

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

Date of report: April 12, 2017

Auditor Information			
Auditor name: Kayleen Murray			
Address: P.O. Box 2400 Wintersville, Ohio 43953			
Email: kmurray.prea@yahoo.com			
Telephone number: 740-317-6630			
Date of facility visit: March 20-21, 2017			
Facility Information			
Facility name: Judge Nancy R McDonnell Community Based Correctional Facility			
Facility physical address: 3540 Croton Avenue Cleveland, Ohio 44115			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 216-202-1017			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Ashly Wells			
Number of staff assigned to the facility in the last 12 months: 65			
Designed facility capacity: 220			
Current population of facility: 160			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18 and older			
Name of PREA Compliance Manager: Ashly Wells		Title: Program Manager	
Email address: ashlyewells@orianahouse.org		Telephone number: 216-698-3100	
Agency Information			
Name of agency: Oriana House, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 885 Buchtel, Avenue, Akron, Ohio 44305			
Mailing address: <i>(if different from above)</i> P.O. Box 1501 Akron, Ohio 44309			
Telephone number: 330-535-8116			
Agency Chief Executive Officer			
Name: James Lawrence		Title: President and CEO	
Email address: jameslawrence@orianahouse.org		Telephone number: 330-535-8116	
Agency-Wide PREA Coordinator			
Name: Mary Jones		Title: Vice President of Administration and Legal Counsel	
Email address: maryjones@orianahouse.org		Telephone number: 330-535-8116	

AUDIT FINDINGS

NARRATIVE

The PREA audit for Judge Nancy R McDonnell Community Based Correctional Facility (CBCF) was conducted on March 20-21, 2017 in Cleveland, Ohio. Oriana House was founded in 1981 and has been nationally recognized for community corrections and chemical dependency treatment. The facility uses Power DMS web based compliance system to supply the auditor with documentation relevant to showing compliance with each of the standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, and MOU's were included in the documentation. The auditor is notified by email that the documentation is available online and is then supplied a unique assess key supplied by Power DMS. The auditor received this information six weeks prior to the audit.

During the audit the auditor toured the facility and conducted formal staff and client interviews. During the tour it was noted that multiple PREA audit notices were posted in both resident and staff areas including the main entrance where visitors to the facility could also see the notices. The notices included the name and address (mailing and email) of the auditor and the date in which the notice was posted. The auditor received no contact from residents or staff prior to the audit. There was however one resident who requested to speak with the auditor during the audit. Also posted were notices as to how anyone could report a PREA allegation. The notices included the names, numbers, and addresses of internal and external agencies they can make an anonymous report, and that anyone can report a PREA allegation to any staff member at any time verbally or in writing.

Seventeen Random clients from the 11 dorms (the facility has three separate housing units and dorms within each of the housing units) were interviewed (10% of the population that was in the building), including one client who requested to speak with the auditor. The auditor spoke with two clients that identified as gay and the rest were randomly chosen from each of the dorm rooms. Clients were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The clients who identified as being gay were also questioned on their concern for their housing unit or dorm and if it is a dorm selected because of their sexual orientation.

The auditor also interviewed specialized staff. This staff includes: Executive Vice President of Administrative Services and Business Relations, PREA Coordinator, PREA Compliance Specialist, PREA Manager, Investigators (2), Human Resource Director, and Emotional Support personnel. The auditor made several attempts to speak with Liz Booth the identified contact person for Cleveland Metro Health's SANE program and with Teresa Stafford, the Cleveland Rape Crisis Center's Senior Director of Victim Services and Outreach. The auditor was able to verify services through each of the organizations' websites. The facility does not provide on-site mental health services. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

After a brief opening with agency staff, the auditor toured the facility. The tour consisted of examining all housing units, dorms, bathrooms, group areas, operations posts, recreation yards, utility areas, kitchen, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs was also completed. The auditor gave a closeout and shared some the immediate findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Judge Nancy R McDonnell Community Based Correctional Facility is a minimum secured facility located in Cleveland, Ohio that serves adult male felony offenders. The facility is a one story building that can house up to 220 offenders. The facility has two access points, one for clients and one for administration. In order to access the secure perimeter of the facility one must report to the same door as the resident's entrance/exit ring a door buzzer and pass through a body image scanner (PRO ATD). Anyone, including staff must pass through the body image scanner before entering the secured area. As a person passes through the scanner, a "ginger bread" like image will show on a screen attached to the scanner. If the scanner identifies an area that needs to be search more thoroughly, staff will pull up a more invasive image on the desk top computer located in the room. Only members of the same sex can look at the more invasive image. If the image continues to show an area of concern, staff will complete a pat-down or enhanced pat-down search (residents only). One would then proceed to the lobby area where all residents, staff, and/or visitors must be signed in. Residents receive a pat down that is visible by video surveillance or may receive an enhanced pad down (residents receiving an enhanced pat down will be moved to a room where they will strip down to their underclothes) with two same sex staff members present. Visitors will read and sign an acknowledgment of Oriana House's zero tolerance policy

The facility has four separate housing units, but is currently only occupying three. The three units are set up by phase and phase three includes residents who have reached an honor phase. Each housing unit has a manned housing desk, laundry room, day room, pay phones, bathroom, and recreation yard (phase two resident would share a rec yard with phase four residents should the facility ever reopen that housing unit. The residents would have separate recreation times). Residents are not allowed in their rooms during program hours. Phase one housing unit has three dorms, each with security mirrors in the back of the room, glass in the door, and a two way call button that buzzes to central control. The other housing units are set up in the same manner. All have cameras in the dayroom, laundry area, and recreation yard. The recreation yard is attached to the units and a staff member must open the door for access and will supervise residents while they are on the yard. The yard is enclosed by a 10 ft fence with razor wire. Phase two housing is the only unit without an attached rec yard. These residents will be escorted to the phase four rec yard by staff. The bathroom on the units have an open doorway and have four toilet stalls with custom made half doors; two urinals that sit back and have a partition so that they cannot be viewed from the doorway; and five shower stalls with curtains for privacy. The shower curtains end about calf length so that staff can easily see the number of residents in each shower. The mirrors in the bathroom are non-reflective. The facility has identified dorms and beds (easily visible to the housing desk) for residents who have been identified as highly abusive or highly vulnerable for each of the housing units.

The facility has windows in all the doors (group rooms, classrooms, staff offices, kitchen area including the freezers, and clinic) for clear line of site views into all rooms. JNRMBCBF's electronic surveillance program includes 42 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 30 days. Camera footage viewed by Resident Supervisor staff assigned to central control post. Supervisors review live and recorded footage at least one time per week. The Program Administrator, Lead Resident Supervisor, and Program Coordinator have access to the facility camera system on their office desk top computer. Resident supervisor staff also are required to conduct "where abouts" 3x per shift and 6x per shift for residents who have been classified as highly abusive or highly susceptible until a review can be done by a supervisor team to remove the resident from the increased "where abouts". During a "where about" staff must document physically seeing each resident. Along with "where abouts", Resident Supervisor staff circulate throughout the whole facility once every 30 minutes. Identified blind spot areas have increased circulation. The facility has placed surveillance mirrors in most of the rooms in order to capture areas that are not immediately visible when looking through the window, and in the hallways to cover corners and other hidden areas.

The facility's goals are to alleviate jail and prison overcrowding; improving the community integration process for residents; addressing chemical dependency, employment, education, and other issues prior to release; and reducing recidivism by addressing certain behaviors, attitudes, and thought processes. JNRMBCBF accomplishes these goals by using programming that has demonstrated the ability to reduce crime.

SUMMARY OF AUDIT FINDINGS

Judge Nancy R McDonnell Community Based Correctional Facility has had 1 PREA allegations during the reporting period. The allegation was staff to client sexual abuse that was administratively investigated and found unsubstantiated. The information in the case was turned over to the legal authority and determined not to be turned over to the grand jury due to lack of evidence. The staff member in question was found to have violated Oriana House policies and was terminated.

The staff of JNRMBCBF indicated that they received formal PREA training during orientation training or as part of their annual training along with refresher training during a monthly staff meeting. Staff was able to specifically talk about their responsibilities as first responders, how they were to respond to any allegation reported to them or if they suspected incidents of sexual abuse/sexual harassment, how to communicate effectively with offenders who may be LGBTI, and impressed upon the auditor that their main duty was to keep everyone safe. Many of the staff were able to detail their experience working with a previous transgender client. They found their training to be helpful during that time and did not run into any barriers to treatment.

The offenders at JNRMBCBF expressed that they have no doubt that the staff would keep them safe and would respond appropriately should an incident of sexual harassment/sexual abuse take place. The offenders were able to clearly recite the education they received concerning their rights under the PREA standards, and knew the location of PREA related postings. All offenders affirmed being screened at intake for risk of vulnerability or abusiveness and again by their case manager at a later date.

All MOU's documented the partnership between the facility and the contracting agency concerning services to be provided should there be a need. The auditor was able to review the Cleveland Rape Crisis Center's website and confirmed the free services the agencies would provide to a victim of sexual abuse/assault.

Overall, the auditor was left with the impression that the leadership and staff of JNRMBCBF have made implementing the PREA standards a priority and that they have received the necessary training and authority to detect, protect, and respond to any incident of sexual abuse/sexual harassment. Oriana House as an agency has reviewed the corrective action plans from other facility's and have implemented positive changes at all facilities. Opportunities to increase the ability to protect and detect sexual abuse and sexual harassment are proactive in nature. Agency leadership has developed policies and practices that shows a commitment to the safety of residents, and provides the necessary support to implement all aspects of the PREA standards.

Number of standards exceeded: 5

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

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The facility has an agency wide written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy includes how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behavior; sanctions for those found to have participated in sexual abuse or sexual harassment; and appropriate strategies to reduce and prevent sexual abuse and sexual harassment of clients.

The agency-wide PREA Coordinator is the agency's Vice President of Administration and Legal Counsel, and reports directly to the agency's Executive Vice President of Administrative Services and Business Relations. During staff interviews, the PREA coordinator indicated that she has enough time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The Vice President of Administrative Services and Business Relations agreed that the PREA Coordinator has great latitude toward implementing policy and procedure where PREA is concerned.

The facility's PREA Manager is the agency's Program Manager. The PREA Manager reports directly to the PREA Coordinator on issues pertaining to complying with the PREA standards. She indicates that she has ample time to comply with the PREA standards.

Review:

Policy and Procedure

Interview with PREA Coordinator

Interview with Vice President of Administrative Services and Business Relations

Interview with Program Manager

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

N/A: The PREA Coordinator advises that the facility is not a public agency and does not contract with other facilities.

Standard 115.213 Supervision and monitoring

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

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The facility has a staffing plan that provides for adequate levels of staffing, and where appropriate video monitoring to protect residents against sexual misconduct. The staffing plan takes into consideration the physical layout of the facility, types of residents housed at the facility, and the number of substantiated and unsubstantiated incidents. The facility management has considered all blind spot areas and developed an appropriate response to maintain the safety and security of the facility.

The staffing plan was developed with the agency PREA coordinator and the facility PREA manager along with other facility leadership. The team conducts an annual walk through of the facility and documents ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored and the facility has the ability to pull from other facilities if necessary to ensure appropriate coverage.

There have been no deviations to the staffing plan during this audit cycle. The facility has created a form to document the dates of any deviations, listed what the deviation was, and a justification for the deviation.

The auditor has reviewed the agency's written policy concerning what information is to be contained in the staffing plan and the number of staff members required to operate each shift. A review of floor plans, camera placement, and identified blind spot areas was conducted by the auditor prior to the audit and during the walk through. During interviews with facility staff, the auditor was informed how staff placement, security mirrors, required "where about" checks and circulations, and video monitoring are used to ensure maximum safety and security. There is a policy requirement to have the staffing plan reviewed annually and updated if necessary.

Review:

- Policy and Procedure
- Facility tour
- Staffing plan
- Deviation Report
- Floor plans with camera placement/security mirrors
- Interview with PREA Coordinator
- Interview with PREA Compliance Specialist
- Interview with Program Administrator
- Interview with Program Manager
- Interview with Program Operations Supervisor

Standard 115.215 Limits to cross-gender viewing and searches

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

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

corrective actions taken by the facility.

The facility does not conduct cross-gender strip or cross-gender body cavity searches of residents. Residents receiving an "enhanced pat-down" (stripped down to underclothing) will have two members of the same sex perform this type only. All pat downs are recorded on the facility's video monitoring system. The facility does not allow for a total strip search or a body cavity search. Cross-gender pat-down searches are also not allowed.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has a restroom in each of the housing units for residents to be able to shower and use the toilets. The bathroom consists of five individual shower stalls with shower curtains. The shower curtains have see-through tops and bottoms. There are four toilet stalls around the corner from the showers that have stall dividers and half doors. The doors have been modified by facility maintenance and provide enough privacy while allowing for adequate supervision. There are non-reflective mirrors across from the toilet area. The bathroom contains two urinals that sit back from the entrance with a partition so as not to be easily viewed from the doorway. The restrooms allow for privacy while in use however has increased circulations due to it not being easily viewable to staff. During resident interviews, all indicated that staff announce their presence before entering the restroom or dorm areas, and the auditor witnessed this while walking through the facility. The agency has a dress policy that requires residents to be fully dressed in common areas.

The facility does not currently have a transgender or intersex resident, but has in the past. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. The housing units are set up by phase levels and the dorms within each unit are set up based on the Ohio Risk Assessment System (ORAS) score. Each housing unit has dorms where clients who are identified as highly vulnerable or highly abusive would be housed and in beds that are easily viewable to staff. A transgender or intersex resident would be offered showering options such as showering at different times or in the clinic area in order to protect privacy and offer safety. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status. The auditor discussed the housing of the past transgender client with facility administrators, leadership, and line staff. All staff report the experience allowed them to put into practice their training and make adjustments for the next time a transgender client may be placed at the facility. No issues were reported during the stay.

Facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation. A Shift Supervisor is required to periodically review pat downs, live or reviewing surveillance video, and provide training/guidance to staff if necessary. Reviews of this training is conducted annually. While the transgender client was in the facility, facility leadership decided with the resident's input which sex would conduct pat down and enhanced pat down searches.

Review:

Policy and procedure

Staffing plan

Facility tour

Training records

Interview with PREA Coordinator

Interview with Program Administrator

Interview with Program Manager

Interview with Program Operations Supervisor

Interview with Crisis Intervention Counselor

Interview with random Resident Supervisor staff

Interview with residents

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

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

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

corrective actions taken by the facility.

The facility has been able to partner with other agencies to provide disabled resident equal opportunity to participate in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility identifies residents who may be limited English proficient and works with interpreters so that residents can benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Per policy, the facility will only rely on resident interpreters if a delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.

As a part of the agency's PREA training program, all staff are trained on how to ensure that PREA is communicated with clients having a cognitive or physical disability and who to call to help clients who may have a language barrier. The facility will use a qualified employee to aid any resident in understanding agency rules, PREA, and other regulations. If a qualified staff member is unavailable, outside assistance by a qualified person will be used at no cost to the resident. At this time, the facility does not have a resident who is in need of these services.

The facility has an agreement with The International Services Center, Language Bank for interpreter services and the Cleveland Hearing and Speech Center for hearing impaired services.

Interviews with staff and a review of agency policy confirmed the process of how the facility would assist any resident with a disability or is limited English proficient.

Review:

Policy and Procedure

Oriana House, Inc. plan for assisting residents with disabilities

Training Curriculum

Interpreter service providers

Interview with Program Administrator

Interview with Program Manager

Interview with Resident Supervisor staff (conduct intake)

Standard 115.217 Hiring and promotion decisions

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

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The agency has a policy that prohibits hiring or promoting anyone who may have contact with the residents and prohibits the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in the above section.

The agency conducts a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks will be completed every five years. Every five years the Human Resource Department will run background checks on the entire facility regardless when a person was hired in order to guarantee all staff received the required updated check. All employees, independent contractors, volunteers, and interns are required by policy to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations.

All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.

The Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion. The agency has developed a form that indicates in red that the Human Resource Department must check for discipline records for anything related to PREA. This form is then placed in the employee's file. This information is reported to the hiring/promotion committee before a decision is made.

The Human Resource Department conducts referral checks for all new hires and specifically documents whether or not a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.

The auditor conducted a review of ten randomly chosen employee's files and confirmed the background checks (initial and five-year update), documentation of the continual affirmation to disclose any sexual misconduct, referral checks, and the promotion process. The auditor conducted a lengthy interview with the Director of Human Resources who took the auditor step by step through the hiring and promotion process.

Review:

Policy and procedure

Employee files

On boarding documentation

Interview with Director of Human Resources

Standard 115.218 Upgrades to facilities and technologies

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

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The facility has not acquired a new building or made any substantial expansion or modification to the existing facility.

An interview with the Agency's Executive Vice President of Administrative Services and Business and the PREA Coordinator indicate that the facility has recently been able to upgrade video monitoring technology with a grant from the Ohio Department of Rehabilitation and Correction. The upgrade now allows for camera retention to go from fourteen days to twenty-one. A PREA investigator who has a background in video camera installation discussed how the increase in video retention has helped with overall safety and security of the clients. No other electronic surveillance system or other monitoring technology has been changed. The facility will address any needs to these areas as the budget allows.

Review:

Policy and procedure

Interview with Executive Vice President of Administrative Services and Business Relations

Interview with PREA Coordinator

Interview with PREA Investigator

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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The facility has two trained investigators to conduct administrative sexual abuse investigations. The Cuyahoga County Sherriff’s Department is responsible for conducting criminal investigations. The agency has made several attempt to enter into an MOU with the police department that has the legal authority to conduct criminal investigations at the facility. At this time, the agency has not had a response from that legal authority.

The facility will use Cleveland Metro Health Hospital to provide a Sexual Assault Nurse Examiner for any resident who is a victim of sexual abuse. The auditor reviewed the hospital’s website and confirmed that any resident taken to this hospital would be treated by a certified SANE nurse. The services provided by the hospital would be at no cost to the resident. The hospital also partners with the Cleveland Rape Crisis Center who would provide advocate services if necessary.

The facility has a MOU with the Cleveland Rape Crisis Center to provide a victim advocate to any victim of sexual abuse, and a trained staff member who can provide victim support services.

The facility also has a crisis counselor that can provide emotional supportive services or make a recommendation for outside services if necessary. These services will be provided to the resident at no cost. The services were confirmed with the agency.

Review:

- Policy and Procedure
- Emails to local legal authority
- MOU with Cleveland Rape Crisis Center
- Interview with Administrative Investigators
- Interview with PREA Coordinator
- Cleveland Rape Crisis Center’s website
- Cleveland Metro Health Hospital’s website
- Interview with Crisis Counselor

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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The agency has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Cuyahoga County Sheriff’s Department. The facility has had one allegation of staff-to-resident sexual abuse and no allegations of sexual harassment. The auditor reviewed the investigation documentation along with interviewing the agency’s two administrative investigators.

The staff to resident allegation involved a case manager sending nude photos of herself to a resident. The allegation was reported by a staff

who overheard information about the picture from other residents while teaching class. The facility was unable to determine if there was indeed a nude photo of the caseworker on the phone (the resident refused to provide an unlock code to the phone), but did find evidence that the resident did have the caseworker's personal phone number. The allegation was investigated by a trained investigator, and the information discovered in the phone was turned over to the police who conducted a criminal investigation. The police interviewed both the victim and alleged abuser and concluded that there was not enough evidence to proceed with a criminal case; however, should more information be discovered they would reopen the case.

The PREA Coordinator determined that the allegation was unsubstantiated, but terminated the employee based on Oriana House ethic's policy violations.

The Oriana House website post the investigative policy of the agency and the responsibilities of both the agency and the investigating entity. The auditor reviewed the agency's website and confirmed that the appropriate policy was posted.

Review:
Policy and procedure
Oriana House website
Investigative Reports
Interview with Administrative Investigators

Standard 115.231 Employee training

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

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The agency has trained all staff on the PREA required topics. The agency holds monthly trainings which included role plays, games, and quizzes to ensure all staff knew the proper way to prevent, detect, report, and respond to any allegations of sexual abuse or sexual harassment that is specific to each facility. Staff practice being a first responder and deploying the facility coordinated response.

During staff interviews, all staff were able to discuss the various PREA related training they received either at orientation or during one of the monthly training sessions. Staff was well versed on the PREA policies and protocols.

The agency cross-trains its staff because staff can be transferred to work in any facility. All staff received gender specific training. The agency continues to hold staff gender specific training on PREA related topics. This allowed staff to speak on issues that they may not bring up during co-ed trainings. The agency used video conferencing as a training tool so that all employees in any facility would receive the same zero tolerance message. The facility uses a video produced by the Ohio Department of Rehabilitation and Correction to train on transgender and intersex pat downs and searches.

PREA training is provided to all staff at the beginning of employment and all staff will receive PREA training throughout the year by signing up through the facility's Go Sign Me Up electronic class registration program. Additional training topics include: transgender clients, client reporting, PREA assessment interview, coordinated response plan, effective use of communication with LGBTI residents, response to allegations, avoiding inappropriate relationships, and PREA definitions.

Facility managers are provided with a list of required PREA training topics and will include one topic a month throughout the year.

All staff sign an acknowledgment of the training they received.

The training department runs a quarterly report to ensure that the required training is complete each year.

Review:
Policy and procedure
Training curriculum
ODRC transgender/intersex pad-down search video
Training records
Interview with PREA Coordinator
Interview with Human Resource Director
Interview with Program Manager
Interview with Program Administrator
Interview with random staff

Standard 115.232 Volunteer and contractor training

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

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

The agency has developed a level system for the type of training any contractor, volunteer, or vendor would receive. A person identified at level 1 would receive a 3-hour training on the agency's policy on how to prevent, detect, respond, and report sexual abuse and sexual harassment. A level 2 contractor, volunteer, or vendor will receive a 30-minute PREA training. Each provider will watch a 15-minute video and receive instruction from a trained facilitator. A level three vendor will be asked to read and sign the PREA acknowledgement form. The form explains the agency's zero tolerance policy and the signer's acknowledgement to abide by these rules. Anyone assigned a level 4 status must be 100% escorted by staff while in the facility.

Documentation of received training is forwarded to the Compliance Accreditation Manager. Any contractor or volunteer who has completed the necessary training will receive a special name badge which identifies to the Resident Supervisory staff that this person has received PREA training and does not need to sign the PREA acknowledgement form. If the person forgets the badge, they will have to read and sign the acknowledgement form.

Oriana House contracts with food service provider Aramark. These contract employees receive the same type of training that Oriana House employees receive.

Every visitor who enters an Oriana House facility must read and sign an acknowledgment of understanding on the agency's zero tolerance policy each time they enter the facility. The auditor signed this notification upon entrance to the facility each day of the onsite visit.

The auditor reviewed the training material and documentation of completed training from various contractors/volunteers.

Review:
Policy and procedure
Contract/vendor training
Visitor zero tolerance notification
Interview with PREA Coordinator

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

All residents receive information at the time of intake about the facility's zero tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. This information is read and reviewed with all residents to ensure each resident understands their rights under the PREA guidelines. If a resident does not understand English or has other disabilities that prevent normal communication, the facility contracts services with other agencies so that each resident can benefit from the facilities efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment (See standard 115.216). Residents sign acknowledgment of receiving this information.

All residents watch a PREA education video during orientation and receive handouts that include ways to report and reporting phone numbers. This information is also on posters located throughout the facility. During this orientation group, the facility manager or facility administrator ensures that residents understand the services available to them at no cost and the limits to confidentiality.

During resident interviews, all offenders reported receiving the PREA education and information at intake and during orientation group. Residents also indicated that their case managers reviewed ways to keep themselves safe, how to report including anonymously, and the toll free numbers posted near the phones. Postings with PREA related information was located in conspicuous areas throughout the facility.

- Review:
- Policy and procedure
 - Resident training curriculum
 - PREA postings
 - Facility tour
 - Interview with residents
 - Interview with Program Manager
 - Interview with Program Administrator

Standard 115.234 Specialized training: Investigations

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

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

The facility has a standardized process for administratively investigating any allegations. The agency has two former police officers with experience in dealing with sexual abuse/assault investigations as their administratively trained investigators. The agency’s PREA Compliance Specialist has also been trained. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The training was provided by the Moss Group.

- Review:
- Policy and procedure
 - PREA Audit Report

Administrative Investigator training curriculum
Administrative Investigator training certificate
Interview with Administrative Investigators

Standard 115.235 Specialized training: Medical and mental health care

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

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

The facility’s in-house medical staff have all received employee required PREA training along with specialized Medical and Mental Health Professionals PREA training. The staff would assist in aftercare services if necessary, but all medical treatment concerning PREA abuse would be handled by a SANE qualified nurse at Cleveland Metro Health.

The facility has a qualified clinician who knows how to respond effectively and professionally to victims of sexual abuse and sexual harassment. The clinician also received training on how to prevent, detect, report, and respond to sexual abuse and sexual harassment.

The facility also has the option of referring victims to outside counseling services at St. Vincent Charity Medical Center.

Interviews of the clinician and medical staff indicate they know how and whom to report allegations of sexual abuse and sexual harassment.

Review:
Policy and procedure
Interview with Crisis Counselor
Interview with Nurse Practitioner
Interview with PREA Coordinator

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

All residents are screened for risk of vulnerability or abusiveness at intake. The screening tool used included all required criteria in order to accurately assess the resident’s risk. The PREA screening form is stored electronically and only approved staff have access to the information. Resident Supervisory staff will complete the initial assessment with the resident during intake. A resident's case manager will

complete a re-screen anytime any additional, relevant information is received, a referral, request, or incident of sexual abuse occurs. The policy does not allow for a resident to be disciplined for refusing to answer or for not disclosing complete information in response to questions on the resident's mental health, sexuality, or previous victimization.

All staff are training on how to complete the screening tool appropriately. An interview with Resident Supervisors confirmed his training on completing the form appropriately and the steps to take should a resident be classified as highly abusive, abuse, highly susceptible, or susceptible.

The Program Coordinator reviews all initial assessments and completes a quality assurance check to ensure residents are classified appropriately. Any necessary re-assessments are also reviewed for quality assurance purposes.

Review:

Policy and procedure

Initial PREA assessment screen

PREA assessment rescreen

Interview with Program Administrator

Interview with Program Manager

Interview with residents

Interview with Program Coordinator

Interview with case managers

Interview with Resident Supervisors

Standard 115.242 Use of screening information

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

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

All residents receive a classification based upon their PREA screening information. Classifications include: none, vulnerable, highly vulnerable, abusive, or highly abusive. A resident's classification will be documented in the facilities data base but no staff member will be able to see the screening form or answers. Any resident who is classified as highly vulnerable or highly abusive will be housed in a designated dorm with a bed that is easily viewable by staff. These residents will also be placed on the "where about" check list 6 times per shift versus 3 times for those who do not have the highly vulnerable or highly abusive classification. The increased checks will continue until management team meets and deems it appropriate to have the increased checks reduced to 3 times per shift. The facility has a resident count sheet which identified any resident that has a classification and the number of required checks.

All residents with a classification have it addressed on their individual program plan. These residents work with their case worker to work on the issues underlining their classification and residents can also be referred to outside counseling if necessary.

The facility has recently housed a transgender resident and has a plan to house such residents safely which include opportunities to shower separately and make housing and program assignments with a transgender or intersex resident's own views taken into consideration. The agency has developed a team that includes the PREA coordinator, PREA manager, Admission's personnel, Mental Health personnel, and the offender that will address placement issues for any transgender resident housed with agency.

The auditor and facility management discussed the facility's plan to house residents that are highly vulnerable, highly abusive, or transgender/intersex. The facility was able to describe specific bed placement, group separation, ability to shower separately, and the new protocol on safely housing transgender/intersex residents as ways to ensure the safety of each resident.

Interviews with line staff revealed that the plan works and that there were little to no issues while housing the transgender client. Staff

reported that it was good to see that the training Oriana House provided prepared them to appropriately manage and interact with this specialized client.

Review:
Policy and procedure
Facility tour
Initial PREA assessment screening
PREA re-screen assessment
Individual case plan
Staffing plan
Interview with Case Managers
Interview with Resident Supervisors
Interview with PREA Coordinator

Standard 115.251 Resident reporting

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

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

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

The facility has public pay phones with the reporting numbers unblocked to allow free calls to the reporting entities.

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

Review:
Policy and procedure
PREA postings
PREA brochure
Facility tour
Interview with Program Administrator
Interview with Program Manager
Interview with residents

Standard 115.252 Exhaustion of administrative remedies

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

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

N/A: The PREA Coordinator states that the agency does not use its grievance system to investigate PREA allegations. Any resident who uses a grievance form to report an allegation will have the form removed from the grievance process and it will be handled like any other reporting method.

Standard 115.253 Resident access to outside confidential support services

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

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

The facility has a MOU with Cleveland Rape Crisis Center to provide emotional support and advocate services to any resident who is a victim of sexual abuse. The facility provides the phone number and address of this agency to residents as well as train them during orientation of the limitations to confidentiality and mandatory reporting.

Residents who were interviewed verified that they received this information and that the information is available on posters located throughout the facility.

The auditor took note of the information on posters located throughout the facility and ensured that the posting contained all the accurate information. A review of the MOU was also completed.

The auditor reviewed Cleveland Metro Health’s website and reviewed the services available to any resident who may need emotional support after an incident of sexual assault/abuse. The services included support while in the hospital, during any investigation/questioning, court appearances, and any on-going counseling needs. The review confirmed that the services are free of charge. The hospital partners with Cleveland Rape Crisis Center to provide these services.

The agency also has trained staff that can offer victim support services at the request of the victim.

The facility has had one allegation of sexual abuse but was not in need of these services.

- Review:
- Policy and procedure
 - MOU with Cleveland Rape Crisis Center
 - Cleveland Metro Health’s website
 - Cleveland Rape Crisis Center’s website
 - Emotional Support Training Certificate
 - Interview with PREA Coordinator
 - Interview with Clinician

Standard 115.254 Third-party reporting

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

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

The agency has posted on its website ways that anyone can report sexual abuse or sexual harassment on behalf of a resident. Residents are also educated that they can report to family members who can then make a third party report. This information is also on posters located in the visitation room and near the sign-in desk.

The facility has not had a third party report.

Review:

Policy and procedure

Oriana House website

PREA postings

Facility tour

Interview with Administrative Investigators

Interviews with random residents

Standard 115.261 Staff and agency reporting duties

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

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

Oriana House policy requires all employees to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment including third party and anonymous reports. Apart from the employee’s supervisor, no one shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All allegations of sexual abuse or sexual harassment are reported to the facility’s investigators.

The auditor interviewed all required specialized staff and several random staff members. All staff members indicated that they were given and understand the agency’s policy on reporting PREA incidents and were trained on the appropriate way to document a report and to whom they should report an allegation. Staff indicated they understood that they are required to report their own suspicions, or information regarding sexual abuse, sexual harassment, or retaliation.

JNRMBCBFs staff-to resident sexual harassment allegation was initiated by a staff member who overheard remarks between residents during her class concerning a caseworker sending nude photos of herself to a resident. The staff member immediately reported the incident to her supervisor.

All staff members with a duty to report based on local law and medical and mental health practitioners are required to inform residents of their status and the limitation of confidentiality at the initiation of services. Interviews with staff members who have a duty to report indicated that they understood their duty to inform residents before providing services.

The facility does not admit residents under the age of 18. The State of Ohio does not require institutions or facilities licensed by the state or facilities in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services (Chapter 5101:2-20 and 5101:2-20-01).

Review:

Policy and procedure

Ohio revised code

Investigation report

Interview with random staff

Interview with Administrative Investigators

Interview with Program Administrator

Interview with Program Manager

Standard 115.262 Agency protection duties

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

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

JNRMCFB has three separate housing units and several dorms within each unit. This allows the facility to move either the alleged victim or the alleged abuser to another dorm or housing unit within the facility. During the interview process, it was very clear that the safety and security of all residents is their primary concern.

An interview with the PREA Coordinator and Agency Investigators describe the process on how they determine if an alleged victim or abuse should be moved to another facility in order to protect the victim from imminent abuse. The practice is to place a staff member on administrative leave or place in another facility (if possible) if they are accused of sexual harassment or sexual abuse during the investigation. The staff member is to have no contact with the facility or other staff member until a determination has been made. If another resident is the alleged abuser, the abuser and victim will be separated either by housing unit, dorm, or facility until a determination has been made.

The facility has conducted one staff-to-resident sexual abuse allegation during the past year. The staff member in question initially resigned before an official investigation had started, but had been informed that she needed to work during the two-week resignation period. When the staff member showed up to work, she was informed of the allegation against her and placed on administrative leave.

Review:

Policy and procedure

Investigation reports

Interview with Administrative Investigators

Interview with PREA Coordinator

Interview with Program Administrator

Interview with Program Manager

Standard 115.263 Reporting to other confinement facilities

PREA Audit Report

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

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

Upon receiving an allegation that a client was sexually abused while confined at another corrections facility, the Program Manager/Administrator shall notify in writing the head of the facility or appropriate central office of the agency where the alleged abuse occurred and notify the facility’s Vice President of Administration and Legal Counsel. The policy requires notification within 72 hours.

Interviews with the Agency’s PREA Coordinator and the facility’s PREA Manager confirmed this practice.

The facility has not received any allegation that they had to make a report to another agency. The facility has recently received a report from another facility that a resident made a report of an allegation while housed at JNRMCBF. The allegation information was turned over to the PREA Coordinator and administrative investigators. Preliminary reports indicate that the information provided will not be able to prove the case one way or another. The alleged abuser is no longer at the facility and too much time has passed for any video evidence to be available. The administrative investigators are in the process of interviewing staff for any other information that may be relevant to this case.

- Review:
- Policy and procedure
 - Interview with Program Administrator
 - Interview with Program Manager
 - Interview with PREA Coordinator
 - Interview with administrative investigators

Standard 115.264 Staff first responder duties

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

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

Oriana House has a policy outlining first responder duties for any allegation of sexual abuse. The policy contains instructions for how to separate the abuser and victim, protect and preserve evidence until it can be collected by appropriate authorities, do not allow the abuse to destroy evidence, request that the victim does not destroy any evidence, and enacting the PREA coordinated response plan. All staff are trained on first responder duties (security and non-security staff) including role playing potential situations.

Interviews of security and program staff indicate that staff know the appropriate steps to take to preserve and protect evidence and support the victim. All staff seemed comfortable with the first responder duties and confident that they would respond appropriately based upon their training.

Each security post has a posting of the first responder duties and coordinated response plan.

The facility has not had to use first responder training for any allegation of sexual abuse.

Review:

Policy and procedure

Coordinated response plan/first responder duties posting

Training records

Interviews with random staff

Standard 115.265 Coordinated response

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

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

Oriana House has an appropriate written coordinated response plan to respond to any incident of sexual abuse. The plan includes the steps to take for first responders, medical and mental health practitioners, investigators, and facility leadership. All staff is trained on the plan and this was confirmed through interviews with security and program staff.

While on the tour, the auditor noted that the written coordinated plan is posted at each security post in the facility. The posting is within a flip chart which is highly visible and clearly marked.

During staff interviews, staff knew and could articulate the coordinated response plan. All staff knew the entire plan and did not differentiate between security and non-security tasks. Staff was able to disclose the location of the plan and discussed how they practice using the plan in various scenarios during training.

Review:

Policy and procedure

Coordinated response plan/first responder duties posting

Interview with random staff

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

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

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

N/A: The PREA Coordinator indicates that the facility is not under any collective bargaining agreements – a non-union agency.

Standard 115.267 Agency protection against retaliation

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

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

The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. The facility has assigned the Program Manager and Program Administrator or supervisory designee as the staff responsible for monitoring against retaliation for at least 90 days. In the case of resident victims, a status check is completed by the facility's emotional support person or if necessary the agency's crisis counselor.

The facility has the ability to move victim, offender, or employees in order to protect against retaliation. During the investigations during this audit cycle a staff member was placed on administrative leave.

Interviews with the agency's PREA Coordinator, the Program Manager, and the Program Administrator confirmed the monitoring process. The auditor reviewed the form that is to be completed for status checks and the team would review the status reviews to determine if an extension in monitoring is necessary.

The facility has not had a case where retaliation monitoring was necessary. During the allegation, the resident was terminated from the program shortly after for being unsuccessful in the program and transferred to the Cuyahoga County Jail.

Staff verified during interviews that their PREA training includes how to detect and protect others from retaliation, and that they have a right to be free from retaliation when reporting or cooperating in an investigation. Residents also verified that they have received information on their right to be free from retaliation.

Review:

Policy and procedure

Training records

Investigation reports

Interview with Program Manager

Interview with Program Administrator

Interview with PREA Coordinator

Interview with Human Resource Director

Interview with random staff

Interview with random residents

Standard 115.271 Criminal and administrative agency investigations

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

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

All allegations of sexual abuse or sexual harassment including third party and anonymous reports are administratively investigated by 2 trained investigators and any report that appears criminal in nature are referred to the Cuyahoga County Sherriff’s Department who has the legal authority to conduct a criminal investigation.

Both the agency investigators were interviewed and walked through their process of investigating any PREA related complaint and how this information is used determine whether an allegation is substantiated, unsubstantiated, or unfounded. The investigators collect all relevant information (interviews with staff, victim, witness, and the abuser; review any surveillance information, and make note of any facility issue that could have aided in the allegation) and pass this information along with a recommendation to the PREA Coordinator. The PREA Coordinator determines the outcome of the investigation. Both investigators are former police officers and 1 has extensive knowledge in monitoring technology.

The investigators written report includes whether staff actions or failures to act contribute to the abuse and a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Both investigators have a relationship with and work well with the department and remain informed about the progress of any referred allegation.

The investigators maintain all records from all allegations for as long as the abuser is incarcerated or employed by the agency, plus five years.

Investigation #1: Staff-to-Resident sexual harassment allegation. The Administrative Investigators reviewed electronic evidence and interviewed the victim and alleged abuser and determined that there was not enough evidence to substantiate the case but did find information that showed the staff member violated Oriana House ethic’s policy. Because a staff member was alleged to have an inappropriate relationship with a resident, the evidence was turned over to the Cuyahoga County Sherriff’s Department. Detective Tom Roberts investigated the allegation and determined that there was not enough evidence for the case to be put before the grand jury.

The auditor discussed with the administrative investigators their assessment for how a case would be determined to be substantiated, unsubstantiated, or unfounded, and their process for referring to legal authority for a criminal investigation.

The auditor was able to review the investigation notes as well as interview both investigators.

Review:
Policy and Procedure
Investigation reports
Interview with Administrative Investigators

Standard 115.272 Evidentiary standard for administrative investigations

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

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

evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.

The auditor reviewed the allegation with the two administrative investigators to ensure that the evidentiary standard of preponderance of evidence was used in the case. The staff-to resident allegation had electronic evidence that showed the resident had the staff member's phone number but no indication as to the nature of the relationship in order to substantiate the allegation. The appropriate determination of unsubstantiated was made.

The PREA Coordinator makes the final determination of investigation outcome.

Review:
Policy and Procedure
Investigation reports
Interview with Administrative Investigators
Interview with PREA Coordinator

Standard 115.273 Reporting to residents

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

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

The Program Manager or Program Administrator is responsible for informing a resident who alleges sexual abuse the outcome of the investigation. The facility request information from the legal authority if the investigation is criminal in nature to inform the alleged victim of the outcome of an investigation.

The notice includes whether the abuser, if a staff member, is no longer posted in the client's unit; no longer employed at the facility; has been indicted on a charge related to the sexual abuse within the facility; or has been convicted on a charge related to sexual abuse within the facility. The notice includes whether the abuser, if another resident, has been indicted on a charge related to sexual abuse within the facility or has been convicted on a charge related to sexual abuse within the facility.

The victim in the allegation was transferred to the Cuyahoga County Jail before the end of the investigation, therefore no report to the resident was required. The auditor reviewed a sample notification report.

Review:
Policy and procedure
Sample notice
Investigation reports
Interview with PREA Coordinator

Standard 115.276 Disciplinary sanctions for staff

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

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

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

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

The staff member in question initially resigned once she got word that the phone of the alleged victim had been confiscated. She was informed that she needed to work out her resignation period. The next time she returned to work, she was informed that she would be placed on administrative leave due to the allegation. The allegation was unsubstantiated staff-to-resident sexual abuse but the allegation resulted in the staff member being terminated for violations to Oriana House’s Ethics Policy. The information collected in the case was turned over to the Cuyahoga County Sheriff’s Department for criminal investigation.

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

Review:

- Policy and procedure
- Employee handbook
- Code of ethics
- Investigation report
- Termination letter
- Interview with Human Resource Director
- Interview with Administrative Investigators
- Interview with random staff members
- Interview with PREA Coordinator

Standard 115.277 Corrective action for contractors and volunteers

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

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

All contractors and volunteers are made aware of the agency’s zero tolerance policy toward sexual abuse and sexual harassment. Each must participate in PREA training where they will be taught how to prevent, detect, respond, and report sexual harassment and sexual abuse. They will also learn the consequences of participating in any type of sexual misconduct. Contractors and volunteers sign an agreement that they could be removed from the facility for any acts of sexual abuse or sexual harassment.

The auditor has reviewed the contractor/volunteer training and documentation of compliance with training.

Any person (contractor, vendor, volunteer, or visitor) must read and sign an acknowledgment form stating that they have read and understand the agency's Zero Tolerance Policy and agree to abide by the rules set forth by the agency before entering the facility. The auditor was also required to sign the acknowledgment form each time she entered the building.

The agency contracts with AraMark for its food services. These employees receive the same PREA training an Oriana House new employee would receive at orientation due to the amount of time these contractors spend in the building and interact with the residents.

The facility has not removed any contractor or volunteer for a PREA issue.

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

Review:

Policy and procedure

Contractor/vendor acknowledgement form

Contractor/vendor training curriculum

Interview with PREA Coordinator

Standard 115.278 Disciplinary sanctions for residents

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

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

A review of the client handbook shows how it outlines resident conduct and prohibits all sexual activity between residents and disciplines residents for such activity. Residents are given a handbook at intake and the contents are reviewed with the resident.

During resident interviews, all residents affirmed that they received a handbook at intake and the rules and discipline policies regarding sexual abuse and sexual harassment were reviewed with them. All residents interviewed understood fully the seriousness of the agency's Zero Tolerance Policy and the consequences of participating in sexual misconduct.

There have been no allegations of resident-on-resident sexual harassment or sexual abuse during this auditing period.

Review:

Policy and procedure

Resident handbook

Interviews with residents

Interview with Program Manager

Interview with Program Administrator

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy indicates the types of service offered free of charge to an alleged victim of sexual assault. It is documented which types of services were rendered and or declined by the alleged victim on the investigation form. Residents are offered timely information about and timely access to sexually transmitted infection prophylaxis. There are no females housed at this facility.

If services are necessary, the Counselor will provide appropriate referrals to community resources and notify the case manager assigned to the resident. The scope of services provided will be determined by the licensed practitioner. The facility’s nurse practitioner has the ability to test for sexually transmitted infections, and Planned Parenthood representatives service the facility twice a month providing HIV and STD testing.

Staff have been notified of the Agency's PREA Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

The Medical Response Plan is reviewed annually to ensure that all service provider information is current and that the range of services is still available.

Investigation forms indicate if services were offered and accepted or declined.

Resident are informed of their right to free services during PREA education at orientation.

The facility has not had a sexual abuse/sexual assault allegation that resulted in the use of these services.

- Review:
- Policy and procedure
 - Medical Response Plan
 - Investigation reports
 - Interview with PREA Coordinator
 - Interview with Nurse Practitioner
 - Interview with Crisis Counselor

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

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

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

This facility offers community medical and counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility. This treatment includes testing for sexually transmitted disease. Treatment is offered to all known residents on resident abusers

within in 60 days of learning such history. All treatment offered is free of charge.

Staff have been notified of the Agency's PREA Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

The Medical Response Plan is reviewed annually to ensure that all service provider information is current and that the range of services is still available.

The facility has not had a report of any known resident on resident abuser.

A review of the investigation form shows how staff indicates whether services were offered and accepted or declined. The PREA initial screening form indicates whether a resident has abused others while in a correctional setting. If a resident indicates that he has in fact abused another resident while in a corrections setting, the agency's Crisis Counselor will meet with the resident to make a determination if additional treatment or referrals for community treatment is necessary.

The facility had not a report of a resident being sexually abused while in a jail, lockup, or juvenile facility.

The PREA Coordinator has confirmed the process and practice of how staff will provide unimpeded access to necessary emergency and/or ongoing medical and mental health services. The Agency's PREA Compliance Specialist reviews the information annually.

Review:

- Policy and procedure
- Medical Response Plan
- PREA initial assessments
- Investigation reports
- Interview with Crisis Counselor
- Interview with PREA Coordinator

Standard 115.286 Sexual abuse incident reviews

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

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

Oriana House has an agency policy on a review of all substantiated or unsubstantiated allegations of sexual abuse within 30 days of the conclusion of the investigation. The review team includes the assigned regional Vice President, an upper management designee, Admissions Manager, input from a designated Resident Supervisor and/or Caseworker, Internal Investigator, and any other employee deemed appropriate.

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

At the conclusion of the investigation, the Client Sexual Abuse/Harassment Review Team reviewed all aspects of the investigation. The team provided the executive team with four recommendations that would help with preventing, detecting, and reporting sexual abuse or sexual harassment. The recommendations included staff training, adding resident payphones, review of camera/security mirror placement, and limits to staff/client relationships. Interview with PREA Coordinator and PREA Manager indicates that all executive approved

recommendations have been implemented.

Review:

Policy and procedure
Client Sexual Abuse/Harassment Review Team report
Interview with PREA Coordinator
Ethics/Boundaries Training Curriculum
Training attendance sheets
Updated camera/security mirror placement map

Standard 115.287 Data collection

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

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

Oriana House has an agency policy for data collection and statistical reporting of all necessary information in the most recent version of the Survey of Sexual Violence. The auditor reviewed the most recent information collected by the agency and has confirmed that the agency collects the appropriate data on all allegations of sexual abuse and aggregates this information annually.

The facility's PREA Manager collects the data and send the data to the agency's PREA Coordinator. The information for each facility is used by the PREA Coordinator to complete the Survey of Sexual Victimization for all Oriana House facilities.

The agency has not received a request to supply the Department of Justice with this information.

Review:

Policy and procedure
PREA data collection and statistical reporting information
Interview with PREA Manager
Interview with PREA Coordinator

Standard 115.288 Data review for corrective action

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

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

Agency uses information collected in 115.287 to make improvements in how the agency prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The report compares the current year's data with those of previous years, and includes the updates made from previous year's reports. The information contained in the report is based on a calendar year and the report with this information can be found on the agency's website.

The information in the report has been reviewed and approved by the President and CEO of Oriana House, Inc.

The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of an individual or the facility.

Auditor verified that the reported was posted on the agency's website (www.orianahouse.org) and that the report contained all required information.

Review:

Policy and procedure

PREA annual report

Oriana House website

Interview with Executive Vice President of Administrative Services and Business Relations

Interview with PREA Coordinator

Standard 115.289 Data storage, publication, and destruction

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

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

All data collected in sexual abuse cases are securely maintained by the PREA Coordinator for a minimum of 10 years. The PREA Coordinator confirmed the retention schedule.

The aggregated information from each of Oriana House facilities was posted on its website.

There is no information in the report that would identify any individual or jeopardize the safety or security of the facility.

Review:

Policy and procedure

PREA annual report

Oriana House website

Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kayleen Murray

May 3, 2017

Auditor Signature

Date