issued agency wide.

The dates on the form indicate the screenings are being conducted on time.

During a review of all investigations, the auditor was able to review all new risk screenings conducted based on the allegation.

Review:

Policy and procedure

Risk assessment form

Client files

Interview with Intake Coordinator

Interview with Clinical Supervisor

## **Standard 115.242: Use of screening information**

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

### **115.242 (a)**

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

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

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy requires the information on the risk screening assessment be made available to those staff members responsible for ensuring all housing, programming, and community assignments are given in a way to minimize the risk of a client being sexually victimized.

The Clinical Supervisor reports, if a client has been identified as being highly susceptible or abusive, the case manager will work with the client to include programming that will address those issues such as trauma group or anger management. He reports that staff will be notified

that the client will be in need of additional supervision without divulging the clients confidential information.

The agency has a policy to proper housing of transgender or intersex clients. The policy requires the agency to consider:

- Which facility would ensure the client's health and safety
- Would the placement present management or security problems
- What are the clients concerns about their own safety

Once the agency decides on a male or female facility based on those considerations, the facility will place the client in a bed or dorm with the most visibility and security. The facility has placed cameras in all dorm room except for the housing unit where FBOP clients are housed. The Director reports that the agency would like to place cameras in this area but the FBOP has expressed concerns about doing so due to PREA. The auditor informed the facility that the PREA Resource Center has already addressed this issue with cameras in sleeping units. An FAQ dated March 17, 2016 states that cameras can be placed in sleeping units as long as the facility prohibits being unclothed in these areas and enforces that rule. The facility has a two bed dorm that has a private bathroom inside. This dorm is usually provided to clients with physical disabilities, but it would be available to a transgender/intersex client.

The facility did not have a transgender client during the onsite visit. The PREA Coordinator reports that once the transgender assessment is completed, the facility will forward the information and begin to develop a safety plan. She reports that the resident's preferences will not be the sole determining factor for placement and handling but will be given serious consideration, along with the safety, security, and staffing of the facility.

The facility has three buildings that clients are assigned to based on their referral sources. The facility houses offenders for Ohio Department of Rehabilitation and Correction (ODRC) and the Federal Bureau of Prison (FBOP). The third building is smaller and is used for high risk clients or those with special needs. Clients with the same referral source are housed together. They do not have a unit that is dedicated for clients that identify as LGBTI. The Associate Director reports that the PREA risk assessment is given priority over referral source when a client is identified as being at high risk for victimization or abusiveness.

During the onsite visit there were no clients that identified as being LGBTI, but one client that was perceived as being LGBTI or gender non-conforming. The auditor interviewed this client. The client did not report any issues with his housing, dorm, or bed placement. He did not have any issues with safety or harassment from other clients or staff.

Review:

Policy and procedure

Safety plan

Interview with Clinical Supervisor

Interview with Associate Director

Interview with PREA Coordinator  
Interview with clients

# REPORTING

## Standard 115.251: Resident reporting

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

### 115.251 (a)

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

### 115.251 (b)

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

### 115.251 (c)

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

### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

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

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

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

Talbert House policy 12.04.01 requires the facilities to provide multiple ways to report sexual abuse, sexual harassment, and retaliation to internal and external entities. Clients are not restricted to reporting such allegations via the agency's grievance procedures. Clients are encouraged to use the following established methods:

- Talbert House crisis line
- ODRC reporting line
- Facility grievance/complaint form
- Verbally or in writing to any staff member, contactor, or volunteer
- Abuse and Rape Crisis Shelter
- Through a third party
- Anonymously

The auditor verified that the methods available were posted in various areas throughout the facility and listed in the client handbook. The handbook lists the phone numbers for all the reporting entities.

The auditor contacted the internal and external phone numbers listed in the handbook and on posters. The internal phone number has a live person answer the call while the external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The call to the outside reporting agency was returned the same day.

During the onsite visit, the auditor interviewed ten (10) clients. The clients were asked questions in accordance with the PREA Compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. This includes questions on ways a client can report, private and anonymous reporting, and how clients received information on reporting methods.

The facility had one allegation that a resident made to his probation officer and 911 (called 911 in front of the staff member). The allegation was reported to the facility by the Probation Officer and by the staff member who witnessed the 911 call.

The auditor interviewed both targeted and random staff during the onsite visit. The staff interviewed discussed their understanding of immediately reporting allegations or suspicions of

sexual abuse and sexual harassment. All staff state they would immediately report the information to their supervisor or directly to the PREA Coordinator.

Review:

Policy and procedure

Client handbook

PREA posters (English and Spanish)

Investigation reports

Interview with staff

Interview with clients

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)



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

#### 115.252 (e)

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

#### 115.252 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency has a grievance policy that protect clients from abuse, exploitation, retaliation, humiliation, neglect, and discrimination based on race, ethnicity, age, color, religion, sex, or sexual orientation. The policy states that all allegations will be investigated under agency policy 12.04.00.

The PREA Coordinator states that the clients can make reports or anonymous reports through a grievance form but the allegation would be immediately turned over to an administrative investigator.

Policy 12.04.00 states that the agency should use a standardize methodology for reporting and reviewing incidents and major unusual incidents (MUI).

- Within 24-hours a PREA investigator will start the PREA Investigation Report and submit to the PREA Coordinator
- Within 24-hours the client victim and client abuser will receive a new risk screening
- Within 48-hours a Special Incident Report will be submitted to ODRC or to FBOP
- The allegation will be investigated in line of PREA standard 115.271 by a trained investigator
- Should an administrative investigation take more than 90-days, the investigator would inform the client in writing of the need for an extension. The extension should not exceed 70-days
- The PREA Coordinator will provide a letter of the investigation findings and the Associate Director will give to client for date and signature

Once an incident is reported, the report must be submitted to the agency risk committee within 24-hours of the discovery for review.

No allegation originated with a grievance.

The PREA Coordinator states that no client reported being in need of protection from risk of imminent sexual abuse. She states that all clients receive protection measures when allegations are reported or suspected.

Review:

Policy and procedure

PREA Incident/Investigation checklist

Interview with PREA Coordinator

Interview with the Associate Director

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

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

### **115.253 (a)**

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

### 115.253 (b)

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

### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has an MOU with Women Helping Women to provide clients with access to outside victims' advocates for emotional support services related to sexual abuse by giving clients the mailing address and telephone number to the agency. The facility also provides the mailing address and telephone numbers of other local, state, and national victim advocacy or rape crisis organizations.

The facility informs the clients at intake the extent to which communications with these agencies will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Throughout the facility are posters that provide the name, contact numbers, and mailing address of local, state, and national rape crisis organizations.

The director of Women Helping Women reports that the agency can provide hospital support, one-on-one crisis intervention sessions, long-term counseling, legal accompaniment, support groups, and a 24-hour hotline.

\*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

The facility had one allegation of sexual harassment during the past twelve months. The clients involved in the allegation were offered services but declined.

Review:

MOU with Women Helping Women

PREA posters

Client handbook

Email with Women Helping Women director

Email with RAINN

Investigation report

## Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

On the agency's website, information for making a third-party allegation of sexual abuse or sexual harassment on behalf of a client is posted. Per policy 12.04.01, the facility is responsible for reporting third-party reports of incidents of sexual abuse or sexual harassment to the administrative investigator and the PREA Coordinator.

The auditor reviewed the agency website, <https://www.talberthouse.org/resources/prea-5/>, and was able to see the posted information on how a third-party can report an allegation. The information on the website includes:

- Phone: 513-751-7747 and ask to speak with PREA Coordinator
- Fax: 513-751-8107 attention PREA Coordinator
- Email: PREA.Reporting@talberthouse.org

The facility has also posted this information in areas of the facility where visitors would frequent.

The auditor contacted the internal and external hotline number to verify the process. The internal phone number has a live person answer the call while the external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The call to the outside reporting agency was returned the same day.

The facility had one allegation that a resident made to his probation officer and 911 (called 911 in front of the staff member). The allegation was reported to the facility by the Probation Officer and by the staff member who witnessed the 911 call.

Review:

Policy and procedure

Agency website

Facility posters

Hotline numbers

Investigation reports

## **OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

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

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

### 115.261 (a)

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

### 115.261 (b)

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

### 115.261 (c)

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

### 115.261 (d)

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

### 115.261 (e)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 requires states staff will report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse, harassment, retaliation, or any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment or retaliation to their supervisors.

The staff are trained that they are not allowed to reveal any information related to incidents of sexual abuse or sexual harassment except to the extent necessary to make treatment, investigation, and other security and management decisions.

All staff that provide programming to clients are required to provides, especially those with licensure, are required to inform clients of their mandated reporting obligations at the beginning of services. Clients are made aware of all staff, contractors, and volunteers duty to report any allegation of sexual abuse or sexual harassment. Client sign an acknowledgement at intake of informed consent during intake.

The facility does not have in house medical or mental health staff, but does have staff that have chemical dependency counseling licensure. All program staff are required to inform clients of their reporting obligation. The auditor interviewed staff that provided programming and case management services, as well as security staff. These staff members report that during New Employee Orientation and Case Management 101 training they are informed of their obligation to report all reports (regardless of how it was reported), suspicions, and incident of sexual abuse, sexual harassment, retaliation, and staff neglect. Staff with licensure said at the beginning of program groups or individual services, they inform the client of their duty to report.

The auditor reviewed fifteen (15) employee files during the onsite visit. The files contained the following training documentation:

- Client confidentiality
- Code of ethics
- Client rights
- Standards of ethical behavior
- Reporting procedures



- PREA zero tolerance policies

The auditor interviewed programming, security, and administrative staff during the onsite visit. The staff were interviewed on agency reporting protocols and expected practice. The staff reported that the facility has trained them to immediately report any information or suspicions to their immediate supervisor. Staff stated they can be disciplined for receiving information, having knowledge, or suspecting sexual abuse or sexual harassment and not immediately reporting that information to their supervisor or the PREA Coordinator.

The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that the PREA Coordinator report all allegations to the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.

No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or a vulnerable adult.

Review:

Policy and procedure

Employee files

Interview with PREA Coordinator

Interview with staff

## Standard 115.262: Agency protection duties

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

### 115.262 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 requires the facility to provide protection measures to clients who are at risk of sexual abuse or to prevent retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Protection measures can include:

- Housing changes or transfers
- Removal of alleged abuser from contact with victim
- Close observation

Any protective measures taken will be documented in the Sexual Abuse, Sexual Assault, and Sexual Harassment Reporting Form.

The Operations Manager state that alleged abusers are separated from a victim during an investigation. The facility is able to separate by dorm, floor, building (facility is comprised of three separate buildings), or facility. The facility can also place a client victim on electronic monitoring with permission from the client's parent agency. The Manager reports that during and after any allegation report, unless the allegation has been determined to be unfounded, clients will have increased monitoring to ensure client safety.

The auditor reviewed all for allegations from the past twelve months. The facility had one allegation but the client reported it at the hospital and never returned to the facility, so no protection measures were needed.

Review:

Policy and procedure

Investigation reports

Interview with Operations Manager

Interview with PREA Coordinator

## **Standard 115.263: Reporting to other confinement facilities**

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

### **115.263 (a)**

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

### **115.263 (b)**

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

#### 115.263 (c)

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

#### 115.263 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 states that when the facility receives an allegation that a resident was sexually abused while confined at another facility, the staff will immediately notify the Associate Director. The Associate Director will report that information to the head of the facility or appropriate central office of the agency where the alleged abuse occurred. The notification is required to be done as soon as possible, but no longer than 72-hours after receiving notification of the allegation.

The facility provided an email chain as documentation that it provided notification of an incident reported by a client to another confinement facility. The notification was sent by the Associate Director (facility head) to the central office of Ohio Department of Rehabilitation and Corrections (ODRC). A copy of the report is sent to the PREA Coordinator and to the Bureau of Community Sanctions PREA Community Confinement Liaison.

The policy requires the facility to conduct an investigation into an allegation reported to the facility from another confinement facility by a former client.

The client has not had an allegation of sexual abuse or sexual harassment reported to the facility from another confinement facility.

Review:  
Policy and procedure  
Investigation reports

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The agency has a written protocol that each facility must follow upon learning of an incident of sexual abuse. The first staff member responding to the scene must:

- Separate the alleged abuser and victim
- Clear the area of other clients
- Notify a co-worker of the incident and instruct them to call the appropriate law enforcement agency(ies) and the facility supervisor
- Preserve and protect any crime scene until law enforcement arrives to conduct a criminal investigation
- If the abuse occurred within a time period that allows for collection of physical evidence, request the alleged victim does not destroy and ensures the alleged abuser does not destroy any physical evidence by washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
- If it is learned that a client is subject to substantial risk of imminent sexual abuse, staff will take immediate action to protect the inmate at risk of victimization
- If the first responder is not a security staff member, the responder will request the alleged victim not take any action that could destroy physical evidence and notify security staff
- Complete the Sexual Assault/Sexual Harassment Reporting Form
- Complete the MUI or incident report

The facility provided the auditor with the first responder training curriculum and sign-in sheets. All staff are trained on the first responder duties and receive annual training on these steps.

During staff interviews, all staff (security and non-security) state that they receive regular training on the first responder duties and have access to the steps at the staff post desk. The staff report that they have not had an allegation where all first responder steps have been deployed. The staff state that for all allegations, the victim and abuser are always separated.

The protection measures used will be documented on the investigation report.

The PREA Coordinator reports that for any allegation of sexual abuse, sexual harassment, or retaliation, the facility would ensure the safety of all clients.

Review:

First Responder Duties Protocol  
Investigation reports

Interview with staff  
Interview with PREA Coordinator

## Standard 115.265: Coordinated response

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

### 115.265 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The agency has a coordinated response plan in place that coordinates the actions taken by staff first responders, medical and mental health practitioners, investigators, and agency leadership in response to incidents of sexual abuse and sexual harassment. The plan includes:

- The facility will enact the first responder duties
- If the allegation involves a staff member and/or a potential crime has been committed, local law enforcement will be notified
- The PREA Coordinator will notify the VP and the Community Relations Director
- The facility will offer rape crisis, medical, and/or emotional supportive services
- Administrative investigation will begin once the police have completed their investigation
- Once determined that the administrative investigation can proceed, the investigators will interview the alleged victim, witnesses, and alleged abuser
- A retaliation monitor will be assigned

- An administrative review of the allegation will take place within 30-days of the conclusion of the investigation
- The PREA Coordinator will ensure all documentation is complete and report findings to the victim and the client's parent agency
- The PREA Coordinator will maintain custody of all investigation documentation

The plan is documented and available to staff at each post desk location.

Review:

Policy and procedure

First Responder Duties Protocol

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

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

### 115.266 (a)

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

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

N/A: The PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an “at will” employer. Employees are notified of the “at will” status in their hiring letter.

The auditor was able to review the hiring letter during the employee files review.

Review:

Employee files

Interview with PREA Coordinator

## Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.267 (b)

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

### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 states that the facility will have protection measures in place for clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff. The facility must also, for at least 90-days following a report of sexual abuse, assign a staff member who will monitor the conduct and treatment of a client or staff who reported the sexual abuse. The facility will monitor the conduct and treatment of clients who suffered sexual abuse to include status checks of the clients disciplinary reports, housing changes, program changes, negative performance reviews, and reassignments of staff.

The PREA Coordinator reports the facility has several options to provide protection from retaliation for staff or clients or report incidents of sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The facility can separate the alleged client victim and abuse by building, dorm room, floor, or facility. The facility can also place the client victim on electronic monitoring with permission from the parent agency (FBOP or ODRC). The PREA Coordinator states that the facility can move the alleged staff abuser to another facility or place the staff member on administrative leave. The Coordinator states that the facility will act promptly to address any allegations of retaliation.

The Operations Manager reports he is responsible for conducting retaliation monitoring and status checks of staff and clients. He reports that he will make periodic checks with the client or staff member for at least 90-days after the incident was reported or until the client is release from the program. He states that the client report includes reviews of the client's disciplinary records, housing, program changes, or negative performance reviews. The report once completed, will be send to the PREA Coordinator.

The auditor was able to review the process for how the facility conducted retaliation monitoring and status checks. The results of the checks are documented.

The policy allows for monitoring to end for allegations that have been determined to be unfounded.

Review:

Policy and procedure

Interview with PREA Coordinator

Interview with Operations Manager

## INVESTIGATIONS

## Standard 115.271: Criminal and administrative agency investigations

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

### 115.271 (a)

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

### 115.271 (b)

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

### 115.271 (c)

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

### 115.271 (d)

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

### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

### Auditor Overall Compliance Determination

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

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

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

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Policy 12.04.01 requires an administrative and/or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. Administrative investigations are required to be conducted by a properly trained individual and any allegation that appears to be criminal in nature will be referred to the legal authority to conduct a criminal investigation.

Administrative investigators are required to:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witness
- Review prior complaints and reports of sexual abuse and/or sexual harassment
- Document the investigation in a written report

For criminal investigations, the PREA Coordinator is required to:

- Provide local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- Keep record of these referrals and the outcome of the investigation
- Document the outcome and report to the client victim

The agency provided the auditor with all investigation reports for the previous twelve months. The reports include:

- Reported by
- Reported to
- Date/time of incident
- First responder name
- Date of report
- Type of allegation
- Notice to call PREA Coordinator
- Victim's name
- Alleged abuser's name

- Abuser's status (client/staff)
- Law enforcement involved (date/time contacted; name of officer)
- Medical services
- Hospital
- Advocate services/rape crisis (title)
- Mental health services
- Statements
- Cameras
- Witnesses' names
- Witness statements
- Actions taken to protect victim
- Actions taken against the abuser
- Action taken to protect and preserve the crime scene
- Redo risk assessment
- Review of prior incidents
- Current location of alleged abuse and victim
- Documentation of zero tolerance acknowledgement
- Investigation findings
- Disciplinary action
- Report to HR (staff only)
- Police reports
- Notification of investigation outcome to victim
- Copy of report sent to- Associate Director, parent agency, quality improvement, corporate compliance

During the onsite visit, the auditor interviewed agency and facility administrative investigators. The investigators discussed the process for investigation initiation, investigation techniques, credibility assessments, and referrals for criminal investigation.

While reviewing the investigations, the PREA Coordinator reports that she collects as much information as possible which can corroborate the allegation or assist in credibility assessments. She states that the facility never uses polygraph examinations or other truth telling devices as a part of any investigation. If the allegation is sexual abuse, the facility will inform the local legal authority to conduct an investigation before questioning a staff member.

The PREA Coordinator reports that the agency will cooperate with the criminal investigators and remain abreast of the investigation. It is at the discretion of the criminal investigators to referral allegations for criminal prosecution. She states that will report information that is gathered from criminal investigations to the client victim.

Policy requires the PREA Coordinator to collect and retain all documents related to the investigation for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PREA Coordinator reports that she has a binder with all allegations for all Talbert House facilities. She states that she alone has access to these documents.

Review:  
Policy and procedure  
Investigation reports  
Interview with PREA Coordinator

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy 12.04.01 states that the agency will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor interviewed the agency and facility investigators on the standard of proof used when making allegation determinations. All investigators report the facility required to use a measure of 51% when making determinations. The facility investigators report that the final decision in allegation determination lies with the PREA Coordinator who is also a trained investigator.

The auditor reviewed all investigations from the previous twelve months to verify the standard of proof used. The facility had one allegation and it was determined with that standard.

Review:

Policy and procedure

Investigation reports

Interview with administrative investigators

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

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



whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Agency policy 12.04.01 states that outcomes of the investigations will be reported to the alleged. Victim. Victims will be made aware:

- If the alleged staff member is no longer posted in the resident's facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility

- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The PREA Coordinator will document the outcome of the investigation and provide the documentation to the facility in order for the client to sign and date receiving notification of the outcome. The PREA Coordinator will retain the signed and dated documentation as part of the investigation file.

The auditor reviewed all investigations for the facility from the previous twelve months. The facility had a one allegation; however, the client was not at the facility during the investigation and did not return after the conclusion of the investigation. Therefore, the facility was unable to provide the victim with an outcome determination.

The PREA Coordinator reports that she ensures that the form is completed accurately and ensures that the facility Associate Director provided the notification to the victim. All victims are required to sign and date the notification. The victim will be provided a copy of the signed notification.

Review:

Policy and procedure

Resident notification forms

Investigation reports

Interview with PREA Coordinator

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

### 115.276 (c)

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

### 115.276 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Policy 13.04.00 and 3.32.00 state all staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies. Termination will be the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Should a staff member be terminated for violations of agency sexual misconduct policy, or would have been terminated if not for the staff member's resignation, they will be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies.

Policy 3.80.00 informs staff of the agency's progressive disciplinary procedure. The agency will apply a series of increasing serious levels of discipline, which allows for discipline to start at a higher level up to and including immediate termination of employment based on the severity of the infraction and circumstances of the situation, if necessary. Types of discipline include:

- Verbal warnings
- Written warnings
- Personal Improvement Plans
- Terminations

Disciplinary actions are considered active for six months and will impact subsequent disciplinary action. Disciplinary actions for violation agency sexual misconduct policies (other than sexual abuse) are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Employees are notified of the agency's disciplinary policies during onboarding and contained within the employee handbook. Employees sign and date an acknowledgement of receiving employment related policies and an employee handbook. The auditor reviewed fifteen (15) employee files and verified signed and dated acknowledgments.

During staff interviews, they acknowledgement receiving a copy of the employee handbook, access to employment related policies and procedures, and a copy of the agency's zero tolerance policies. 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 facility had one allegation of sexual abuse/sexual harassment against a staff member. The sexual harassment allegation was reported at the facility while the client was calling 911 from his cell phone. The sexual abuse allegation was reported directly to the police at the local hospital. The criminal and administrative investigations into both allegations were determined to be unfounded. No disciplinary action was taken.

**Review:**

Policy and procedure  
Employee handbook  
Employee files  
Investigation reports  
Interviews with staff

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

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

### **115.277 (a)**

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

### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Policy 12.04.01 states that volunteers or contractors who engage in sexual abuse with a client will be prohibited from contact with any client and will be reported to law enforcement (unless the behavior was clearly not criminal) and to relevant licensing bodies. The agency will prohibit further contact with clients in such circumstances.

The auditor reviewed all facility allegations from the past twelve months. There were no allegations against a contractor or volunteer.

The PREA Coordinator reports that the facility has never had an allegation against a contractor or volunteer. She states that should a contractor or volunteer be found to have violated the agency zero tolerance policies, the contractor or volunteer will be prohibited from entering the facility or having further contact with clients.

Review:  
Policy and procedures

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

#### 115.278 (a)

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

#### 115.278 (b)

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

#### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy 12.04.01 states that clients will be subject to termination from the program following an administrative or criminal finding that the client engaged in client-on-client sexual abuse. The sanction for client-on-client sexual abuse will be commensurate with the nature and circumstances of the abuse committed and will consider the client's disciplinary history, mental disability or mental illness, and the sanction of others who committed similar offenses.

The facility provides the clients a handbook at intake that describes the facility's disciplinary policies. The handbook list termination from program as a possible sanction for a substantiated allegation of sexual abuse. Other allegations, depending upon the circumstance and seriousness of the allegation, will be subject to discipline according to the progressive disciplinary policy laid out in the client handbook.

The auditor reviewed ten (10) client files during the onsite visit. The files contained signed and dated zero tolerance policy acknowledgments, client handbook receipts, and PREA orientation materials.

Policy 12.04.01 states that clients may be disciplined for sexual contact with a staff person if the staff person did not consent to such contact. Clients can also be disciplined for consensual sexual activity between clients, but does not constitute sexual abuse.

The policy also states that the agency will consider counseling, therapy, or other interventions to address and correct the underlying reasons for the abuse.

The PREA Coordinator reports that the facility does not provide therapy or counseling for clients who commit sexual abuse. Clients who have been found to have sexually abused another client will be terminated from the program and returned to their parent agency.

The auditor interviewed ten (10) clients during the onsite interview. During client interviews, all clients affirmed that they received a handbook at intake and the rules and discipline policies regarding sexual abuse and sexual harassment were reviewed with them. All clients interviewed understood fully the seriousness of the agency's Zero Tolerance Policy and the consequences of participating in sexual misconduct.

The facility did not have an allegation of client-to-client sexual abuse or sexual harassment during the past twelve months.

**Review:**

Policy and procedure

Client handbook

Client files

Investigation reports

Interview with clients

Interview with PREA Coordinator

## MEDICAL AND MENTAL CARE

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

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

#### 115.282 (a)

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

#### 115.282 (b)

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



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

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 requires the facility to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the client victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services will be provided by community providers and the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider.

Rape crisis services will be provided to the clients by Women Helping Women. The agency partners with University of Cincinnati Medical Center and would coordinate care and services for the client.

The auditor made contact with the director at Women Helping Women and was able to confirm the services they would provide free of charge to client victims and their partnership with Atrium Medical Center for any needed medical services.

Review:  
Policy and procedure  
Email with Women Helping Women Director

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

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

### 115.283 (a)

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

### 115.283 (b)

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

### 115.283 (c)

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

### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility has a mental health counselor that would provide mental health counseling services for clients who have been sexually abused, in a jail, lockup, or juvenile facility. Medical treatment would be provided by a community provider. The services can include:

- Evaluation and treatment of sexual abuse victims
- Follow-up services
- Continued care following release from the facility
- Testing for sexually transmitted infections

The facility is required to provide victims of vaginal penetration (female clients or transgender clients) while incarcerated:

- Pregnancy testing

- Timely and Comprehensive information about lawful pregnancy related medical services
- Timely access to all lawful pregnancy related medical services

Agency policy requires the facility to perform a mental health evaluation for all known client-to-client abusers within 60-days of learning such history and offer treatment when deemed appropriate. The PREA Coordinator states that the facility would not house a known client-to-client abuser.

The auditor reviewed the one sexual abuse/harassment allegation. The allegation alleged both sexual abuse and sexual harassment with the same client victim and staff abuser. Both allegations were determined to be unfounded. No client accepted services.

**Review:**

Policy and procedure

Investigation reports

Interview with PREA Coordinator

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

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

## 115.286 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 requires each Talbert House facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review will occur within 30 days of the conclusion of the investigation and include upper management, line supervisors, and relevant clinical staff. The review must include:

- Consideration of a policy or practice change
- Whether the incident or allegation was motivated by race, ethnicity, gender identity, gang affiliation or any other group dynamics
- Assessment of the area where the incident occurred and whether a physical barrier may enable abuse
- Assessment of adequacy of staffing levels
- Assessment of monitoring technology

After the review, the PREA Coordinator will prepare a report of findings and any recommendations for improvement and submit report to the Director.

The facility had one sexual harassment/abuse allegation during the past twelve months and was not required to conduct a Sexual Abuse Response Team (SART) review due to the allegation being unfounded. The auditor reviewed the form which included:

- Name of the alleged victim
- Name of the alleged abuser
- Victim accommodations (translator services, auxiliary aids, etc.)

- Number of staff on duty
- Cameras (number, working and in good order)
- Physical barriers/vulnerabilities
- Motivations for abuse
- Additional comments

The SART also documents on the review if there is a need for additional staff, electronic monitoring, change to policy and procedure, and recommendations.

The PREA Coordinator reviewed the process of assessing an investigation with the auditor. She reports that the team is comprised of the her, the Director, the facility Associate Director, a line supervisor, the administrative investigator, medical or mental health staff (if necessary) and any other staff member needed. She states that should the team make a recommendation, the facility's Associate Director would be responsible for implementing the recommendations. The PREA Coordinator would document compliance with recommendations or reasons why the recommendation was not implemented.

Review:

Policy and procedure

SART incident review form

Investigation report

Interview with PREA Coordinator

## Standard 115.287: Data collection

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

### 115.287 (a)

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

### 115.287 (b)

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

### 115.287 (c)

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

### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 12.04.01 states that the agency will collect accurate, uniform data for every allegation using a standardized instrument and set of definitions (at minimum, same data found on the Survey of Sexual Violence conducted by the Department of Justice). The agency is using Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument.

The auditor reviewed the form used to collect the data and confirmed that the information collected is appropriate enough to complete the Survey of Sexual Victimization. The information on the tool includes:

- Resident-to-resident sexual abuse
- Resident-to resident sexual harassment
- Staff-to-resident sexual abuse
- Staff-to-resident sexual harassment
- Administrative investigations



- Criminal investigations
- Retaliation
- Staff training
- Resident education
- Initial and 30-day risk screening

The information on the form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website. The auditor accessed the agency's website and reviewed the 2019 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Talbert House facilities.

The PREA Coordinator reports that the Department of Justice has not made a request for this information.

Review:

Policy and procedure

Sexual Victimization report form

Agency website

Interview with PREA Coordinator

## Standard 115.288: Data review for corrective action

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

### 115.288 (a)

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

### 115.288 (b)

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

### 115.288 (c)

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

### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy 12.04.01 states that the agency will compile data collected in standard 115.287 into an annual report. The report will compare the current year's data and corrective action with those from previous years and provide an assessment of the progress of the agency in addressing sexual abuse.

The auditor reviewed the report and ensured that the report compared the current year's data with those of the previous years. The information in the report includes:

- Identified vulnerabilities
  - Not all areas of the facilities are monitored through video surveillance
  - A trend has been noticed that entry level staff is the most vulnerable to PREA allegations
- Corrective Action
  - Additional cameras have been placed in several facilities
  - The agency has received a grant from Impact Justice to assist with complying with PREA standards
  - Created a site investigation and reporting checklist to aid in meeting all PREA requirements

- Initiated a PREA Forum in order to communicate the most current updates and address problem areas
- Staff are immediately moved to a different facility or placed on leave so as not to have interaction with the alleged victim

- Annual Assessment

- Since the initiation of the PREA standards in 2012, the agency has increased the number of cameras in the facilities, hiring same sex staff whenever possible, and educating clients of their rights under the PREA standards. The agency has also received an Impact Justice TIPS grant. The grant will allow the agency to increase the number of electronic monitoring equipment, increase education for clients, and implement more trauma informed approach for victims.

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

The information in the report has been reviewed and approved by the agency's President and CEO.

Review:

Policy and procedure

PREA Annual Summary Report (2019)

Talbert House website

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

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

### 115.289 (a)

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

### 115.289 (b)

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

### 115.289 (c)

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

### 115.289 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Policy 12.04.01 requires the PREA Coordinator to collect data requested in standard 115.287 and that this information will be aggregated and made available to the public through the agency's website. The information posted to the agency's website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.

The auditor reviewed the agency website, <https://www.talberthouse.org/resources/prea-5/>, to ensure that the agency has posted its annual report. The annual report are completed based on a calendar year. The information in the report is collected by the associate director and submitted to the PREA Coordinator on a monthly basis. The PREA Coordinator is responsible for aggregating the information and preparing it for the annual report.

The PREA Coordinator reports that all information is only accessible to approved administrative staff members and that she retains control of all information. She reports the information will be kept for ten years.

The information collected in standard 115.287 is made available to the public through the agency website.

The auditor reviewed the agency's annual report. The report did not have personal identifying information or information that could jeopardize the safety and security of the facility.

Review:  
Policy and procedure

Talbert House website  
PREA Annual Summary Report (2019)  
Interview with PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The agency post all final PREA reports of each facility on the agency website. The auditor reviewed the agency website to ensure that during the previous audit cycle, all (year 1, 2, and 3) Talbert House facilities were audited. The agency has a total of seven facilities that require a PREA audit. Cornerstone's audit is being conducted in conjunction with two other Talbert House facilities (Pathways for Women and Community Correctional Center). The three audits will complete the required 1/3 audits for the first year.

The auditor was given full access to the facility during the onsite visit. The auditor was taken on a tour of the interior and perimeter areas of the facility. The auditor was provided a private room in order to conduct formal interviews of staff and clients. The auditor received documentation prior to and during the onsite visit.

The auditor reviewed electronic documentation, resident files, staff files, and camera monitors for additional documentation and confirmation of reported information.

The PREA Coordinator sent the auditor photographic evidence of audit notice postings. The auditor observed the posting during the onsite visit. The notice were posted in conspicuous areas throughout the facility. The notices included the auditors mailing and email address. The auditor did not receive any correspondence with a staff or resident prior to, during, or after the onsite visit.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The agency has published on its agency website, <https://www.talberthouse.org/resources/prea-5/>, the final PREA report for all Talbert House operated facilities. The final report for Cornerstone from the previous audit (2017) is currently posted. The auditor reviewed the website and verified that all the facilities that were audited during year three of the previous cycle were posted. The PREA Coordinator reports that she understands the requirement of having all final reports posted. In the State of Ohio, all final audit reports of facilities that house ODRC offenders are also posted on the ODRC website, <https://www.drc.ohio.gov/prea>.



## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Kaylen Murray

5/7/2020

**Auditor Signature**

**Date**

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

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