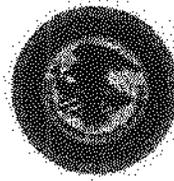


PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA

Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility: North
East Ohio Community
Alternative Program
(NEOCAP)

Physical address: 411
Pine Ave. S.E. Warren,
Ohio, 44483

Date report submitted: July 28, 2014

Auditor Information Pam Sonnen

Address: 4 Fitchs
Point Road, Garden
Valley, 83622

Email:
psonnen@msn.com

Telephone number:
208-462-2289

Date of facility visit:

Facility Information

Facility mailing
address: (if different
from above)

Telephone number:
330-675--2269

The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	Private not for profit <input checked="" type="checkbox"/> Community Confinement Center		

Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Community Corrections Facility
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Name of PREA Compliance Manager: Eric
Anderson

Title: Compliance
Manager

Email address: e.anderson@neocap.org

Telephone number: 330-
675-
7446

Agency Information

Name of agency:
NEOCAP

Governing authority or
parent agency: Facility
Governing Board
appointed by Judges and

<i>County Commissioners</i>		
Physical address:		
Mailing address: <i>(if different from above)</i>		
Telephone number:		
Agency Chief Executive Officer		
Name: James Corfman	Title:	Executive Director
Email address: j.corfman@neocap.org	Telephone number:	330-675-7039
Agency-Wide PREA Coordinator		
Name: Eric Anderson	Title:	Compliance Manager
Email address:	Telephone number:	

AUDIT FINDINGS

NARRATIVE: I Pam Sonnen conducted the audit July 10th and July 11th of 2014. When I arrived at the facility I met with the management team. The Executive Director James Corfman was on vacation and his Associate Executive Director Jake Jones was acting in his place. I toured the facility and spoke with residents and staff. I would like to commend Eric Anderson for all his hard work and attention to detail. Staff and residents were very open and spoke freely. The facility was very clean. The facility has had only one complaint of sexual harassment and it was proven to be horseplay. All staff were very professional and were available to the residents. There was good interaction between staff and residents. During the tour I pointed out some doors that needed windows to be installed for staff and resident safety. I interviewed 14 staff that included Resident Supervisors from all three shifts, Associate Executive Director, H.R., Food Service, Clinical Director, Retaliation Monitor, Investigations, Intake/Mental Health and PREA Coordinator. I also interviewed 10 residents 5 females and 5 males. Everyone was well aware of PREA and the responsibilities for compliance. All residents stated they felt safe in the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS: The facility is all under one building. It contains a housing unit for males and a unit for females. Males and female residents are kept separate at all times. The programming areas are either in the dayrooms or attached. I thought this facility was one of the best designed. The camera system is excellent. The rooms or dorms are inspected at least 4 times per hour. While touring residents were all programming or working. It was a very quiet facility. The facility has 52 staff and 125 residents. The facility has a grant administered by the Ohio Department of Rehabilitation and Corrections. It is administered by a facility Governing Board and is supported by a Judicial Advisory Board comprised of 7 Common Pleas Court Judges. I interviewed Marna Drum the chair of Facility Governing Board.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 2
Number of standards met: 35
Number of standards not met: 0
Non-applicable: 3

§115.11 - 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)

The facility has a policy on zero tolerance abuse and sexual harassment. The policy outlines their approach to preventing, detecting and responding. Eric Anderson is the PREA Coordinator. He claims to have plenty of time to conduct these duties. Eric is the Compliance Manager for the facility and reports to the Director of Continuous Quality Improvement. The policy outlines the definitions of sexual abuse and harassment.

§115.12 - Contracting with other entities for the confinement of inmates

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)

N/A The facility does not contract for the confinement of residents.

§115.13 – 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)

The facility has a staffing plan and reviews it on a yearly basis or as needed. They have never had any sexual abuse allegations. They have an excellent video system. My only recommendation would be for them to conduct a staffing analysis. The process can be found on the National Institute of Corrections web site.

§115.14 – Youthful Inmates

- 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)

N/A does not house anyone under the age of 18.

§115.15 – 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)

NEOCAP does not conduct cross gender searches. Prior to the audit staff were never trained in conducting cross gender searches or Trans gender searches. This training was completed on July 15, 2014. Staff of opposite gender announce themselves when entering a housing unit. This was observed during the tour. Staff and residents all stated during the tour and interviews that staff announce themselves. Supervisors make routine checks in all areas of the facility. Residents stated they are able to shower and use the restroom without the opposite gender viewing.

§115.16 – Inmates with Disabilities and Inmates 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)

The policy describes the process for residents with disabilities the case manager will read the information to the resident. If translation services are needed the facility contracts services with Community Solutions Associations. They do not use resident interpreters.

§115.17 – 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)

The facility has a policy on Hiring and Promotions that states they will not hire or promote anyone who has ever engaged in sexual misconduct. They ask if the applicant has ever been criminally, civilly, or administratively convicted of sexual harassment or sexual abuse. They also contact previous employers for any information. They do back grounds prior to hiring and every five years or as needed. The staff are required to report any involvement with the criminal justice system immediately to the Executive Director.

§115.18 – Upgrades to Facilities and Technology

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)

The facility has an excellent video monitoring system. They do review the system yearly to ascertain if any upgrades are needed. They have not expanded in the last 12 months.

§115.21 – 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)

The policy outlines that the staff will secure the area and the Sheriff's office will collect all evidence. The St. Joseph's Hospital will conduct any forensic exams. The hospital has Safe/Sane trained nurses. The Rape Crisis Team of Trumbull will provide all victim services. A staff or victim services will accompany the resident to the hospital. They have staff who have received training in Victim Support services. All services are provided at no cost to the resident. None of these services have been required to date.

§115.22 – 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)

All allegations of sexual abuse are referred for possible criminal prosecution. The facility investigates all allegations of sexual harassment. The one investigation for sexual harassment, was proven unfounded. I did review the investigation and the report writer needs more training in writing the report. The policy is very clear on the responsibilities for referrals.

§115.31 – 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)

All staff are trained in the zero tolerance policy and all related topics in this standard. The resident supervisors understood the dynamics of sexual harassment and abuse in a confinement setting. The first responders needed additional training and that was completed prior to the report. All staff needed training in cross-gender searches and that was also completed prior to the report.

§115.32 – 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)

All contractors have been trained in PREA. During the interviews they demonstrated knowledge and their responsibilities. I reviewed training sheets. They have signed training forms to acknowledge understanding.

§115.33 – Inmate 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)

All residents received an orientation on PREA. They also receive a handbook that outlines disciplinary and or criminal sanctions for any PREA incident. They are educated in the zero tolerance policy, how to report incidents or suspicions of sexual abuse or harassment and their right to be free of retaliation. During the interviews they were able to answer all questions related to PREA. Additionally they also review the policy individually with their case manager. They are provided with translation services if the need arises. The facility has posters throughout the facility.

§115.34 – 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)

Robert Blower has attended Specialized Investigator Training. He conducts administrative investigations. He has only conducted one investigation and he needs more training in writing the report.

§115.35 – 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)

Medical staff do not conduct forensic exams. Training records indicated they are trained. Interviews demonstrated they understood their responsibilities.

§115.41 – 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)

The facility has an object screening tool to determine risk for victimization and predatory risk. Those are done within 72 hours of intake and again at 30 days. This information is given to the case manager to develop a program plan. Residents are not disciplined for refusing to answer any questions. Most of the information is gathered at the pre-sentence report. All information is kept confidential.

§115.42 – 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)

The facility uses the screening information to determine placement in the program, housing assignments, work and education. The goal is to keep those residents identified as possible sexual abusers separate from those identified as possibly being a high risk for victimization. Final decisions on where to place Tran's genders or intersex residents on the male or female wing by the Associate Executive Director on a case-by case basis.

§115.51 – Inmate 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)

The residents have several ways to report sexual abuse or harassment. They may report to any staff. Program staff have an open door policy that enables offenders to see them whenever it is necessary. They have a phone number they may call 24 hours a day. Residents may contact public or private entities that are not part of NEOCAP. They may make private calls or visits with their attorneys. These reports can be made anonymously.

§115.52 – 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)

Residents are able to file a grievance or claim for any issue including sexual harassment or abuse. These allegations will be handled through the administration and not thru the case manager. All residents knew this process and knew they did not have to try to resolve the issue the accused. There is no time limits imposed. Third party reports will be treated the same as any other complaint. Policy outlines time frames.

§115.53 – Inmate 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)

The facility has a MOU with the Rape Crisis Team of Trumbal County for confidential reporting and confidential support services. Phone numbers and addresses are provided on posters throughout the facility. All offenders knew the process for support services.

§115.54 – 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)

There is an established procedure to accept 3rd party reporting. There is a phone number of the PREA Coordinator on the posters.

§115.61 – 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)

NEOCAP requires staff to report any knowledge or suspicion regarding sexual harassment or abuse immediately. Staff are to keep all information confidential. All interviews with staff demonstrated they understood the requirement.

§115.62 -- 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)

When NEOCAP learns that a resident is subject to a substantial risk of imminent danger, including sexual abuse it will take immediate action to protect the resident.

§115.63 – 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)

Policy requires that if NEOCAP receives any allegation of sexual misconduct about another facility the facility head will immediately forward it to that facility.

§115.64 – 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)

First responder policy meets the standard. When interviewing the first responders it was obvious that they did not know all the duties. Refresher training was conducted prior to this report.

§115.65 – 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)

NEOCAP has an excellent policy on a coordinated response. It clearly outlines the duties of all involved. Staff interviewed were well aware of their duties and responsibilities.

§115.66 – Preservation of ability to protect inmates 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)

N/A NEOCAP has no collective bargaining.

§115.67 – 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)

The clinical director is responsible for monitoring against retaliation. The facility will separate the individual and will be placed on special surveillance. Staff and residents will be monitored for at least 90 days and longer if necessary. They will also insure support services are provided.

§115.71 – 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)

The facility only investigates administrative investigations. Trumbull County Sheriff's Department investigates all criminal investigations. They agree to follow the PREA standards as identified in their policy's. NEOCAP will refer any staff member for a criminal investigation whether employed or not and will not stop the investigation if the staff terminates employment.

§115.72 – 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)

The agency follows this standard.

§115.73 – Reporting to Inmate

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)

The facility has a policy on reporting to residents. They will let the resident know the outcome of the investigation and what action was taken against the staff or resident.

§115.76 – 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)

Any staff member violating the facilities policy on sexual abuse/harassment will be subject to disciplinary sanctions. They will be determined on a case by case basis and include counseling, reprimand, suspension, demotion or termination. If abuse is proven then termination will be the presumptive disciplinary sanction.

§115.77 – 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)

Any contractor that is under investigation will have no contact with residents. If the allegations are proven then they will be terminated. Any contractor will be reported to any relevant licensing boards.

§115.78 – Disciplinary sanctions for inmates

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)

Any resident engaging in sexual abuse/harassment will be sanctioned. A resident may be sanctioned for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. Treatment options will be considered for the resident with mental health issues. There have been no reported inmate on inmate sexual abuse.

§115.82 – 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)

The policy, MOU and interviews all confirm compliance with this standard. All services are provided at no cost to the resident.

§115.83 – 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)

Policy and the MOU provides for ongoing services as needed. Pregnancy tests are provided if the need arises. All other requirements of this standard are in compliance.

§115.86 – 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)

Policy outlines the process for incident reviews. The Executive Director will select upper level management to conduct a post event analysis following any sexual abuse incident. The team will review the policies, motivation for the event, any preventions, videos and staffing. The Executive Director will implement changes if necessary and document reasons for the changes.

§115.87 – 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)

The PREA coordinator will collect accurate, uniform data for every allegation of sexual abuse/harassment will be documented using the set of definitions from the Department of Justice. Every year the PREA coordinator will compile an annual report and fill out the Sexual Violence form and return it the Department of Justice. By June 30th for the previous year.

§115.88 – 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)

Data will be reviewed in order to assess and improve the effectiveness of NEOCAPS sexual abuse prevention, detection and response policies, practices and training. No information in this report will threaten the safety and security of the facility.

§§115.89 – 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)

The Associate Executive Director will ensure that all data collected pursuant to the PREA Standard is properly stored in the Associate Executive Director's office and retained for a minimum of 10 years after the date of the initial collection. All annual reports will be reviewed by the PREA Coordinator who will remove all personal identifiers and make the reports available upon request.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

—
Pam Sonnen _____
2014 _____

___July 28,

Auditor Signature

Date