

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: River
City Correctional
Center

Physical address: 3220
Colerain Ave.
Cincinnati, Ohio 45225

Date report submitted:
8-18-2014

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:
August 4th and 5th
2014

Facility Information

Facility mailing
address: (if different
from above)

Telephone number:
513-946-6800

The facility is:

<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
<input type="checkbox"/> Private not for profit	<input checked="" type="checkbox"/> Community Confinement Facility	

Facility Type: Jail Prison Community Confinement facility

Name of PREA Compliance Manager: Joe
Lambers

Title: Program
Director

Email address: JLambers@cms.hamilton-
co.org

Telephone number: 513-
946-
6875

Agency Information

Name of agency: River
City Correctional
Center

Governing authority or

parent agency: <i>Facility Governing Board</i>		
Physical address:		
Mailing address: <i>(if different from above)</i>		
Telephone number:		
Agency Chief Executive Officer		
Name: Lisa Titus	Title:	Executive Director
Email address: ltitus@cms.hamilton-co.org	Telephone number:	513-946-6868
Agency-Wide PREA Coordinator		
Name:	Title:	
Email address:	Telephone number:	

AUDIT FINDINGS

NARRATIVE:

Upon arrival I had a briefing with management and supervisors. I then toured the facility with the two Directors. I spoke with residents and staff during the tour. I also reviewed files in medical and in the case manager's office. I visited every area and looked at camera locations. I pointed out a few doors that needed to have windows placed in the doors. Staff were very visible in all areas of the facility. Residents were either programing or working. All staff were very welcoming and friendly. Residents were open to talk and were very aware of PREA and knew how to report any violations. There were posters all over the facility identifying the zero tolerance policy and the phone numbers for reporting. The few areas of concerns were almost immediately fixed thanks to the staff's hard work. There were very few policy changes that needed to be done and that was completed during my visit. The facility was very clean and well organized. I interviewed the Executive Director Lisa Titus, The two Directors Joe Lambers and Darryll Ransom, The Assistant Kitchen Supervisor Rodney Gardner, Business and H.R. manager Jeremy Harvey and Quality Assurance Coordinator Eric Wiloughby. The management team is fairly new in their current positions but have many years of experience. I also interviewed 9 other staff and 12 residents, 3 from each pod. I spoke to the Chair of the Governing Board. I would like to thank Lisa Titus and her staff for their openness during this audit. I could tell by the interaction of staff and residents that there is a very good culture at this facility. One of the most interesting discoveries was when I interviewed one of the Resident Supervisor's he told me that many years ago he attended this program as a resident and went on to change his life and became an employee. The dedication by staff to change lives is very evident.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The facility has 4 pods, 3 for males and 1 for females. Cameras were placed in areas to get the best view. The Residents are kept separate so they are able to separate based on risk. They have 220 resident beds with approx. 100 of full time and part time staff. Each pod had their own programing areas. The facility has one kitchen that facilitates all feeding.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 3

Number of standards met: 34

Number of standards not met:

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 good policy on zero tolerance of sexual abuse and sexual harassment. They also have posters everywhere in the facility to include visiting areas and the lobby. The whole policy outlines the procedures for detecting and preventing sexual abuse and harassment. They have a PREA coordinator who is very dedicated and has the time and resources to meet the goals of the audit. The policy has strategies for response and prevention. The policy clearly outlines the consequences for any violations for staff and residents.

§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 Does not contract for 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 staffing plan covers all areas of the facility. It covers staff locations and camera locations for the best supervision. The facility documents any deviations from the plan. The facility continues to review camera locations and has plans to add additional cameras. Supervisors and continually making rounds and staff interviewed state they see supervisors all the time.

§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)

The facility does not conduct cross gender searches but, all security staff have been trained how to conduct them if needed. Medical would do body cavity searches if it was ever needed. To date none of these have happened. Staff announce themselves when entering opposite gender housing. All residents verified this process during the interviews.

§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 facility provides PREA information in Spanish and English. They also contract with Affordable Language Service if a translator is needed for language or the hearing impaired. The facility does have at least one staff who can translate. These services have not been needed. If a resident comes in with disabilities the staff help the residents with their classes. Both staff and residents state the use of resident interpreters is never utilized.

§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 requires a background check on all new hires. They also run background checks every 5 years. They needed to add a few things to the application and they did it while I was on site. All applicants and employees have a continuing affirmative duty to disclose any sexual abuse in prisons or other institutions; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community.

§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 a plan to add more cameras in blind spots. The current plans outlines the need for cameras in the laundry areas. They have a bid for installation.

§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 city or county will investigate all criminal investigations. Both refuse to sign MOU's with the recommendation from the Prosecuting Attorney but stated they will conduct the investigation. There was on referral to the county on a sexual abuse investigation but it was founded to be unsubstantiated. The staff resigned during the process. 12 staff are trained in investigating sexual abuse in a confinement setting. Forensic medical exams are conducted by University of Cincinnati Medical Center and they have SANE nurses on staff. Victim services is provided by Women Helping Women. They provide services to both male and females.

§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)

As stated by policy all criminal allegations are referred for investigations and all non-criminal investigations are conducted by a trained investigator.

§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 conducting cross-gender searches. All interviews with staff demonstrates the knowledge of PREA. They understand how to prevent, detect and report and knowledge on any allegation. They understood the dynamics of sexual abuse and harassment in a confinement setting. Also 12 staff have been trained in investigating, 24 staff were trained in behavioral health care for sexual assault victims and 8 staff were trained in medical health care for sexual assault victims.

§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 contract and volunteer staff have received training on PREA and have signed that they understood their responsibilities.

§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)

Every resident upon arrival receive information about PREA. In the first three days medical staff assess the resident and again discuss PREA and then the resident meet with their case manager and PREA is again explained. Within a week all residents view the video on PREA. The hand book outlines all information and contact information on PREA. Posters in English and Spanish are posted all over 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)

12 staff have received training in investigations. My only recommendation is to receive additional training writing investigative reports. The one report was lacking in conclusions.

§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 provide immediate care but do not provide forensic exams.

Training 2

§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)

I have reviewed medical and case manager files and the risk assessment was completed. The facility has an objective screening instrument for risk of victimization or predatory behavior. The residents are assessed within 72 hours of arrival. The form outlines all the criteria as stated in this standard. The intake considers prior acts of sexual abuse or any information on past victimization. The facility reassess the residents after 30 days to ascertain any changes. Residents are not disciplined for failure to answer any questions. 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 for decisions on housing, bed, work, education and program placement. With the design of the facility they are able to separate those residents who need to be kept separate. All residents stated they feel very safe at the facility. The facility has a policy on LGBTI residents and will work with each resident as an individual on any needs they may have and make accommodations. The resident's opinion will be given consideration. All residents can shower separately.

§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 facility has multiple ways for residents to report any sexual misconduct. They may make reports verbally or in writing, they may call the 800 number, they may tell any staff and can remain anonymous if they desire and they may tell family or friends. While interviewing residents they all knew the ways to report.

§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)

There is no time limit on filing PREA grievances. The resident does not need to informally resolve the allegation. The policy requires that all time limits by staff are adhered to and the resident is updated on progress. Third parties may help the resident in the process. The facility has a policy on filing an emergency grievance. The only time a resident is disciplined for filing a grievance is if they only file it in bad faith. No grievances have been filed during this audit period.

§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 will provide residents to outside victim advocates for emotional support services related to sexual abuse through Women Helping Women. This information is provided to residents at intake and on posters throughout the facility. The posters have the hot line number and address of the center. The phone does not monitor these calls. The facility has a MOU outlining responsibilities.

§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)

The facility accepts any third party report. They have established a process to accept reports.

§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)

Staff are required to report any knowledge, suspicion, or information regarding any sexual abuse, harassment or retaliation immediately. They are required to keep all information confidential. They may do so privately.

§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)

The facility requires staff to take immediate action to protect residents if they have information that the subject is at risk. All staff interviewed relayed this information.

§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)

The policy requires the Executive Director to report information to any facility where alleged sexual abuse or harassment took place. None of the residents interviewed had ever made any allegations.

§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)

All resident supervisors could recite all first responder duties. They have all been trained and are very knowledgeable about their duties. They knew exactly what to do and also understood the importance of evidence collection.

§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)

The policy meets all requirements of the standard outlining a coordinated response.

§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 does not have 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 PREA Coordinator will monitor the conduct and/or treatment of all residents and staff that have reported sexual abuse or harassment or cooperated with the investigation for at least 90 days. If any retaliation is detected immediate action will be taken to stop the retaliation.

§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 conducts all administrative investigations. There are 12 trained investigators. The city or county will conduct all criminal investigations. There was one referral for a criminal investigation but the resident refused to cooperate and the investigation was unsubstantiated. The investigators at the facility understood the process. My recommendation is that further training is needed in report writing. I reviewed the investigation and all appropriate actions were taken.

§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)

Policy requires only a preponderance of evidence

§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 policy meets this standard in notification. In the one investigation the potential abuse was reported by another resident and the alleged victim refused to cooperate. The resident who reported was notified.

§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)

- I. Staff found to have violated the facility sexual abuse or sexual harassment policy will be subject to disciplinary action up to and including termination.
 - a. In all allegations of violation of the facility sexual abuse policy, an incident report will be written and all supporting documentation will be compiled
 - b. Once the results of the investigation are analyzed the appropriate level of discipline will be determined with the understanding that staff that engage in sexually abusive contact or penetration will be terminated.
 - c. Other sexual abuse policy violations will be subject to disciplinary action up to and including termination.
 - d. If a staff member is terminated as a result of violating the facility sexual abuse policy the results of the investigation will be turned over to the proper law enforcement agency and any relevant licensing body.

§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)

Contractors will not be allowed back into the facility if there is any violation of the sexual abuse or sexual harassment policy.

§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)

1. A Resident will not be disciplined if they engage in consensual sexual contact with a staff member. A Resident will only be subject to discipline if the staff member did not consent to such contact.
2. If a Resident reports an allegation of sexual abuse/assault in good faith, but it is not substantiated, they shall not be subject to discipline.
3. River City Correctional Center prohibits sexual contact between Residents. If Residents engage in consensual sexual contact they may face discipline but it does not constitute sexual abuse if the activity is not coerced.

There were no disciplinary actions during this audit period

§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)

University of Cincinnati Medical Center's Sexual Assault Nurse Examiner Program provides registered nurses who are specially trained to provide around the clock, first-response care to sexual assault survivors. All of their policies follow the Ohio Protocol for Sexual Assault Forensic and Medical Exams.

Supportive services will be offered and provided by Women Helping Women.

§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)

If a resident reports sexual abuse in a prior incarceration or is a victim at this facility the case manager will put together a treatment plan to include victim services while incarcerated and upon discharge.

§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)

An incident review was conducted on the one case and the recommendations were implemented. The review looked at video evidence, staffing and policies. The review looked at the motivation for the incident.

§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)

R.C.C.C. shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized and set of definitions.

R.C.C.C. shall aggregate the incident-based sexual abuse data at least annually.

The incident-based data collected will be gathered together and reported out by utilizing the Survey of Sexual Victimization provided by the Department of Justice.

The annual report will be completed every year by January 31.

R.C.C.C. shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews

Upon request, R.C.C.C. shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

§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)

The facility reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies. The look at problem areas to be able to take corrective actions.

§§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)

Data is properly stored and maintained.

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_____

__8-18-2014

Auditor Signature

Date