

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

Date of report: August 18, 2016

Auditor Information			
Auditor name: Kayleen Murray			
Address: P.O. Box 2400 Wintersville, Ohio 43953			
Email: kmurray.prea@yahoo.com			
Telephone number: 7403176630			
Date of facility visit: July 12-13, 2016			
Facility Information			
Facility name: Terry Collins Reentry Center			
Facility physical address: 16643 State Route 104 Chillicothe, Ohio 45601			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 740-775-4326			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Jamie Glandon			
Number of staff assigned to the facility in the last 12 months: 44			
Designed facility capacity: 166			
Current population of facility: 132			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18 & up			
Name of PREA Compliance Manager: Jamie Glandon		Title: Regional Director	
Email address: Jamie.glandon@alvis180.org		Telephone number: 740-775-4326	
Agency Information			
Name of agency: Alvis House, Inc			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2100 Stella Court Columbus, Ohio 43215			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 614-252-8402			
Agency Chief Executive Officer			
Name: Denise Robinson		Title: President/CEO	
Email address: denise.robinson@alvis180.org		Telephone number: 614-252-8402	
Agency-Wide PREA Coordinator			
Name: Ramona Swayne		Title: Managing Director	
Email address: ramona.swayne@alvis180.org		Telephone number: 614-252-8402	

AUDIT FINDINGS

NARRATIVE

The PREA audit for Terry Collins Reentry Center was conducted on July 12-13, 2016 in Chillicothe, Ohio. As part of the Alvis House residential corrections program, the facility focuses on successful transition from correctional supervision to community. The facility emailed the auditor documentation relevant to showing compliance with each of the standards. This documentation included the pre-audit questionnaire, policy and procedure, facility floor plan with camera coverage marked, MOU's, investigation reports, staffing plan, and other PREA forms. The auditor received this information prior to the audit and received additional documentation while conducting the onsite visit.

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

Eight random clients from the two housing units (10% of the population that was currently in the building) were interviewed, three from the male housing unit and three from the female housing unit. There were no residents who identified as LGBTI, so a random sample of clients was chosen from the various dorm rooms. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures and postings, and the zero tolerance policy.

Also interviewed were specialized staff. This staff includes the PREA Coordinator (also Investigator), PREA Compliance Manager (also Investigator), Operations Manager, Program Manager, Human Resource Generalist, Emotional Support Personnel, the local hospitals SANE Coordinator, and the Southern Ohio Survivor Advocate Program(SOSA) Director. The facility does not provide on-site medical or mental health services. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

Terry Collins Reentry Center is a halfway house located in Chillicothe, Ohio that serves adult male and female offenders. The facility is a three story building that also houses Ross County Sheriff's Department and offices for Adult Parole Authority. The facility can house up to 166 offenders. To access the facility, one must be buzzed into a lobby area where a Community Reentry Specialist (CRS) will sign-in visitors and clients. Clients would access the same entrance and be subject to a pat-down which is visible by video surveillance or residents may receive an enhanced pat down (residents receiving an enhanced pat down will be moved to a room where they will strip down to their lowest level of clothing besides their underclothes) which is also visible by video surveillance.

The facility is equipped with 40 surveillance cameras (interior and exterior) which can record and play back up to 30 days. The cameras are placed strategically throughout the building. There are also multiple security mirrors to enhance security in vulnerable areas. The facility is divided into two separate floors for the male and female offenders with a shared cafeteria and outside recreation space. The male and female clients are kept separated and are escorted by staff when needing to move through the opposite gender area. Clients who are unescorted must be announced by staff before movement. The facility uses SecurManage system to assist in accountability for conducting five head counts per shift and circulation rounds every 30 minutes, as well as security and perimeter checks throughout the facility. Community Reentry Specialist (CRS) are required to conduct more frequent checks in areas that are considered blind spot areas.

There are several dorms in the two housing units. The female wing has two dorm wings each with 32 beds. The closets for the clients are made of wire which makes for easy clear line of site views when you look into the room. Clients that have been given a classification of vulnerable or abusive would be housed in one of the beds closest to the door window. Clients that identify as transgender or intersex will be housed at another Alvis House facility that is in the same region as the TCRC facility. Alvis House has a facility with single bed rooms that would house transgender/intersex clients. All rooms are designed to minimize blind spot areas.

The facility offers several programs designed to successfully reintegrate male and female offenders back into the community. Reentry Services include cognitive behavioral treatment, chemical dependency treatment, workforce development, case management, mentoring, housing assistance, and links to community services and support; the GED Program serves as the first step toward attending college or technical skills training and helping clients achieve financial stability; and the Workforce Development Program provides job readiness training, skills training, job placement assistance, mentoring, and job retention support.

SUMMARY OF AUDIT FINDINGS

Terry Collins Reentry Center has had two PREA allegations during this audit cycle. The allegations were staff to client sexual harassment and client-to-client sexual abuse. One of the allegations was determined to be unfounded and the other was determined to be substantiated. The substantiated allegation was referred to the Chillicothe Sheriff's Department for criminal investigation. TCRC staff interviewed indicated that they received formal PREA training during orientation as well as monthly as part of their annual training. Staff on all three shifts including security and program staff were able to discuss their responsibility as a first responder, how to report or respond to an allegation of sexual abuse, sexual harassment, or retaliation.

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

Over all the auditor was left with the impression that the agency as a whole and the facility specifically take PREA compliance seriously. The agency has implemented policies and practices that allow facility leadership to provide their staff with training and equipment that ensures the safety of all clients.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The Terry Collins Reentry Center (TCRC) adheres to the Alvis House agency zero tolerance policy. The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

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

At the TCRC facility, the Regional Director serves as the facility PREA manager. The Regional Director would report any PREA related issues to the Coordinator. During the interview, the Regional Director noted that she has sufficient time and authority to implement all policies and practices related to obtain and maintaining compliance with PREA standards.

Review:

Policy and procedure

Interview with PREA Coordinator/Managing Director

Interview with PREA Manager/Regional Director

Past Interview with President/CEO

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Staff escort clients throughout the facility especially when opposite genders will cross paths. The current staff office area is only open during program hours and clients need to staff to access this area. At least one female staff member is required to work the female unit and male staff is not allowed to transport female clients. The plan also reviews the number and types of allegations during that year and ensures all recommendations have been implemented.

The facility has a total of 40 cameras (internally and externally) that aid in the supervision of clients. The cameras record to a digital server and are capable of a thirty day playback. A Community Reentry Specialist (CRS) is at the main post for each unit 24 hours a day. The facility is a shared facility with the Ross County Sherriff’s Office and Adult Parole Authority. The main entrance opens into a lobby area that has a CRS staff member at the reception desk. All visitors entering the building must be signed-in by staff. Clients entering into the building will be signed in and receive a pat-down. Clients needing to have an enhanced pat-down will be moved to an area off the lobby for privacy. Housing unit staff members will notify the reception desk when a client will be leaving the building.

Clients have supervised access to a fenced in rec yard area and male and female clients have separate rec yard time. CRS staff complete five house checks per shift and do continuous circulations.

The plan is required to be reviewed annually.

Facility staff along with the PREA Coordinator completed a walkthrough of the facility prior to reviewing the staffing plan. Staff reviewed camera placement, blind spot areas, resident monitoring, and pat-downs.

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

Review:

- Policy and procedure
- Staffing plan
- Staff meeting agenda
- Facility tour
- Floor plan with identified blind spots
- Interview with PREA Coordinator
- Interview with Operations Manger
- Interview with Regional Director

Standard 115.215 Limits to cross-gender viewing and searches

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

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Per agency policy, the facility does not permit body cavity or strip searches. The facility houses both male and female clients and has trained female staff on how to properly pat down a male client. Male staff members are not permitted to pat down female clients. The facility conducts enhanced pat downs (striped to the lowest layer of clothing excluding underclothes). All pat downs including the enhanced pat downs are completed in camera view. All employees are trained on the proper techniques to an enhanced pat down during orientation and can watch a video on Alvis Houses’ You Tube channel for a refresher at any time.

The facility requires female staff members to work the female unit at all times. Male staff members are not allowed to transport female clients.

The facility allows for clients to shower, perform bodily functions, and dress in areas not viewable to staff. The male floor of the facility has a main post desk in the middle of the unit with three dorms. Each dorm has a separate restroom and shower area. The main door to each of these rooms is closed for client privacy. Two of the housing units have restrooms equipped with three toilets one being handicap accessible that have half wall dividers but no doors, and three urinals. The shower area has two open bay stalls with one being handicap accessible. The third housing unit has the restroom and shower area in the same room. It is equipped similarly. Staff performing security checks knock and announce themselves before entering the toilet or shower area. Clients are instructed to the facility’s dress policy and must be fully dress in areas outside the restrooms. There have been no reports of incidental viewing.

The facility has not housed a transgender/intersex client. Agency and facility administration have decided in developing their staffing plan, that due to the physical layout of the facility, transgender/intersex clients could not be housed in a safe manner. It was decided that due to the proximity of other Alvis House facilities that could house a transgender/intersex client safely, those clients would not be placed at Terry Collins Reentry Center.

During interviews with staff, they indicated that they received proper pat-down training at orientation and refreshers during monthly trainings at the facility. The auditor watched a staff member conduct a pat-down and it was completed appropriately. One allegation received during this audit cycle involved a client alleging sexual harassment during pat-downs. The administrative investigator was able to review camera footage of the pat-down and determine that no improper conduct took place. The Operations Manager stated that she regularly reviews camera footage and addresses improper pat-down techniques with staff.

During client interviews, all clients reported that pat-downs were conducted professionally and respectfully. No resident made any complaint about feeling sexually harassed or abused during pat-downs.

- Review:
- Policy and procedure
 - Staffing plan
 - Facility tour
 - Interview with PREA Coordinator
 - Interview with Operations Manager
 - Interview with Regional Director
 - Interview with random staff
 - Interview with random clients

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

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

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

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

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

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

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

Review:
Policy and procedure
Interview with random staff
Interview with Regional Director

Standard 115.217 Hiring and promotion decisions

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

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Alvis House has a policy that prohibits any of the facilities it operates to hire or promote staff (including contractors and volunteers) that have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility, nor will they hire or promote anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse in the community. The facility conducts a NCIC/NLETS background check on all employees and volunteers. A report is generated every month from payroll and any employee who has a five year anniversary that month will receive a background check. A random review of 10 employee files shows that all employee background checks are up to date. The agency documents all contact with previous employers.

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

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

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

The auditor reviewed 10 random employee files. The review included onboarding documentation, employment application, reference checks/verification, interview forms, disciplinary records, training records, background checks, employee handbook, code of conduct/ethics

acknowledgement, and promotions.

The auditor interviewed the Human Resource Generalist concerning their method for ensuring all employees receive their initial and five year background checks, the process for promotions, and the onboarding process. It was noted by the auditor that while the HR Department completes reference checks for all candidates for employment, the agency did not document whether they contacted past institutional employers for information on substantiated allegations of sexual abuse or if the employee resigned during a pending investigation of an allegation of sexual abuse. The HR Generalist confirmed that at this time the agency is not complying with this part of the standard.

Review:

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

RECOMMENDATION:

The auditor recommended that the HR Department include on its reference check/verification form a section for ensuring the applicant does not have a substantiated allegation of sexual abuse or resigned during an investigation for allegation of sexual abuse.

FACILITY RESPONSE:

The Human Resource Department developed language to include on the employment check/verification form which included ensuring that past employers did not report a substantiated allegation of sexual abuse or a resignation during an investigation of sexual abuse.

Auditor approved the language and it has been added to the verification form.

Review:

- Reference check/verification form

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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The facility is currently adding case manager offices to the housing units. This facility modification will allow for client to have access to their case manager without having to leave the housing unit. Currently, the case managers are housed in a staff office wing that clients need to be escorted to the area. The area is on the other side of the women’s housing unit, so male client would have to come through the unit to meet with their case manager. The new offices would have windows that allow for clear line of site views. Several cameras and security mirrors are already located in the lounge area where the new offices would be located.

The Regional Director and PREA Coordinator discussed how the changes will lead to enhanced prevention, detection, and responding to incidents of sexual abuse and sexual harassment.

Review:

- Facility tour
- Interview with PREA Coordinator
- Interview with Regional Director

Standard 115.221 Evidence protocol and forensic medical examinations

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

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The facility conducts administrative investigations into allegations of sexual abuse and sexual harassment. If at any time during the investigation the incident appears to be criminal in nature, the PREA investigator will refer the case to the legal authority for a criminal investigation. The facility has documented attempts to enter into an agreement with the Ross County Sheriff's Department as they have the legal authority to investigate criminal conduct at the facility. At this time the facility has not received a response from the police department; however, the sheriff's office has responded to an allegation of client-on client- sexual abuse that was reported this audit cycle.

The facility works with Adena Regional Medical Center and their partnership with Southern Ohio Survivor Advocate Program (SOSA) in Chillicothe, Ohio if there is a need for a Sexual Assault Nurse Examiner (SANE) or advocacy services. Heather Welshimer, SOSA Coordinator, discussed with the auditor via phone after the onsite audit the types of services offered by the hospital and SOSA. Adena Regional Medical Center has a SANE nurse on staff 24 hours a day 7 days a week. These nurses have been trained in forensic nursing and crisis intervention clinical competencies. SOSA would provide an advocate to offer emotional support, crisis intervention, and follow up services.

A client who reported an allegation of sexual assault at another facility during intake at TCRC received mental health services from SOSA.

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

Review:

Policy and procedure
Request for MOU with Ross County Sheriff's Department
Phone interview with SOSA Coordinator
Investigation Report
Emotional Support Person Certificate
Interview with PREA Coordinator

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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The agency has a policy that regulates an administrative investigation of all allegations of sexual abuse and sexual harassment. The policy ensures that any allegation that appears to be criminal in nature is referred to the legal authority in charge of conducting a criminal

investigation. The facility has not been able to secure a MOU with Ross County Sheriff's Department, however, this is the agency who has the legal authority to conduct such investigation. The facility has referred an allegation to this agency and the agency has conducted a criminal investigation. The agency has posted its policy concerning conducting an administrative and criminal investigation on its website (<https://alvis180.org>). During this audit cycle, the facility has had two reported allegations. The facility received allegations of staff to client sexual harassment and client to client sexual abuse. Both allegations were administratively investigated by a trained investigator and one allegation was referred to the Ross County Sheriff's Department at the request of the victim.

Allegation #1: This was a client self-report to the PREA hotline as well as a verbal report to staff. The client alleged that during his pat-downs a certain staff member had improper behavior that he deemed was sexual harassment. All pat-downs are recorded on camera so the administrative investigator was able to review video footage of the alleged incident as well as other pat-downs completed by this staff member. The allegation was deemed unfounded.

Allegation #2: This was a client self-report to a staff member. The client alleged that another client was touching her inappropriately on the buttocks and when she asked the client to stop, the alleged abuser continued the behavior. The administrative investigator interviewed the victim and alleged abuser and available video footage. The video did not confirm any abuse, but the alleged abuser admitted to inappropriately touching the victim. The allegation was substantiated due to the abusers admission and the sheriff's office was called. The victim pressed charges. The Regional Director (administrative investigator) is responsible for follow up with the criminal investigators.

The auditor reviewed the investigation reports for both allegations and spoke with the administrative investigator. The investigator follows PREA standards and agency policy when making a determination of which cases to refer for criminal investigation.

Review:

Policy and procedure

Agency website

Investigation report

Interview with PREA Investigator

Interview with PREA Coordinator

Standard 115.231 Employee training

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

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

Gender specific training

Code of ethics

PREA assessment and the use of screening information

Resident reporting

Boundaries

PREA compliance for HR operations

Investigations

First responder duties/coordinated response plan

Client rights under the PREA guidelines

PREA policies

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

Symptoms of abuse
LGBTI populations
Community based resources
Allegation outcome reporting
Victim medical/mental health care

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

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

Standard 115.232 Volunteer and contractor training

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

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

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

Review:
Policy and procedure
Contractor/volunteer sign-in sheet
Contractor/volunteer zero tolerance acknowledgement form
Contractor/volunteer code of ethics acknowledgement form
Training curriculum
Interview with PREA Coordinator

Standard 115.233 Resident education

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

- Does Not Meet Standard (requires corrective action)

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All residents receive information at intake on the facility’s zero tolerance policy. This information is reviewed with the client to ensure that each client knows how to report incidents or suspicions of sexual abuse or sexual harassment; their right to be free from sexual abuse, sexual harassment, and retaliation; and how to keep themselves safe while in the facility. If a resident is limited in English proficiency or another disability that prevents, normal communication, the facility will work with outside agencies to ensure each client can benefit from the agency’s efforts to prevent, detect, report, and respond to allegations of sexual abuse and sexual harassment.

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

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

In total, 8 clients (5 male and 3 females- 10% of the current in-house population) were interviewed by the auditor. The clients acknowledged receiving PREA education training and informational brochures from the facility. Clients were able to site specific parts of the training such as “a client cannot ever consent to a relationship with staff” and “medical and mental health services are offered free of charge”. Clients stated that their case manager also reviewed PREA related information with them.

Review:

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

Standard 115.234 Specialized training: Investigations

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

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

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

The agency offers refresher investigator training annually.

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

Standard 115.235 Specialized training: Medical and mental health care

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

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

The facility does not conduct onsite medical or mental health services. All clients requiring these services would be referred to community resources. The facility would use Adena Regional Medical Center for SANE practitioners who are available 24 hours a day 7 days a week free of charge. Mental health or victim advocate services would be provided by SOSA.

Adena Regional Medical Center and Southern Ohio Survivor Advocate Program are partners who have extensive training sexual assault crisis intervention.

Review:
Policy and procedure
Phone interview with SOSA Coordinator
Interview with PREA Coordinator

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

All clients are screened within 72 hours from intake to assess their risk of vulnerability or abusiveness. The screening tool used includes all required criteria per the standard to accurately assess the client’s risk. The screening is completed with the client’s case manager and a rescreen is completed before the client reaches 30 days in the facility. Case managers have been trained on how to complete the assessment appropriately. Client’s assessments are referred to the clinician (Dr. Shivley) for further review and/or classification if a client answers in

the affirmative to any of the questions. The clinician also reviews assessments for accuracy. Per policy, a client cannot be disciplined for refusing to answer assessment questions.

During an assessment, a client revealed that he was sexual assault while being housed at the Ross Correctional Institution (RCI) which is across the street from TCRC. The resident expressed some fear because of the proximity of the two facilities. The client was assessed by the agency clinician and then referred to Adena Regional Medical Center's Southern Ohio Survivor Advocate Program for mental health and emotional supportive services. The client was placed in a housing unit that would provide safety and easy line of site viewing for staff.

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

Interviews with staff confirmed they understood how to use the screening tool and kept all information confidential.

Review:

Policy and procedure

PREA initial risk assessment

PREA rescreen risk assessment

Interview with case manager

Interview with random clients

Standard 115.242 Use of screening information

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

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

All clients who receive a classification as vulnerable based on their PREA screening assessment will be housed in a bed room closest to the dorm window where staff have clear line of site views. Staff would be aware of their status and ensure the safety and security of the client without knowing details of the assessment.

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

The facility does not feel as if it can house transgender/intersex offenders in the safest manner possible due to the layout of the facility housing unit. The agency has several other facilities within this region and can offer safe housing at one of these facilities. Clients would be able to receive the same treatment benefits while being housed in a manner that allows for safe housing, work, and program assignments.

During the interview, the Regional Director was able to clearly discuss the facility's plan to keep potential victims away from potential abusers during work, education, or program assignments. At this time, the facility does not have a client with a victim or abuser classification.

Review:

PREA assessment

Interview with case manager

Interview with Regional Director

Standard 115.251 Resident reporting

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

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

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

The facility a free phone located in the lounge area of all housing units to allow for free calls to the reporting entities. Residents are allowed to have cell phones in the facility which they can use to make a report.

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

The facility has received two clients report allegations of sexual abuse or sexual harassment. One client also used the free PREA phone to make a report to the hotline number. This is evidence that clients are receiving the information and feel safe enough to report sexual harassment to facility staff.

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

Standard 115.252 Exhaustion of administrative remedies

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

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

Alvis House has a grievance policy which does not assess a time limit for filing a grievance alleging sexual abuse or sexual harassment. The agency will respond to a grievance within 2 working days and has several levels of appeals. Should staff need more time to investigate or respond to the client, staff will notify the client of the extension and provide a date a decision will be made. Clients are informed that they are not required to use the grievance system in order to make an allegation of sexual abuse and sexual harassment, and that there are no time

limits to reporting. Clients are also notified that third party sources can assist in the grievance process and that they can file a sexual abuse or sexual harassment grievance on behalf of another client. Grievance forms are posted in the client lounge and can be returned to any staff member or to a locked communications box.

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

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

Review:
Policy and procedure
Interview with Regional Director
Interview with random clients

Standard 115.253 Resident access to outside confidential support services

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

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

The facility would use the community resource Southern Ohio Survivor Advocacy Program to provide victim advocate services or emotional support services related to sexual abuse. SOSA Coordinator, Heather Welshimer, has confirmed that SOSA would provide clients with their address and hotline number in order to obtain these services or make a sexual abuse or sexual harassment report.

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

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

Review:
Facility tour
Interview with random clients
Interview with Regional Director
Phone interview with SOSA Coordinator

Standard 115.254 Third-party reporting

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

- Does Not Meet Standard (requires corrective action)

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

The agency has posted on its website (<https://alvis180.org>) ways that anyone can report sexual abuse or sexual harassment on behalf of a resident. Residents are also educated that they can report to family members who can then make a third party report. This information is also on posters located in the visitation room.

Both allegations during this audit year were client report; however, there was a duplicate family call to the PREA hotline concerning a staff to client sexual harassment allegation.

Review:
Agency website
Facility tour
Investigation reports
Interviews with random clients

Standard 115.261 Staff and agency reporting duties

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

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

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

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

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

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

The two allegations the facility received this audit cycle were reported to staff who immediately reported the allegation to their supervisor and made appropriate documentation in the SecurManage data system.

Review:
Policy and procedure
PREA Audit Report

Employee training curriculum
Investigation reports
Interviews with random staff
Interview with Regional Director
Interview with PREA Coordinator

Standard 115.262 Agency protection duties

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

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

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

An interview with the Regional Director and auditor revealed the process for ensuring client safety and making a move to another facility if necessary. The facility has not had to remove a client due to risk of imminent sexual abuse, but has moved a staff member to another housing unit during the sexual harassment investigation and has moved a client to another dorm room during a sexual abuse investigation this audit cycle. The alleged abuser was removed from the facility when the victim decided to press charges. Neither client was at risk for imminent abuse however the staff felt comfortable with these protection measures during the investigation.

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

Review:
Investigation reports
Interview with Regional Director
Interview with Operations Manager
Interview with PREA Coordinator
Interview with Human Resource Generalist

Standard 115.263 Reporting to other confinement facilities

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

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

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

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

An interview with the Regional Director and a review of PREA initial screening forms indicated that the facility has received a report from a client about being sexually assaulted while confined at Ross Correctional Institution (RCI) in Chillicothe, Ohio. The Regional Director informed the head of RCI along with the agency PREA Coordinator and clinician. RCI did send an investigator to the facility to get a statement. The Regional Director reports not receiving a report from another institution.

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

Standard 115.264 Staff first responder duties

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

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

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

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

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

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

Review:
Policy and procedure
Facility tour
Sexual abuse, assault, harassment response procedure posting
Interview with random staff
Interview with Regional Director

Standard 115.265 Coordinated response

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

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

The agency has developed a Sexual Abuse, Assault, Harassment Response Procedure for any incident of sexual abuse. The plan list the required steps in a flow chart and is posted at the security posts. The steps listed are specific and detailed enough for staff to follow in the event of a sexual abuse/sexual assault incident and includes phone numbers. The list starts with the first responder duties and refers the staff member to call the local authorities and the PREA Compliance Manager or Manager on Call as well as the PREA Coordinator.

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

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

The Regional Director or designee will be responsible for the 90 day retaliation monitoring.

Review:

- Policy and procedure
- Sexual abuse, assault, harassment response procedure
- Interview with PREA Coordinator
- Interview with Regional Director
- Interview with staff

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

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

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

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

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

Standard 115.267 Agency protection against retaliation

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

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

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

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

There have been no allegations of sexual abuse during this audit cycle.

During one allegation investigation, a client alleging sexual harassment charges against a staff member called the PREA hotline number from jail to report retaliation based on his report of staff. The client alleged that he was removed from TCRC and placed in jail because he made an allegation against staff. Auditor reviewed incident report related to client's removal from the program and found it to be unrelated to the allegation.

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

Review:

Policy and procedure

Investigation report

Incident report

Retaliation monitoring form

Interview with Regional Director

Interview with PREA Coordinator

Standard 115.271 Criminal and administrative agency investigations

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

- Does Not Meet Standard (requires corrective action)

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

The facility conducts administrative investigations but does not conduct criminal investigations. Criminal investigations would be completed by Ross County Sheriff’s Department. The facility has completed two administrative investigations one for sexual abuse and one for sexual harassment with one allegations being referred to the local legal authority for criminal investigation. The victim wished to press charges for sexual harassment against another client.

The facility has a trained administrative investigator and the PREA Coordinator is a trained investigator as well. The Regional Director currently handles all administrative investigations. The Regional Director’s training was developed by the Moss Group. The agency facilitates a refresher training for all agency administrative investigators each year.

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

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

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

- Review:
- Policy and procedure
 - Administrative investigator training certificate
 - Investigation reports
 - Interview with PREA Coordinator
 - Interview with Administrative Investigator

Standard 115.272 Evidentiary standard for administrative investigations

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

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

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

The auditor reviewed the two allegations with the administrative investigator to ensure that the evidentiary standard of preponderance of evidence was used in each case. The client to client allegation was confirmed by the abuser who admitted to touching the victim on the buttocks. The staff to client allegation was on camera and a two week review of the staff members conduct while patting down this client as well as other did not reveal any inappropriate behavior.

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

Review:

Policy and procedure

Investigation reports

Interview with Administrative Investigator

Interview with PREA Coordinator

Standard 115.273 Reporting to residents

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

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

Alvis House policy requires allegation determination notification to any client that alleges sexual abuse or sexual harassment whether that allegation has been determined to be substantiated, unsubstantiated, or unfounded. In reviewing the administrative investigation reports, clients who made an allegation were notified in writing the outcome of the investigation.

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

Should the client be released from the facility before the report is made, every effort is made to notify the client.

The facility showed documentation of all alleged victims receiving notification of the disposition of the investigation.

Review:

Policy and procedure

Investigation reports

Client notifications

Interview with Regional Director

Standard 115.276 Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

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

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

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

The facility has not had a case of staff to client sexual abuse.

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

Review:

Policy and procedure

Employee handbook

Investigation reports

Interview with random staff

Interview with PREA Coordinator

Interview with Human Resource Generalist

Standard 115.277 Corrective action for contractors and volunteers

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

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

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

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

The facility has not had an allegation against a contractor or volunteer this audit cycle.

Review:

PREA Audit Report

Policy and procedure
Contractor training verification
Investigation report
Interview with PREA Coordinator

Standard 115.278 Disciplinary sanctions for residents

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

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

The facility has an appropriate policy that disciplines clients for a substantiated allegation of sexual abuse or sexual harassment or for a criminal finding of guilt for sexual abuse or harassment. The facility has had one allegation of client sexual abuse this audit cycle. The investigation was found to be substantiated and the abuser was terminated from the program.

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

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

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

Standard 115.282 Access to emergency medical and mental health services

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

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

After an incident of sexual abuse or sexual assault, victims are offered unimpeded access to emergency medical treatment and crisis

intervention services. These services would be provided by qualified practitioners who would determine the appropriate scope of services. Medical services would be provided by Adena Regional Medical Center and mental health, crisis intervention, or advocacy services would be provided by the SOSA program. Clients would be given timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. All services are offered free of charge to clients.

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

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

A review of allegation investigations shows that staff offer clients the opportunity to receive medical and mental health care if appropriate. During a PREA initial assessment a clients was offered and accepted counseling services provided by the SOSA due to a sexual assault at another facility. The client was not charged for these services.

Review:

- Policy and procedure
- Sexual Abuse, Assault, Harassment Response Procedure
- Training roster
- Investigation reports
- PREA initial assessment
- Interview with PREA Coordinator
- Interview with Regional Director
- Interview with random staff

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

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

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

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

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

A review of allegation investigations shows that staff offer clients the opportunity to receive medical and mental health care if appropriate. During an initial PREA screening assessment, a clients was offered and accepted counseling services provided by the SOSA due to being sexually assaulted at another facility. The client was not charged for these services. These services are offered to all victims.

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

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

Standard 115.286 Sexual abuse incident reviews

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

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

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

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

TCRC has no allegations of sexual abuse or sexual assault that would require a SART review during this audit cycle. The auditor review the paper work and process of a SART review with the Regional Director and the PREA Coordinator. The Coordinator would ensure that any recommendations were implemented by the Reginal Director.

Review:
Policy and procedure
SART review forms
Investigation reports
Interview with PREA Coordinator
Interview with Regional Director

Standard 115.287 Data collection

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

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

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

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

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

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

Review:

Policy and procedure

Annual PREA report

Agency website

Survey of Sexual Violence IV report

Interview with PREA Coordinator

Standard 115.288 Data review for corrective action

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

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

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

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

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

Review:

Policy and procedure

Annual PREA report

Interview with PREA Coordinator

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Kayleen Murray

August 20, 2016

Auditor Signature

Date