

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: Community Correctional Center			
Physical address: 5234 Statue Route 63, Lebanon, Ohio 45036			
Date report submitted: 3/7/15			
Auditor Information			
Address: PO Box 527, Danville, In 46122			
Email: confinementsafety@gmail.com			
Telephone number: (317)679-0879			
Date of facility visit: 8/25/14			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: (513) 933-9304			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community based confinement facility	<input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> Halfway house		
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of Facility Head:	Cathy Jo Vanderpool	Title:	Director
Email address:	Cathy.Vanderpool@talberthouse.org	Telephone number:	(513)933-9304
Name of PREA Compliance Manager (if applicable):	Cathy Jo Vanderpool	Title:	PREA Coordinator
Email address:	Cathy.Vanderpool@talberthouse.org	Telephone number:	(513)933-9304
Agency Information			
Name of agency: Talbert House			
Governing authority or parent agency: Talbert House <i>(if applicable)</i>			

Physical address:	2600 Victory Parkway, Cincinnati, OH 45206		
Mailing address: <i>(if different from above)</i>			
Telephone number:	(513)751-7747		
Agency Chief Executive Officer			
Name:	Neil Tilow	Title:	CEO
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Agency-Wide PREA Coordinator			
Name:	Cathy J. Vanderpool	Title:	PREA Coordinator
Email address:	Cathy J. Vanderpool	Telephone number:	(513) 933-9304

AUDIT FINDINGS

NARRATIVE:

This all male facility was one of three Talbert House institutions audited the week of August 25, 2014. The actual tour of the facility took place on 8/25/14. The review of Human Resource documentation was completed on 8/28/14 after doing a visual inspection of the other two institutions. Present for the tour were the Director and PREA Coordinator of the facility, the Associate Director and Clinical/Operational Supervisor.

The day began with a round table discussion with all available supervisors from different areas throughout the institution. Some general information was provided as to whom each person was, their job title and how they fit into the hierarchy of the facility.

Once this was complete, a tour of the entire facility was provided which also included some outside areas where residents may be doing supervised work based on the needs of the day. While on tour residents were following their daily routine, therefore the auditor was able to see movement, groups/individual sessions being provided and daily chores being done.

The residents are assigned to specific housing areas and are uniformed. Common as well as personalized areas were reviewed.

The auditor was provided a listing of all the residents in the facility on the day in question which was a total of 99. The facility has a total bed capacity of 110. The list provided the names, admission dates, specified case manager, age at intake and Ohio Risk Assessment System (ORAS) score among other demographic information. Five residents were interviewed. They were randomly selected with an attempt to speak to at least one person of each race, new/older intake and risk level. No residents refused to meet with the Auditor.

The auditor interviewed 7 staff members including the Director/PREA Coordinator, Assistant Director, Case Manager, Food Specialist, a Contract Employee, an Activity Security Monitor and the Operation Lead/Intake Coordinator. All staff were professional and helpful during the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The facility was built in 1999 by the Ohio Department of Rehabilitation and Corrections for the sole purpose of being a community-based correctional facility. The facility is a one story building. A floor plan of the facility was

provided as were the locations of all cameras. The facility was clean and appeared to be well maintained. Due to uniforms, it was easy to distinguish staff from residents.

SUMMARY OF AUDIT FINDINGS:

This is the final report of the findings from the original audit. Initially, 21 of 39 standards were not met. Upon completion of the physical audit, the facility was given the compliance tool which provided information on which standards were met vs not and how to correct them.

The facility didn't utilize the entire 180 day correction period. They provided the Auditor with the final necessary documentation on March 2, 2015, approximately 156 days into the corrective period.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

~~[Following information to be populated automatically from auditor compliance tool]~~

Standard number here [STANDARD-INSERTED-HERE115.211 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 comments, including corrective actions needed if does not meet standard

[The agency has two specific written policies that address zero tolerance toward all forms of sexual abuse and sexual harassment. These policies discuss the agencies approach to preventing, detecting and responding to such conduct. After review of multiple employee files, there was written proof that staff had been made aware of the policy and its expectations. The policies also provide the expectations for all staff in the event that a PREA incident does occur. Staff of all levels were personally interviewed and were able to communicate this information as well.](#)

[Initially the PREA Coordinator was a different staff person but has since been replaced by the current administrator. During the interview she admitted to being new to the position but feels she has enough time to meet the needs of the job requirements. She feels she has much to learn but doesn't feel overwhelmed.](#)

During the course of the audit, two additional PREA related staff persons were introduced and provided information necessary to the completion of the review of the facility. One of these positions was the Community Corrections PREA Liaison and the other was the Compliance Coordinator.

[The copy of the Agency Organizational Chart has been provided.](#)_____

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Standard number here [STANDARD-INSERTED-HERE115.212 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 comments, including corrective actions needed if does not meet standard

[At the time of this audit, Talbert House currently has no contracts nor have there been emergency circumstances for the confinement of its residents with private agencies.](#)

[Talbert House is a contractor for other agencies and meets all their required guidelines.](#)_____

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Standard number here ~~STANDARD-INSERTED-HERE~~ [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 comments, including corrective actions needed if does not meet standard

[The facility has](#) created [a staffing plan](#) that is to be reviewed no less than annually to be used in the future to meet this standard. [The staffing plan will provide for adequate levels of staffing, video monitoring, physical layout of the facility, composition of the resident population and any other relevant factors. The plan specifically states that if there is a lack of compliance, all deviations and justifications will be documented.](#)

[It is evident by the strategic placing of staff and cameras that the agency is monitoring and attempting to prevent incidents of sexual abuse based on the physical layout of the facility, the composition of the resident population and other relevant factors. This information was relayed verbally from multiple staff interviews and there is written documentation to support it as the standard requires.](#)

Standard number here ~~STANDARD-INSERTED-HERE~~ [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 comments, including corrective actions needed if does not meet standard

[The policy forbids any type of cross-gender strip searches or visual body cavity searches even in exigent circumstances. It was evident from the interviews with both staff and residents that this policy is being followed as expected.](#)

[This is an all-male facility so there are no special provisions that need to be made for female residents.](#)

[From interviews with both staff and residents as well as policy, it is understood that residents are able to shower, perform bodily functions and change clothing without non-medical staff or opposite gender viewing of their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Female staff are aware that they are to announce themselves before entering an area where they may come in contact with a resident in a state of undress.](#)

[The agency policy has been updated to include specific language addressing residents of the Lesbian, Bi-Sexual, Gay, Transgender and Intersex \(LBGTI\) community and the expectations for pat-searches and physical examinations.](#)_____

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Standard number here STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

There is a policy in place that established procedures for providing disabled residents equal opportunity to participate in or benefit from all aspects of the agencies efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency provided copies of the Affordable Language Services promotion that itemizes all the languages with accessible interpreters. The policy specifically states that all agency Ohio Department of Mental Health (ODMH) and Ohio Department of Alcohol and Drug Addiction Services (ODADAS) shall be accessible, available, appropriate and acceptable to the persons served to be served to the extent possible.

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It was understood that services were available to those in need from the interviews with staff.

At the time of the tour of the facility, Spanish flyers were hung throughout the facility. There were no residents with a different first language than English during the audit to interview.

The policy does specifically address whether a resident interpreter can or cannot be used to communicate when there is a communication barrier. Per the standard, it is the expectation that resident interpreters would only be used in situations wherein an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties or the investigation of a residents allegations.

The policy provides a contact number for Interpreters Ohio Relay. It has been verified that this Agency provides communication for someone who has a hearing impairment with an interpreter through the use of a telecommunications device for the deaf (TDD).

Standard number here 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 comments, including corrective actions needed if does not meet standard

A review of the interview packet and application process provided written proof that the agency does investigate previous allegations, convictions, terminations and both civil and administrative adjudications of PREA circumstances. Over 20 employee files were reviewed including employees of 5+ years and the documentation was present. It was apparent that these checks

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are conducted no less than every 5 years unless there is a change in employment status (promotion).

The PREA policy specifically says that if the agency is aware of a PREA incident, that person is not a candidate for employment. It is also requires that preliminary background checks are completed prior to employment.

The agency also provided proof that the same background information is being sought on contractors as well.

Agency policy states that any applicant who has previously had contact with residents will be questioned during the interview about any previous misconduct that cannot be found through the agencies criminal and civil background verification process.

Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The agency has common practice per policy of providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon request from an institutional employer.

Standard number here 115.218 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)

Auditor comments, including corrective actions needed if does not meet standard

The agency as not acquired a new facility or made a substantial expansion to existing facilities since August of 2012.

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The facility provided email communications between department heads when considering the addition of video surveillance as well as reflective mirrors. In the exchange, it not only addresses PREA incidents but other major incidents as well.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

The agency is not responsible for conducting criminal or administrative sexual abuse allegations. In the event of the potential commission of a crime, Warren County Sheriff's Office

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is to be called. There is a Memorandum of Understanding (MOU) pursuant to PREA standards in place between the two agencies that was signed on 7/21/14 by the PREA Coordinator and the Sheriff.

In the MOU, it specifically outlines that all investigations shall follow uniform evidence procedures to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. It also states that victims of sexual abuse shall be offered access to forensic medical examinations without financial cost to be performed by a Sexual Assault Nurse Examiner (SANE) at the local hospital.

A victim advocate from the Warren County Rape Crisis Shelter or qualified staff member will be available in any capacity warranted.

Bethesda Arrow Springs emergency room currently has 14 Sexual Assault Nurse Examiners on call to conduct any necessary medical exams.

There was one confirmed PREA incident that took place in this facility. The agency was able to provide proof of documentation that all the expectations outlined above were followed. The victim was offered services and the report was made to the authorities immediately upon notification. Although no charges were filed through the prosecutor's office, all protocol was followed and the accused staff is no longer employed.

Standard number here 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 comments, including corrective actions needed if does not meet standard

There has been one confirmed PREA incident at this facility. All expected protocols were followed however no charges were filed with the Prosecutors Office.

The agency has published its PREA policy on its Website which outlines the process from allegations being made all the way through potential prosecution.

Standard number here 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 comments, including corrective actions needed if does not meet standard

Copies of certificates were provided with staff signatures that they had received PREA training and understood the expectations or reporting. Interviews of staff confirmed that they had been through a training session and knew the protocol. Interviews of residents supported that they felt safe and comfortable that in the event they were the victim or a bystander of a PREA event

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[that staff would know how to handle the situation appropriately. They also communicated that they felt they were housed in a safe environment.](#)

[Training requirements state that employees and volunteers of PREA governed programs will participate in PREA education training upon hire and every 2 years thereafter. There are provisions written that state that the agency will provide refresher courses between policy required training periods.](#)

[Course properties were provided that give an overview of the training and what a trainee can expect to learn during the session. Documentation was provided that discussed how to specifically handle residents who are considered to be a part of the LGBTI community.](#)

[The staff signed a document that they did receive and understand the information presented in the PREA training. Policy states that the training is specific to the gender population the staff will be working with, therefore if staff transfer to institutions with a different gender, they will be retrained.](#)

Standard number here [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 comments, including corrective actions needed if does not meet standard](#)

[A statement about PREA, zero tolerance and reporting requirements is printed at the top of each Visitor Sign In/Out log. Official letters disclosing the expectations regarding PREA for contract employees or volunteers is signed and dated by active participants.](#)

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[The agency provided proof that the contractors and volunteers have been made aware of PREA Policies. The participants are required to sign that they are aware of and understand reporting requirements concerning sexual assault or harrassment. Contractors are escorted to their specific work areas and are frequently visually monitored by security staff in 10 minute intervals.](#)

Standard number here [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 comments, including corrective actions needed if does not meet standard](#)

[Documentation was provided that showed that residents who were received within the facility since July 1, 2014 received information on PREA at intake. Those who entered the facility before that date were given a specialized information session about PREA. Resident's signatures were provided as proof of this occurrence.](#)

Interviews of both intake staff as well as generalized staff supported that PREA information was being disseminated upon arrival to the facility. Interviews of the residents confirmed when their specific PREA training occurred based on their arrival dates. Residents were able to relay the information to the degree that they were concerned about a PREA incident. They knew of ways and with whom they could report PREA incidents. They are aware that the agency has a zero tolerance policy and that there are consequences for anyone found to be in contempt of PREA. Because none of the interviewed residents had actually experienced a PREA incident they couldn't provide more specific feedback as to what happens once the allegations and report is made.

The intake process is completed on each person within 72 hours of arrival regardless of whether they transferred from a brother/sister facility.

Spanish documentation was readily available. The agency has the ability to seek the services of a qualified interpreter in the event communication is a barrier due to language, hearing impairment or any other disability.

Flyers were hung throughout the facility providing information on how to report abuse with a third party entity either through mail or telephone.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

This agency has an MOU in place with local police departments as well as the Sheriff's Department to handle all investigations.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

Forensic examinations are to be conducted by a SANE nurse not medical staff within the facility. Mental Health care is also provided by the Warren County Rape Crisis Shelter.

Documentation was provided that mental health staff have been trained on PREA including the details of the curriculum. Detection, assessment, preservation of physical evidence, effective and professional responses to victims and the how and whom to report allegations are discussed in the training.

Standard number here

[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 comments, including corrective actions needed if does not meet standard

All residents were assessed during the intake screening and upon transfer to another facility for their risk of either being sexually abused or being sexually abusive toward other residents. The agency uses an objective screening instrument that addresses the specified demographic variables that contribute to risk.

Interviews of both intake staff and residents suggest that this takes place within 72 hours of arrival as required by policy.

Residents are reassessed within 30 days of arrival or when warranted due to referral, request, and incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. This is a policy requirement that was confirmed as common practice during interviews with both staff and residents.

The policy does address that residents cannot be disciplined for refusing to answer or not disclosing complete information in response to questions being asked during the risk assessment. There is a confidentiality clause that states that information will only be disseminated on a need to know basis.

Standard number here

[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 comments, including corrective actions needed if does not meet standard

Agency policy states that at-risk predators will be assigned to a section of the dormitory where they can be closely monitored. At risk victims and staff will collaboratively discuss the best safety plan and implement. All decisions are made on an individualized basis. All at-risk residents are not housed together. They are strategically housed throughout the facility.

The facility provided documentation of risk assessments being used when making housing arrangements.

The policy has been updated to address the residents of the LBGTI community. The facility has never had a transgender or intersex individual incarcerated however current policy has been created to address this type of resident for future use.

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Staff verbally expressed that they would respect the views of a transgender or intersex resident to the extent that it wouldn't compromise safety and security.

The facility doesn't have the authority to reclassify to different facilities unless there is a major violation that warrants removal from the program overall.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

Flyers in both English and Spanish are hung throughout the facility with contact information for ways to provide both internal and external reports of abuse. The facility policy provides all the avenues in which both staff and residents can take to report abuse. The resident handbook also discloses this information.

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Interviews with residents and staff both confirmed that they were aware of at least 3 different ways to report abuse whether it was anonymous or not.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

Grievances are used for all issues except PREA related problems. All staff and residents questioned about the grievance process confirmed that PREA has its own individualized paperwork.

Standard number here 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 comments, including corrective actions needed if does not meet standard

At intake residents are given a PREA Orientation Packet that provides information for reporting allegations of sexual abuse to a third party. The packet explains what PREA is and all the behaviors that are considered to be sexual abuse or sexual harassment. The residents are provided a toll-free number to call for reporting. It is explained that calls to the specific phone

number given have been unblocked and is not recorded or monitored at the facility. It also states that the call goes directly to the Ohio Department of Rehabilitation and Corrections message line and is checked Monday through Friday during business hours.

The PREA Orientation packet also explains that staff are mandatory reporters and that the facility has a zero tolerance against sexual abuse and harassment. Potential consequences for perpetrators as well as support services for victims are outlined in the packet.

The phone number provided has been verified as an active hotline for reporting PREA related incidences. It can be called from both the facility and out in the community thereby providing a mechanism for family/friends of residents to report allegations as well. It specifically explains that you may remain anonymous due to personal information not being requested.

The resident handbook that is provided at intake also provides the hotline phone number and a summary of PREA and the process. There is a signature page that both the resident and staff sign stating that it has been received.

Bilingual flyers are posted throughout the facility that provide a phone number to the Talbert House PREA reporting hotline and the Abuse and Rape Crisis Shelter of Warren County.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

At intake residents are given a facility specific handbook as well as a PREA Orientation Packet that provides feedback on how to do third-party reporting. Bilingual PREA flyers are hung throughout the facility in all areas including the lobbies and visitation room thereby making it accessible to people from the community who are not in custody.

Standard number here 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 comments, including corrective actions needed if does not meet standard

The policy states that staff shall immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment to their supervisor. It then goes on to say that the agency shall report all allegations of sexual abuse to the Sheriff's Department for investigation.

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The facility doesn't house juveniles, therefore any staff with specialized licensing and certifications must follow the mandatory reporting laws as set by their governing agency.

Staff interviewed in the facility were aware of this policy and the expectations as set forth.

The policy specifically addresses that all information obtained during a PREA event is only to be disseminated to the staff on a "need to know" basis.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

The PREA intake risk assessment is completed for the purposes of protecting the residents initially by placing them in the most appropriate housing. Within 30 days of arrival, the resident is reassessed to ensure that their housing situation is still the most secure for their safety. This conclusion is based off of the resident's self-report, behavior during the last 30 days and any staff reports that may have been reported out of concern.

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Residents interviewed admitted to being asked frequently about their safety and if they had issues; they felt comfortable with at least one staff to report.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

The agencies policy specifically states that upon receiving an allegation that a resident was sexually abused at another facility, the head of that facility shall notify Ohio's PREA Coordinator for the purpose of them contacting the agency in which the alleged abuse occurred. Any reports of this type shall be documented.

It also states that if any Talbert House agency is contacted by Ohio's PREA Coordinator that an investigation shall commence immediately. This too shall be documented.

When the department head was interviewed, it was verbally expressed that this is the expectation and that it is to occur immediately, within 72 hrs, upon being made aware.

The policy specifically states that these types of reports are to be completed and documented immediately upon being made aware.

Standard number here

[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 comments, including corrective actions needed if does not meet standard](#)

[The agencies policy on first responder duties gives step by step information on what is to happen following a report of abuse as a sequence of events. Staff interviews confirmed that they knew what the process was and also that they knew where they could find the information in the event that they weren't sure of every step.](#)

[The PREA Orientation packet that is given to the residents also spells out what they should and should not do in the event that they are the victim of sexual assault or harassment.](#)

[Staff from all areas were interviewed and all were able to provide proof of knowledge of the expectation. Language has been included in the policy that gives instructions if in the event the first responder is not a security staff member.](#)

Standard number here

[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 comments, including corrective actions needed if does not meet standard](#)

[There is an agency wide plan as well as facility specific plan to coordinate actions to be taken in response to an incident of sexual abuse. It involves all department heads and middle management supervisors meeting to process the event and determine preventative measures needed in the future, staff responses, resident impact and the potential need for policy and or procedure changes.](#)

Standard number here

[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 comments, including corrective actions needed if does not meet standard](#)

[There have been no new contracts since 8/20/12 but there is a need to ensure that any future contracts contain the verbiage described in this standard.](#)

Standard number here [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 comments, including corrective actions needed if does not meet standard](#)

[The agency policy specifically states that any client who has reported sexual abuse/harassment or experienced retaliation from the initial report may call the Talbert House Crisis line or the OHIO PREA reporting line.](#)

[The policy also states that for at least 90 days following a report of substantiated abuse, the agency shall monitor the conduct and treatment of both residents and staff involved in the incident.](#)

[Staff reports support that this is the practice of the facility. Resident interviews also confirmed that they are aware that they have a right to be free from retaliation and that they have access to phone numbers to report anything they experience if they don't feel comfortable reporting to staff that are present.](#)

The current policy provides options for multiple protection measures to be utilized to protect the victim from the abuser. It also has emotional support services for victims or witnesses of abuse, including staff, from fear of retaliation.

Standard number here [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 comments, including corrective actions needed if does not meet standard](#)

Preliminary reports of abuse are investigated at the facility level to deem whether it is a true potential PREA event or not. Once it has been decided that an investigation needs to occur, Police or Sheriff's Departments are contacted to file the report. These agencies have specialized staff who deal with sex crimes and follow all state law requirements for conducting the investigation.

Once the Police or Sheriff have concluded the investigation, probable cause and charging information is presented to the Prosecutors office to determine if criminal charges are to be filed.

The status or credibility of the victim or perpetrator is not a deciding factor as to whether or not the initial investigation is to be completed or not. Residents are not given polygraph

examinations or other truth-telling devices as a condition for proceeding with the investigation of an allegation.

The release from custody of a resident or the separation of employment with staff shall not provide a basis for terminating the investigation.

It is the responsibility of both the facility PREA coordinator and the investigation supervising agency to remain in contact on the progress of the case.

The current policy specifically states that upon completion of an investigation, there will be a review to see if staff neglect or a violation of responsibilities may have contributed to the incident. It also states that all written reports for an alleged abusers whether in custody or employed shall be maintained by the agency for an additional 5 years following the event.

All of these expectations were met and documented in the one substantiated case for this facility.

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Standard number here [115.272 Evidentiary standards or 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 comments, including corrective action needed if does not meet standard

The current policy specifically states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

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Standard number here [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 comments, including corrective actions needed if does not meet standard

The PREA policy specifically states that outcomes of investigations shall be reported to the alleged victim as to whether it was substantiated, unsubstantiated or unfounded. It is the responsibility of the facility to report if the staff is no longer posted in their unit, is no longer employed or if there has been an indictment or conviction. Any finality involving the allegations that have been reported to Police/Sheriff shall also be reported to the victim. This notification must be documented. Once the resident is released from custody, the victim notification requirements are terminated.

Standard number here [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 comments, including corrective actions needed if does not meet standard](#)

The policy specifically states that all staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies. It states that a decision on whether disciplinary action is to occur or not is decided upon conclusion of the investigation. The agency reserves the right to utilize progressive discipline on a case by case basis at the sole discretion of the Agency. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

It also states that terminations for violation of agency sexual misconduct policy or resignation by staff that would have been terminated if not for their resignation shall be reported to law enforcement unless the activity was clearly not criminal. This extends to any licensing bodies depending on the job description of the staff.

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Standard number here [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 comments, including corrective actions needed if does not meet standard](#)

[The PREA policy states that volunteers or contractors who engage in sexual abuse with a resident shall be prohibited from contact with any residents and shall be reported to law enforcement \(unless clearly not criminal\) and to relevant licensing bodies.](#)

Standard number here [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 comments, including corrective actions needed if does not meet standard](#)

[The policy states that residents shall be subject to termination from the program following administrative or criminal findings that they engaged in resident on resident sexual abuse. It also states that a resident may only be disciplined for sexual conduct with a staff person if the staff person didn't consent to the contact.](#)

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The current policy states that sanctions will be commensurate with the nature and circumstances of the abuse, the resident's history and previous comparable sanctions imposed by other residents with similar histories. A resident's mental health is described as a variable to consider. It also addresses the facilities responsibility to place the resident in cognitive behavioral self-change programming that may be offered through the facility. There is a clause that addresses that a resident shall not be sanctioned for falsely reporting an incident or lying if the allegations were made in good faith. Also while sexual relations may be prohibited practices, the policy does state that the agency may not deem consensual sexual relations between residents as abuse unless it was coerced.

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Standard number here 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 comments, including corrective actions needed if does not meet standard

The policy states that all medical examinations will be performed by a SANE medical personnel at the local hospital. Medical treatment and crisis intervention services shall be offered to victims in a timely manner. Victims will be referred to local advocacy centers and offered related counseling. If female, pregnancy tests will be administered and all victims will receive sexually transmitted infection testing. All of these services will be offered free of charge and regardless of whether the victim provides the name of the perpetrator or cooperates with the investigation.

Standard number here 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 comments, including corrective actions needed if does not meet standard

Both medical treatment including sexually transmitted infection testing and crisis intervention services shall be offered in a timely manner through the use of outside agencies free of charge. The policy states that an abuser will be referred for a mental health evaluation within 60 calendar days of learning of previous history. Treatment will be provided as deemed appropriate.

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Standard number here 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 comments, including corrective actions needed if does not meet standard](#)

Agency policy states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegations have not been substantiated, unless it has been determined to be unfounded.

Documentation was provided that showed that any substantiated or unsubstantiated sexual abuse incidents in the last 12 months have had a review completed within 30 days of the event.

The information gathered during the review seeks to find any areas of concern that require more man-power, cameras and other visual devices. Depending on the outcome, if the need can be addressed, it is done, if it cannot, the reason is provided in writing.

[Standard number here](#) [115.287 Data Collection.](#)

[Exceeds Standard \(substantially exceeds requirement of standard\)](#)

[Meets Standard \(substantial compliance; complies in all material ways with the standard for the relevant review period\)](#)

[Does Not Meet Standard \(requires corrective action\)](#)

[Auditor comments, including corrective actions needed if does not meet standard](#)

The agency has a Continuous Quality Improvement Plan that requires uniform data collection for every allegation of sexual abuse from any facilities under its jurisdiction to be completed at least annually. The data collected does meet the minimum requirements of the Survey of Sexual Violence conducted by the Department of Justice. All data collected will be maintained.

[Standard number here](#) [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 comments, including corrective actions needed if does not meet standard](#)

Upon completion of any PREA related incidents, the agency as a whole as well as the specific facility reviews the data to identify problem areas, implement corrective action on an ongoing basis and the preparation of the annual report.

The agency has an annual report that is readily accessible on their website with information pertaining to incidents of PREA within the facilities.

Because this audit has occurred within the first year of standardization of required practices, there is no comparison data available from previous years. However the Talbert House understands that this will need to be adhered to in all future audits.

Talbert House is aware that they may redact specific material from the reports being published if it would present a threat to the safety and security of the facility but ust indicate the nature of the material redacted.

Standard number here [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 comments, including corrective actions needed if does not meet standard

Policy states that all data collected will be securely retained. All sexual abuse data minus any personal identifiers is readily available to the public annually through the Talbert House Website. <http://www.talberthouse.org/resources/prea-6/>

Policy states that all sexual abuse data collected mst be maintained for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.

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.

__Bridgette M. Collins_____

_____3/7/15_____

Auditor Signature

Date