

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 29, 2021

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:** March 22- 26, 2021

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: Cathy Jo Vanderpool/Maura Lang

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

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

Todd Teisman 7

Facility Information

Name of Facility: Serenity Hall

Physical Address: 439 S. 2nd Street

City, State, Zip: Cincinnati, Ohio 45011

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: Donald Jones

Email: Donald.jones@talberthouse.org

Telephone: 513-863-2975 x 2711

Facility PREA Compliance Manager

Name: Donald Jones

Email: Donald.jones@talberthouse.org

Telephone: 513-863-2975 x2711

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

46

Current Population of Facility:

35

Average daily population for the past 12 months:	25	
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	6 months	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	132	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	125	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	94	
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 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: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	15	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	10	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
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:	1	

Physical Plant

<p>Number of buildings:</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>	2
<p>Number of resident housing units:</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>	2
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	7
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<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: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>0</p>
<p>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.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<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: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>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?</p>	<p>3</p>
<p>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</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<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: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

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 Serenity Hall Half Way House was conducted during the week of March 22-26. The facility is a part of the Talbert House operated community confinement facilities. The auditor conducted interviews and reviews of policies, procedures, and documentation that pertained to the facility specifically and the agency as a whole. 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 resident send confidential correspondence prior to the onsite visit. During the onsite visit, two residents made a request to speak to the auditor. The resident's wanted to speak on issues that were unrelated to PREA; however, the auditor did listen and pass their concerns on to facility leadership.

The auditor was able to review resident files, employee files, staff and resident training records, risk screening, agency website, acknowledgments, resident 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, staff offices, storage closets, recreation area, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk through and not how staff interacted with residents. The auditor was provided a private office to conduct formal interviews of residents and staff.

The auditor interviewed ten (10) residents based on the population of thirty-five (35) residents during the onsite visit. The residents were selected based on the requirements of the PREA Resource Center's Auditor Handbook Guidelines. The residents 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 = 5
- Targeted = 3
- Requested = 2

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

- Residents that have reported prior sexual victimization during risk screening = 1
- Residents that are blind (low vision) = 1
- Residents that identify as transgender = 1
- Resident that have a mental health disability = 1

*The targeted residents were given the specialized and random interview protocols, and one targeted resident had multiple targeted interviews but only counted as 1 targeted interview.

The auditor inquired about the statuses that were not identified to several staff members and residents to ensure one was not overlooked. The auditor questioned staff about the process for providing protection and accommodations to residents 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 fifteen (15) 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:

- 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 resident 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 polices, 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 residents of all Talbert House facilities 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.

Serenity Hall is a halfway house located in Hamilton, Ohio that serves adult male felony offenders. The facility consists of two Victorian style house that can house up to 37 residents (33 residents were present at the time of the audit). The main building has three floors and houses the administrative offices, the main duty post, resident dining and multipurpose room, panty, and lounge. All visitors and residents must first enter the main office and be signed in. Residents will also receive a pat search (or wand search if there is only female staff available).

The facility is equipped with 32 surveillance cameras between both houses which can record and play back 14-30 days. The cameras are placed strategically throughout the interior and exterior of the buildings. The received a grant from the Bureau of Community Sanctions (BCS) and added additional cameras throughout the living areas since the last PREA audit in 2017. There are also multiple security mirrors to enhance security in vulnerable areas. The facility has identified areas that can be considered vulnerabilities and have developed a plan for monitoring these areas until electronic monitoring can be added. Cameras can be found in the hallways, stairwells, dayrooms, dining hall, lounge, and recreation yard. The Activity and Security Monitors (ASM) are required to conduct constant circulations throughout both buildings and have a head count every hour including overnight. Residents are required to report to their rooms for head count.

The main building houses a majority of all resident activity. Residents who are housed in the second building must come to the main building for meals (which is delivered to the facility by another Talbert House facility), groups, lounge/exercise activities, and case management. The residents must also report to this building before leaving the facility and again upon their return. Staff offices have solid doors and are required to be open when residents are inside. The residents have free access to rec yard during open hours.

The second house sits directly next to the main building. This building is mainly used as a housing unit. Residents who are housed in this building have low risk to recidivate scores because of the lack of constant ASM staff in the building. Residents who are assigned to a housing unit in the main building do not have access to the second building unless they are meeting with staff. Residents are to enter and exit the building through the back door. The cameras located throughout this building can be monitored by staff in the main building. Management staff have the capabilities of viewing cameras from their desk top computers.

Residents 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. ASM staff would be notified of any vulnerable or abusive status and monitor residents more closely.

The bathrooms are designed to offer privacy for residents. The bathroom on the second floor of the main building is equipped with one urinal, three toilet stalls with doors, a shower room with a curtain at the entrance and three individual showers with curtains. The third floor bathroom is equipped with has a sink and toilet only. The bathroom in the second house is equipped with two toilet stalls with shower curtains as closures and two single use showers with curtains. All the bathrooms have solid doors at the entrance. There are cameras in a few of the dorms. The doorway to the housing unit in the main building has a window in the door and a camera in the hallway. There is a single bed near the door that can be used for vulnerable clients. The main building also has two single rooms to house residents that may identify as transgender or intersex. This bed is not in the enclosed dorm area and is visible to the window in the dorm door. The dorm rooms in the second building have solid doors and some rooms cameras. All staff knock and announce their presence when entering the bathroom or dorm areas.

The facility requires ASM staff to conduct hourly head counts during the day and random circulation rounds, as well as security and perimeter checks throughout the facility. ASM's are required to conduct more frequent checks in areas that are considered blind spot areas.

The facility offers several programs designed to successfully reintegrate offenders back into the community. Reentry Services include addiction treatment, medication-assisted treatment, trauma, life skills, vocational services, and criminal thinking. The organization has a culture of innovation that thrives on the creation of services that meet residents' needs. Treatment services are researched based, best practices. The staff provide a secure, supervised, and structured living environment that empower residents to change.

Throughout the facility there are several PREA posters in English and Spanish that provides information on reporting options, emotional supportive services, and resident 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: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

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.

Serenity Hall 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 residents 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 Clinical Practice Director serves as the agency wide PREA Coordinator. 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 residents 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 residents, collecting data for reporting PREA outcome measures, and insuring all allegations receive an administrative and/or criminal investigation.

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. These responsibilities include conducting quality assurance checks, conducting facility walkthroughs in order address safety issues, and ensuring all staff meet PREA training requirements. The Associate Director is also the PREA Compliance Manager for another Talbert House community confinement facility. He reports that he has sufficient time and authority to ensure compliance at both facilities.

The agency has recently hired a Co-PREA Coordinator. The auditor was able to meet the her during the onsite visit. The staff member is currently learning the standards and agency policies and procedures that pertain to the PREA standards. The auditor was able to review the auditing process, purpose, and expectations. The Co-Coordinator states that her responsibilities will include assisting the facility's maintain compliance.

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 Associate Director

Interview with PREA Co-Coordinator

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 residents 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 resident 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

- 2 Victorian houses
 - 2 floors- can house up to 18 residents
 - 4 floors- can house up to 28 residents
- Residents are separated based on ORAS risk level
- Identified blind spot areas
- 32 cameras

Composition of offenders

- Serves adult male felony offenders
- *Currently housing a transgender resident

Incidents of sexual abuse

- Staff-to Resident sexual abuse- 1 unsubstantiated

Deviations from staffing plan

- No deviations from staffing plan
- Would use mandatory overtime or staff from other Talbert House facilities
- On-call procedure in place to maintain adequate shift coverage
- Have use temporary staffing agency to fill vacant positions

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

- Prevailing staffing patterns
 1. ASM- 1st shift 2-3, 2nd shift 3, and 3rd shift 2
 2. Program and administrative staff work 1st shift, with a case manager working 2nd shift 2x a week
 3. 15 staff members
- Deployment of video monitoring systems and other monitoring technologies
 1. 32 cameras
 2. Walkie talkies to maintain communication throughout both buildings
- Resources the facility has available to commit to ensure adequate staffing levels
 1. Based on annual budget
 2. Maximum number of residents
 3. Security equipment available

The review is conducted by the Director, Associate Director, and Clinical Operations Supervisor. 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 PREA Coordinator

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 resident. 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 residents for the sole purpose of determining genitalia.

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

Enhanced pat search- Resident 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 ASM'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 residents.

The policy ensures that residents are allowed appropriate levels of privacy while shower, changing, clothes, or performing bodily functions. Residents 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 residents are likely to be showering, changing clothes, or performing bodily functions.

All housing units, have some dorm rooms that have cameras. The facility has a dressing policy which requires all residents to be properly dressed in all common areas of the facility. Residents are informed that they must change clothing in the bathroom.

The facility allows for residents to shower, perform bodily functions, and dress in areas not viewable to staff. The resident bathroom on the second floor of the main building is equipped with one urinal, three toilet stalls with doors, a shower room with a curtain at the entrance and three individual showers with curtains. The third floor bathroom is equipped with has a sink and toilet only. The bathroom in the second house is equipped with two toilet stalls with shower curtains as closures and two single use showers with curtains. All the bathrooms have solid doors at the entrance. There are no cameras in the dorms. The doorway to the housing unit in the main building has a window in the door and a camera in the hallway. There is a single bed near the door that can be used for vulnerable clients. The main building also has two single rooms to house residents that may identify as transgender or intersex. This bed is not in the enclosed dorm area and is visible to the window in the dorm door. The dorm rooms in the second building have solid doors and no cameras. All staff knock and announce their presence when entering the bathroom or dorm areas.

The auditor interviewed ten residents during the onsite visit. The auditor inquired about searches (pat, enhanced, and cross-gender), cross-gender announcements, and bathroom privacy. The residents report receiving pat searches from male staff members and being wanded (security wand) by female staff members when a male ASM has not been available. No resident reporting receiving a pat search by a female staff member or a strip or body cavity search. When asked, the residents report that they are told at intake of the facility's dress policy. The residents report that the bathroom offers enough privacy and that they have no issues with staff professionalism concerning searches. The residents state that female staff do not enter the bathroom and that all staff announce themselves before entering the dorm rooms.

ASM's were interviewed during the onsite visit. All interviewed stated that they receive annual training on how to conduct proper pat, enhanced, and strip searches. The staff report that they have never conducted a strip or body cavity search. Female ASM staff report being properly trained on how to knock and announce themselves before entering dorms or the bathroom. The auditor was able to view several pat searches conducted during the onsite visit. The searches were conducted according to agency policy.

The facility currently has a transgender resident. The staff was questioned on the agency's transgender pat search protocols. The staff report that the Associate Director met with them to review proper pat search procedures as well as to identify which gender staff was appropriate for searches and urinalysis. The auditor requested to view a pat search of the transgender resident to ensure the pat search was being conducted according to agency policy and procedures. The staff showed the auditor video of a previous pat search. The search was conducted according to agency policy.

The auditor discussed with the Associate Director the plans for offering transgender/intersex residents a private opportunity to shower, perform bodily functions, and change clothing. The Associate Director reports that the facility will address any concerns the resident may have about showering or changing. He states that the facility will place a transgender resident in a dorm area where they will be highly visible to staff either through direct supervision or on

camera. The AD reports that the transgender resident will be offered private shower times, and that administration will address any other concerns the resident may have.

The auditor interviewed the resident that identified as transgender. She states that staff spoke to her at intake and addressed any concerns or questions. She states that not all of her request were met; however, the AD assured her that any request that didn't compromise the safety, security, or manageability of the facility would be met. She states that she feels safe in the facility and that all searches have been respectful and professional.

The auditor spoke to the Associate Director and the PREA Coordinator about some of the concerns/request the transgender resident reported. The Associate Director addressed every concern properly and has able to clearly demonstrate why granting certain request would jeopardize the safety, security, or manageability of the resident and/or the facility. He assured the auditor that he will continue to monitor the situation and provide guidance and feedback to the resident and staff in order to continue provide a safe, secure environment for everyone.

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 residents

Interview with staff

Interview with Associate Director

Interview with Director

Interview with Clinical Supervisor

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 from the community to assist with communicating to residents with special needs. Residents will not be use 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

Other assistance can include the use of closed caption videos, closed caption videos in Spanish, documentation that is regularly used by that facility translated in the top two languages the facility services other than English.

The auditor spoke to the Clinical Care Practitioner (CCP) responsible for providing resident PREA education. She states that she reads the information to the residents, provides simple examples of sexual abuse and sexual harassment, ensures residents know all reporting options, and answers any questions. She states that she will privately work with residents if necessary. She states that during intake the facility will assess the resident's ability to speak, read, and understand English; to read and understand the handbook; and if auxiliary items are to assist the resident. Should a resident need some type of assistance in order to benefit from all aspects of the facility's policies to prevent, detect, report, and respond to incident to sexual abuse and sexual harassment, the facility will provide that assistance at no charge to the resident. She reports that depending upon the assistance needed, he will work one-on-one with residents who need extra assistance. Should the resident need assistance that is not readily available at the facility or from staff, the Associate Director will contact community resources to assist the resident.

The Associate Director reports that the facility has not needed the services of community resources to assist residents in being able to benefit from the facility's efforts to prevent, detect, respond, and report allegations of sexual abuse or sexual harassment.

The auditor interviewed all residents that were identified as having a reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. No resident 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 resident interviewed were 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 residents

Interview with orientation instructor

Interview with Clinical Supervisor

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 threats 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 the facility has maintained the corrective action plan developed from a facility audit in 2020. The agency was able to show documentation of conducting reference checks on employees who have previously worked in institutional settings to

determine if they have ever had a substantiated allegation of sexual abuse or resigned in the middle of an investigation into sexual abuse.

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 employee's 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 residents.

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.

The auditor reviewed 15 random employee files. The review included on boarding documentation, employment application, reference checks/verification, interview forms, disciplinary records, training records, background checks, employee handbook, code of conduct/ethics acknowledgement, and promotions.

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 increased the number of cameras. This increase has limited the number of blind spot areas and has made it easier for staff to monitor and protect residents from 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 as 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.

Residents of Serenity Hall 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 residents 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 resident victim of sexual abuse or sexual harassment. The MOU outlines the agency agrees to provide to all Talbert House facilities in the Cincinnati area residents. The services include:

- Hospital support
- One-on-one crisis intervention sessions
- Long-term counseling

- Legal accompaniment
- Support groups
- Support services for residents 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 PREA Coordinator reports that the agency tries to always provide an advocate from a rape crisis agency to any resident victim.

The facility has provided the auditor with documentation of staff administrative investigator 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

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

The agency has a policy (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. 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 allegations of sexual abuse in the past twelve months.

Investigation #1: The facility received a third-party resident verbal report that a resident was performing sexual acts with several staff members in the bathroom. Two of the three named staff members had already been terminated from the facility due to other boundary violations/unprofessional behavior. The alleged victim that was identified AWOL from the facility. The administrative investigator conducted interviews of various staff and residents and reviewed camera footage, but did not find any corroborating evidence. The allegation was determined to be unsubstantiated.

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
- Resident 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 residents
- 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.

The auditor interviewed programming and security staff. The staff can identify the PREA training received at new employee orientation and annually through Relias. The staff report that due to pandemic protocols, the AD has been using staff meetings as a way to conduct refresher training as it relates to the PREA standards. The staff also report that the AD and the Clinical Operations Supervisor provided a training on the safe management of transgender residents once the facility was notified that they would be housing a transgender resident. The staff report being appreciative of the refresher training.

The PREA Coordinator reports that staff are all cross trained on gender specific issues as it relates to sexual abuse and sexual harassment due to staff being capable of being moved to a different gender building at any time.

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

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Agency policy 12.04.01 requires contractors, interns, and volunteers to receive PREA education training before being permitted to work with residents 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. Activity and Security Monitors 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 due to COVID-19 protocols.

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

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Policy 12.04.01 states that at intake, each resident 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 resident can benefit from the agency's efforts to prevent, detect, report, and respond to allegations of sexual abuse and sexual harassment.

At intake residents 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 resident 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 residents, and noted the posters located throughout the facility. The information provided to the residents 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) resident interviews, including residents that have been identified as having a mental, physical, or cognitive disability and are limited English proficient. The residents interviewed stated that they received information concerning PREA during arrival to the facility and during orientation group. The residents were able to discuss their rights to be free from sexual abuse, sexual harassment, and retaliation; they understood all available reporting options including reporting anonymously or through a third party; and services available free of charge.

A review of resident files verified residents have signed and dated all documents received that explain their rights under the PREA standards.

The auditor conducted an interview with the CCP staff member that conducts resident orientation group. The instructor states she will review the resident handbook, grievance procedures, and PREA zero tolerance policies during orientation group. She explains what services and protections are available. When asked about residents that cannot read, have a cognitive or physical disability, or are limited English proficient, the instructor states that the Clinical Services Supervisor or the Associate Director will provide information on the accommodation strategies to deploy.

Review:

Policy and procedure

Resident education materials

Resident handbook

Interview with residents

Interview with resident 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

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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 Garrity warnings; evidence collection; and report writing.

The facility has three trained investigators, including 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 training provided includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The agency retains completion of training certificates as proof of training. The investigators receive refresher training on specialized investigator training.

The auditor interviewed the administrative investigators. They all report they are not allowed to conduct criminal investigations, and that at any time the allegations appear to be criminal, they will refer the allegation to the Cincinnati Police Department. The agency has a signed MOU with this agency. The investigators discussed trauma informed care interviews, evidence collections as it related to administrative investigations and how to substantiate an allegation.

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. She also states that the agency is prohibited from collecting physical evidence as it relates to DNA and other physical evidence during a sexual assault. The facility would protect the area until the police arrived. The PREA Coordinator would be responsible for conducting investigations involving staff members.

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

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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. Residents 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 residents 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 resident 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

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Policy 12.04.01 states that each resident will be provided a risk screening assessment within 72-hours of admission to determine their risk for victimization or predatory behaviors. Residents assessed to be at risk will be addressed immediately to assure they and others are safe. Each resident will be reassessed within 30 days. Residents 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 resident
- Physical, mental, or cognitive disability
- Social indicators (timid, withdrawn)
- Lesbian, gay, or bisexual identification
- Screener's perception of the resident's sexual orientation
- Transgender/intersex identification
- History of sexual victimization
- Resident'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 resident. The possible classifications include; high risk, potential risk, or no risk for victimization or abusiveness.

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

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

- Place resident in a dorm that is open and visible to staff
- Increase dorm/facility checks to ensure residents are safe
- Residents 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 resident 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 resident will also be offered mental health services.

The case managers are responsible for conducting the initial risk and 30-day assessments. The auditor interviewed a case manager during the onsite visit who states that during the assessment she reads each question to the resident explaining as she goes. She defines words and gives examples so that the resident has a clear understanding of each question. The staff member reports explaining the purpose of the assessment and ensure the resident knows the information is kept confidential. She states that if a resident reports information that indicates that he may be more vulnerable to victimization or to abuse another resident, she will report that to the AD or the Clinical Ops Supervisor to ensure the resident is provided safe housing and other accommodations.

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 case manager also reports that she takes note of the resident's attitude, body language, and mannerisms while conducting the assessment. She states that she has the training necessary to conduct the assessment and put the resident at ease in order to answer the assessment questions honestly.

The Associate Director reports that the Clinical Supervisor will conduct quality assurance assessments on both the initial and 30-day assessments.

The auditor reviewed resident files during the onsite visit. The files contained the agency's risk assessment form. The form contains information for both the initial assessment and the 30-day recheck. The facility is using the form developed based on a recommendation during a 2020 audit.

The form allows for the case manager or other clinical staff to override the score should any additional information or concerns be reported. 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 dates on the form indicate the screenings are being conducted on time.

The facility had one unsubstantiated sexual abuse allegation; however, the facility was unable to conduct a reassessment on the victim due to the resident being AWOL from the facility.

Review:

Policy and procedure

Risk assessment form

Resident files

Interview with Case Managers

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

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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 resident being sexually victimized.

The Clinical Supervisor reports, if a resident has been identified as being highly susceptible or abusive, the case manager will work with the resident to include programming that will address those issues such as trauma group or anger management. She reports that staff will be notified that the resident will be in need of additional supervision without divulging the residents confidential information.

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

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

Once the agency decides on a male or female facility based on those considerations, the facility will place the resident in a bed or dorm with the most visibility and security. The facility has placed cameras in some dorm rooms. Transgender/intersex residents would be placed in a dorm where there is direct camera view or appropriate level of supervisor from ASM staff.

The facility had one transgender resident during the onsite visit. The auditor interviewed the resident and asked questions concerning the risk assessments, housing, and other accommodations. The resident reports that the Associate Director is "fabulous" has made contact with her on a regular basis to ensure she feels safe and her needs are being met. She states that while she did make some request for room accommodations, the AD stated he could not grant those request for safety reasons. The auditor had a conversation with the resident about the goal of the facility to ensure the safety, security, and manageability of all residents and the facility, and that in doing so some of the request would not be feasible. The resident understood.

The resident was placed in a dorm room with one other resident that was equipped with a camera. There was no entrance door to this room.

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 two buildings and several dorms in the two housing units. Residents are housed based on their ORAS score. They do not have a unit that is dedicated for residents that identify as LGBTI. The Associate Director reports that the PREA risk assessment is given priority over referral source when a resident is identified as being at high risk for victimization or abusiveness.

During the onsite visit there was only one resident that was identified as being LGBTI. That resident reported her room was selected based on safety and supervision and not on her gender identity.

Review:

Policy and procedure

Safety plan

Interview with Clinical Supervisor

Interview with Associate Director

Interview with PREA Coordinator

Interview with residents

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. Residents are not restricted to reporting such allegations via the agency's grievance procedures. Residents 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 resident 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) residents. The residents 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 resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents indicate that they are aware of all means of reporting including anonymously. Every resident interviewed stated that the AD truly cares about the residents. He makes himself available to all residents, he listens, and if he can help- he does. The residents state that they would report incidents of sexual abuse and sexual harassment to the AD. They are sure that he will handle the situation appropriately.

The facility received a resident third-party report of staff-to-resident sexual abuse. The allegation was administratively investigated and determined to be unsubstantiated.

The staff interviewed stated that they are required to report all allegations regardless of how they were received. The staff state they would report the allegation directly to the Associate Director or the PREA Coordinator and that they could do so privately if needed.

Review:

Policy and procedure

Resident handbook

PREA posters (English and Spanish)

Investigation reports

Interview with staff

Interview with residents

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 residents 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 residents 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 resident victim and resident 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 resident 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 resident 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.

There have been no reports of a resident alleging substantial risk of imminent sexual abuse. The facility will provide appropriate protection measures to keep residents safe.

Review:

Policy and procedure

PREA Incident/Investigation checklist

Interview with PREA Coordinator

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The facility has an MOU with Women Helping Women to provide residents with access to outside victims' advocates for emotional support services related to sexual abuse by giving residents 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 residents 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 abuse during the past twelve months. The residents involved in the allegation AWOL from the facility and did not accept any services. The facility had one resident that reported sexual abuse in the community during the initial risk assessment. This resident was offered mental health services and accepted treatment.

Review:

MOU with Women Helping Women
PREA posters
Resident 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 resident 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 did not have a third-party allegation that originated from outside the facility.

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 residents are required to provide, especially those with licensure, are required to inform residents of their mandated reporting obligations at the beginning of services. Residents are made aware of all staff, contractors, and volunteers duty to report any allegation of sexual abuse or sexual harassment. Resident 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 residents of their reporting obligation.

During the onsite visit, targeted and random staff were questioned on the reporting process, what type of information should be reported, and informing residents on the limits to confidentiality. All staff was able to verify their PREA training which includes what information should be reported, how to report, who to report, and how to document the allegation. Case management staff stated that during their initial meeting with residents on their caseload, they inform residents that all allegations reported will be investigated regardless of who they report that allegation.

The staff report that at each post desk there are PREA Incident/Investigation Checklist forms that they will use to ensure they are completing every required step once an allegation was been reported or suspected. The checklist list:

- Within 24 hours the staff member will document
 - The type of allegation made (abuse or harassment)
 - Where the incident occurred
 - Date the incident was reported
 - Persons involved
 - If law enforcement has been contacted
 - If the agency has initiated a PREA investigation
- The PREA Coordinator will assign an administrative investigator to conduct interviews
- Do not take action until advised to do so outside of the first responder duties

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

- Resident confidentiality
- Code of ethics
- Resident rights
- Standards of ethical behavior
- Reporting procedures
- PREA zero tolerance policies

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.

The facility did not have an allegation based on a staff member's knowledge or suspicion. The facility did have an allegation that was reported to a staff member from a resident. That staff member immediately reported the allegation to the Associate Director.

Review:
Policy and procedure
Employee files
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 residents 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 Associate Director reports to the auditor that resident safety is a priority and that it is the practice of the facility to immediately separate the abuser and the victim. The facility has the ability to move the resident victim to another building, dorm, facility, or place on electronic monitoring; move the resident abuser to another dorm, facility, or return to parent agency; and move the staff abuser to another facility or place on administrative leave.

The PREA Coordinator reports that it is the practice of the facility to place staff on leave during investigations, but the type of protection used will depend upon the circumstances and/or severity of the incident.

The auditor reviewed the one allegation from the past twelve months. The alleged abusers were no longer employed at the facility and the reported victim (allegation was a third party resident report) went AWOL from the facility so no protection measures were necessary.

Review:

Policy and procedure

Investigation reports

Interview with Associate Director

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 resident to another confinement facility. 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 resident.

The resident 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 residents
- 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 resident 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.

The staff interviewed state that they receive training on how to conduct the first responder steps and the coordinated response plan. The steps and the plan are posted at the RA 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 PREA Coordinator reports that for any allegation of sexual abuse, sexual harassment, or retaliation, the facility would ensure the safety of all residents. The protection measures used will be documented on the investigation report.

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

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 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 resident'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 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. 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 resident or staff who reported the sexual abuse. The facility will monitor the conduct and treatment of residents who suffered sexual abuse to include status checks of the resident's 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 residents or report incidents of sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The facility can separate the alleged resident victim and abuse by building, dorm room, floor, or facility. The facility can also place the resident victim on electronic monitoring with permission from the parent agency. 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 Associate Director and/or the Clinical Operations Supervisor is responsible for conducting retaliation monitoring and resident status checks. The facility is not documenting the retaliation monitoring or the status checks.

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

CORRECTIVE ACTION:

The auditor discussed with the PREA Coordinator the requirement of the standard for providing at least 90 days of retaliation monitoring for allegations of sexual abuse that have been determined to be substantiated or unsubstantiated. The monitoring includes status checks on resident disciplinary reports, housing changes, program changes; monitoring staff for negative performance reviews or reassignments; and immediately remedying any acts of retaliation.

The auditor assisted with facility with a method of ensuring that status checks were capturing all the standard required information and were being conducted during regular intervals.

FACILITY RESPONSE:

The facility provided the auditor with an agency specific form to capture the required information. The auditor requested to see completed forms for a four-month period of time after the post onsite visit to ensure the agency has fully implemented the new procedure for conducting retaliation monitoring.

Review:

Policy and procedure
Interview with PREA Coordinator
Interview with Associate Director
Investigation reports
Reporting forms

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 resident 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 (resident/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 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 resident victim.

The facility only had one allegation of sexual abuse during this audit cycle. The allegation was administratively investigated and determined to be unsubstantiated. The allegation was not referred for a criminal investigation.

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 allegations and the allegation 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 resident 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 one allegation that was determined to be unsubstantiated. The alleged victim could not be notified due to being AWOL from the facility prior to the completion of the investigation.

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.

The Associate Director states he provides the notification to the residents and will answer any questions the resident may have concerning the notification.

Review:

Policy and procedure

Resident notification forms

Investigation reports

Interview with Associate Director

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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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 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. When questioned about the agency's disciplinary policies as it related to the PREA standards, all staff stated that their employment would be terminated for a violation of the PREA policies. Staff also understood the criminal and licensure reporting requirements.

The facility had one sexual abuse allegation against staff members. The allegation accused three staff members of performing sexual acts with a resident in the bathroom. The staff members accused in the allegation were already previously terminated due to boundary violations and unprofessional behavior.

While conducting the employee file review, the auditor was able to review files that had disciplinary action. The discipline was in line with the agency's policy.

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

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 volunteers or contractors who engage in sexual abuse with a resident will be prohibited from contact with any resident 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 residents 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 residents.

Review:

Policy and procedures

Investigation reports

Interview with PREA Coordinator

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*)
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Instructions for Overall Compliance Determination Narrative

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Agency policy 12.04.01 states that residents will be subject to termination from the program following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. The sanction for resident-on-resident sexual abuse will be commensurate with the nature and circumstances of the abuse committed and will consider the resident's

disciplinary history, mental disability or mental illness, and the sanction of others who committed similar offenses.

The facility provides the residents 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 resident handbook.

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

Policy 12.04.01 states that residents may be disciplined for sexual contact with a staff person if the staff person did not consent to such contact. Residents can also be disciplined for consensual sexual activity between residents, 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 residents who commit sexual abuse. Residents who have been found to have sexually abused another resident will be terminated from the program and returned to their parent agency.

The auditor interviewed ten (10) residents during the onsite interview. The residents reported receiving a handbook at intake and that staff reviewed the disciplinary policies with them. Each resident was able to identify the sanctions that accompany a substantiated allegation of sexual abuse or sexual harassment or a criminal finding of guilt.

The facility did not have an allegation of sexual harassment or sexual abuse against a resident during this audit cycle.

Review:

Policy and procedure

Resident handbook

Resident files

Investigation reports

Interview with residents

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 resident 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.

The Associate Director reports that medical services would be provided by University of Cincinnati Medical Center. The hospital would provide medical evaluation and treatment; test for sexually transmitted infectious disease, and emergency contraception, pregnancy testing and comprehensive access to pregnancy related medical services are available for female residents or transgender residents. This facility does not house female residents, some of the medical treatment would only apply if the facility housed a transgender resident that is a biological female. The facility would provide community access to a mental health provider for an assessment and any necessary treatment.

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

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 resident victims and their partnership with Atrium Medical Center for any needed medical services.

Review:

Policy and procedure

Interview with Clinical Supervisor

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 would provide community medical and mental health counseling services for residents that have been sexually abused in a jail, lockup, or juvenile facility. 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 residents or transgender residents) while incarcerated:

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

The facility has implemented COVID-19 protocols and offers medical and mental health services through telehealth. The Associate Director showed the auditor a room where residents are able to conduct private video chats with medical and mental health professionals. The agency has mental health professionals within its Integrated Services division. These providers and provide services at the facility, in the community, and/or over video conferencing.

Agency policy requires the facility to perform a mental health evaluation for all known resident-to-resident 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 resident-to-resident abuser.

The auditor reviewed the one allegation from the facility within the past twelve months. The allegation was for sexual abuse; however, the resident victim went AWOL from the facility and was not in need of medical or mental health 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 abuse allegations during the past twelve months and was required to conduct a Sexual Abuse Response Team (SART) review. 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 review of the one abuse allegation indicated that camera retention time is only 10 days. The facility would like to increase video retention time. The team did not note any deficiencies leading to the abuse being possible.

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 2020 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
 - A PREA TIPS grant to purchase video surveillance equipment has been attained for 2021. This will also afford the correctional programs to increase education for staff and residents in addition to becoming more trauma informed
 - Onsite training occurred for staff when PREA allegations increased
 - PREA Forums held quarterly in order to communicate the most current updates and address problem areas
 - A PREA Co-Coordinator was identified to assist with compliance
 - Three sites passed the required audit in March of 2020

- 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 residents of their rights under the PREA standards. The agency has also received an Impact Justice TIPS grant. The grand will allow the agency to increase the number of electronic monitoring equipment, increase education for residents, and implement more trauma informed approach for victims. The agency has found it helpful in maintaining safety by hiring the same gender staff whenever possible and transferring staff to same gender facilities when needed. Agency PREA procedures are updated each January, or more often, if indicated.

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 (2020)
 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

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 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/media/resources/PREA%20Annual%20Report2020.pdf>, 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.

Substantiated allegations	7
Unsubstantiated allegations	6
Unfounded allegations	2
Pending allegations	1
Total allegations	16

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 (2020)

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 year, 1/3 Talbert House facilities were audited. The agency has a total of seven facilities that require a PREA audit. During year one, Serenity Hall, Community Correctional Center, and Cornerstone were audited. The three audits will complete the required 1/3 audits for the first year. The agency has elected to finalize the audit cycle requirement by having the rest of their facilities audited during year 2 of the audit cycle.

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 residents. 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 notices 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

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 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 Serenity Hall 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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kayleen Murray

6/29/2021

Auditor Signature

Date

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

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