

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

Date of report: August 14, 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 12-14, 2016			
Facility Information			
Facility name: ACRP			
Facility physical address: 40 W Long Street 5thFl Columbus, Ohio 43215			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 614-826-9245			
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: Melanie Hartley			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 77			
Current population of facility: 63			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18 & up			
Name of PREA Compliance Manager: Melanie Hartley		Title: Regional Director	
Email address: Melanie.hartley@alvis180.org		Telephone number: 614-801-1845	
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 ACRP was conducted on July 13-14, 2016 in Columbus, Ohio. As part of the Alvis House residential corrections program, the facility focuses on successful transition from correctional supervision to community. The facility emailed the auditor documentation relevant to showing compliance with each of the standards. This documentation included the pre-audit questionnaire, policy and procedure, facility floor plan with camera coverage marked, MOU's, 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.

Three random clients from the three housing units (10% of the population that was currently in the building) were interviewed, one from each of the male housing units. There were no residents who identified as LGBTI, so a random sample of clients was chosen from the various 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, Grant Hospital's SANE Coordinator, and the Sexual Assault Response Network of Central Ohio (SARNCO) 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

ACRP is a halfway house located in Columbus, Ohio that serves adult male offenders. The facility is on the fifth floor of a building that also houses a transitional housing program run by the YMCA. The facility can house up to 77 offenders. To access the facility, one must be buzzed into a lobby area where a YMCA employee sign-in visitors and clients. Clients would access the same entrance and have a unique password that unlocks the lobby door. Once inside, YMCA staff will have the clients punch in their number code at the front desk which will populate a photo of the resident onto a computer screen. The YMCA staff will then buzz the client through a door that will give them access to the building elevator. Clients are only allowed access to the fifth and lobby floors. If a client should access another floor, it will be documented on cameras operated by the YMCA who would then share this information with the Regional Director. Once clients reach the fifth floor, they will 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 11 surveillance cameras 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. There are multiple cameras on the interior and exterior of the building that are operated by the YMCA. YMCA staff and the Regional Director work together if there is an issue concerning one of the clients and ACRP staff need to view YMCA cameras. YMCA cameras also have a 30 day play back feature. The facility is divided into two separate areas. The client housing area is in a “U” shape around the exterior walls and the inside area contains group rooms, staff offices, dining area, and lounge area. 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 checks throughout the facility. Community Reentry Specialist (CRS) are required to conduct more frequent checks in areas that have been identified as blind spot areas.

There are seventy seven single bed rooms in the facility which each client has the ability to lock. Clients that have been given a classification of vulnerable or abusive would be housed in one of the rooms closest to the main post. Clients that identify as transgender or intersex will also be housed in one of the rooms closest to the main post. 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

ACRP has had zero PREA allegations during this audit cycle. ACRP 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 SARNCO for victim advocacy services and with Grant Hospital 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.

ACRP 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 ACRP 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)

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 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)

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 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.

This is an all male facility that is housed on the fifth floor of a YMCA owned facility. The facility also houses a transitional housing program operated by the YMCA. To access the facility, one must be buzzed into the building and visitors must stop at a receptionist desk staffed by a YMCA employee. Visitors would sign-in at the desk and wait to be escorted upstairs by an ACRP employee. Clients who need to access the facility will stop at the receptionist desk and punch in an access code. The computer would then display a photo of the client. They would then be buzzed into a hallway area that houses elevators. The cameras on the outside of the building, lobby area, laundry room, and other floors are operated by the YMCA. The Regional Director has a relationship with YMCA administration and would be provided access to video playback if needed.

The facility itself has a total of 11 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. Facility administration and the PREA Coordinator are currently trying to work with the YMCA administration for permission to add more cameras under ACRP control. Once visitors or clients reach the ACRP floor, a Community Reentry Specialist (CRS) is at the main post. Visitors and clients will have to sign in and clients will receive a pat down or an enhanced pat down.

Clients have supervised access to the YMCA for rec time. CRS staff also take clients to other recreational activities throughout the city. CRS staff complete four 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. The facility would also take into account the number of allegations during that year and ensure all recommendations have been implemented.

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

Interview with YMCA Receptionist

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Per agency policy, the facility does not permit body cavity or strip searches. The facility houses male clients and has trained female staff on how to properly pat down a male client. The facility conducts enhanced pat downs (striped to the lowest layer of clothing excluding underclothes). All pat downs including the enhanced pat downs are completed in camera view. All employees are trained on the proper techniques to 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 allows for clients to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has three restrooms. The housing units are in a U shape and each unit has a restroom on each side of the building. Clients have open use of any of the three restrooms. The west restroom has two toilet stalls with doors and an open bay shower with a curtain. The east restroom has two toilet stalls with doors and one open bay shower with a curtain. The central restroom has three toilet stalls with doors and one open bay shower with a curtain. The main door to each of these restrooms remains closed. 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 or their room. There have been no reports of incidental viewing.

The facility has not housed a transgender/intersex client but has a plan to house a transgender/intersex client safely. The facility has 77 single bed rooms which clients can lock. The client will have access to the central restroom which is closest to the main post in order to shower privately. ACRP was set up due to a client overflow from another facility. Staff at this facility previously worked at the main facility and have had experience working with a transgender client. The auditor spoke with the case manager of that client and was given an overview of how the clients views on safety and input into treatment where taken into account. The case manager revealed an overall positive view of the experience.

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. The Regional Director 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)

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 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 on boarding documentation, employment application, reference checks/verification, interview forms, disciplinary records, training records, background checks, employee handbook, code of conduct/ethics acknowledgement, and promotions.

The auditor interviewed the Human Resource Generalist concerning their method for ensuring all employees receive their initial and five year background checks, the process for promotions, and the onboarding process. 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)
- 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.

As part of the facility’s annual staffing plan review, facility administration along with the agency PREA Coordinator review blind spot areas and discuss ways to address these areas with monitoring technology, staff placement, security mirrors, or facility changes. Because the facility does not belong to Alvis House and is also used by other programs, it limits some of the options available for the facility.

The Regional Director and PREA Coordinator are working on adding more cameras that will lead to enhanced prevention, detection, and responding to incidents of sexual abuse and sexual harassment.

The facility is using staff circulation, door alarms, and current camera placement to currently address these issues.

Review:
Facility tour
Interview with PREA Coordinator

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

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

The facility will send clients to Grant Hospital where they perform forensic exams as no cost to the victim. The auditor spoke with SANE Coordinator Carrie Jackson who confirmed the services of a SANE practitioner and advocate services that would be provided by partnering agency SARNCO (Sexual Assault Response Network of Central Ohio). Alvis House has a MOU with SARNCO (Sexual Assault Response Network of Central Ohio) to provide advocate and emotional supportive services.

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

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

- Review:
- Policy and procedure
 - MOU with City of Columbus Police Department
 - Phone interview with SARNCO Director
 - Emotional Support Person Certificate
 - Interview with PREA Coordinator
 - Phone interview with Grant Hospital SANE Coordinator

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

corrective actions taken by the facility.

The agency has a policy that regulates an administrative investigation of all allegations of sexual abuse and sexual harassment. The policy ensures that any allegation that appears to be criminal in nature is referred to the legal authority in charge of conducting a criminal investigation. The facility has been able to secure a MOU with the City of Columbus Police Department, however, there have been no investigations during this audit cycle. The agency has posted its policy concerning conducting an administrative and criminal investigation on its website (<https://alvis180.org>).

The auditor interviewed the PREA investigator (Regional Director) to understand the process she would take in investigating any allegation. The investigator reviewed the process including at what point an investigation would be referred for a criminal investigation and her evidentiary standard for substantiating an allegation. 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

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)

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 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)

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

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

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

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

Standard 115.233 Resident education

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

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

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

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

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

In total, 3 clients (10% of the current in-house population of 23) 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

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 Grant Hospital 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 SARNCO or the staff clinician.

Grant Hospital and SARNCO are partners who have extensive training sexual assault crisis intervention.

Review:
Policy and procedure
Phone interview with SANE Coordinator
Phone interview with SARNCO Director
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 answers assessment questions.

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

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

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 main post area. Staff would be aware of their status and ensure the safety and security of the client without knowing details of the assessment. All client rooms at ACRP are single bed rooms that are lockable by clients.

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 is able to house transgender/intersex clients safely due to all client rooms being single bed rooms. The case manager would discuss with a transgender/intersex client all available safety options and allow their views of their own safety to aid in determining housing and treatment options. Clients would be able to receive the same treatment benefits while being house 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 ACRP have multiple ways of reporting sexual abuse or sexual harassment. Posters throughout the facility indicate how clients can report to ACRP 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 no reports allegations of sexual abuse or sexual harassment.

Review:

PREA postings

PREA brochure

Client PREA education curriculum

Facility tour

Interview with random clients

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 Sexual Assault Response Network of Central Ohio to provide victim advocate services or emotional support services related to sexual abuse. SARNCO Coordinator, Heather Murphy, has confirmed that SARNCO would provide clients with their address and 24 hour/7 day a week 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, and SARNCO Director also confirmed during the phone interview that advocates are trained to provide informed consent at the initiation of services.

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 SARNCO Director

Standard 115.254 Third-party reporting

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

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

The agency has posted on its website (<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.

The facility has received no third party allegation reports during this audit cycle.

Review:
Agency website
Facility tour
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.

Review:
Policy and procedure
Employee training curriculum
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 77 single bed rooms that are lockable by clients. 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 a report of sexual abuse or sexual harassment.

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:

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.

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 Manager or the manager on call and the PREA Coordinator.

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

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

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

Review:

Policy and procedure

Facility tour

Sexual abuse, assault, harassment response procedure posting

Interview with random staff

Interview with Regional Director

Interview with PREA Coordinator

Standard 115.265 Coordinated response

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

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

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

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

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

The 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.

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

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 City of Columbus Police Department. The facility has not had any administrative or criminal investigations during this audit cycle.

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

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

Review:

Policy and procedure

Interview with 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

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

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:
Policy and procedure
Contractor training verification
Interview with PREA Coordinator

Standard 115.278 Disciplinary sanctions for residents

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

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

The facility has an appropriate policy that disciplines clients for a substantiated allegation of sexual abuse or sexual harassment or for a criminal finding of guilt for sexual abuse or harassment.

The 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.

The facility has not had a allegation of client on client sexual abuse or sexual harassment during this audit cycle.

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 Grant Hospital and mental health, crisis intervention, or advocacy services would be provided by the SARNCO. Clients would be given timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. The SANE Coordinator from Grant Hospital confirmed that they would provide access to emergency contraception and sexually transmitted infectious prophylaxis free of charge to clients. 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.

- Review:
- Policy and procedure
 - Sexual Abuse, Assault, Harassment Response Procedure
 - Training roster
 - PREA initial assessment
 - Phone interview with SANE Coordinator
 - Interview with PREA Coordinator
 - Interview with Regional Director
 - Interview with random staff

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

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

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

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

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

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

Review:

Policy and procedure

Sexual Abuse, Assault, Harassment Response Procedure

Initial PREA screening assessment

Training roster

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.

ACRP has no allegations of sexual abuse or sexual assault that would require a SART review during this audit cycle. The auditor reviewed 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 Regional Director.

Review:

Policy and procedure

SART review forms

Interview with PREA Coordinator

Interview with Regional Director

Standard 115.287 Data collection

PREA Audit Report

- 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
 PREA Audit Report

Annual PREA report
Agency website
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 28, 2016

Auditor Signature

Date