

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

Date of report: October 7, 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: August 14-15, 2017			
Facility Information			
Facility name: Western Ohio Regional Treatment and Habilitation Center (WORTH Center)			
Facility physical address: 243 E. Bluelick Road, Lima, Ohio 45801			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 419-222-3339			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input 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: Brent Burk			
Number of staff assigned to the facility in the last 12 months: 36			
Designed facility capacity: 97 (72 males/25 females)			
Current population of facility: 68 males/26 females			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18 & up			
Name of PREA Compliance Manager: Chuck Honigford		Title: Clinical Services Director	
Email address: chonigford@allencountyohio.com		Telephone number: 419-222-3339	
Agency Information			
Name of agency: Click here to enter text.			
Governing authority or parent agency: <i>(if applicable)</i> Ohio Department of Rehabilitation and Correction			
Physical address: 770 West Broad Street, Columbus, Ohio 43222			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 614-387-0588			
Agency Chief Executive Officer			
Name: Brent Burke		Title: Executive Director	
Email address: bburke@allencountyohio.com		Telephone number: 419-222-3339	
Agency-Wide PREA Coordinator			
Name: Charles Honigford		Title: Clinical Services Director	
Email address: choniford@allencountyohio.com		Telephone number: 419-222-3339	

AUDIT FINDINGS

NARRATIVE

The PREA audit for Western Ohio Regional Treatment WORTH Center, Community Based Correctional Facility was conducted on August 14-15, 2017 in Lima, Ohio. The facility emailed the auditor documentation relevant to showing compliance with each of the standards. This documentation included the pre-audit questionnaire, policy and procedure, facility floor plan with camera coverage marked, MOU's, staffing plan, and other PREA forms. The auditor received this information prior to the audit and received additional documentation while conducting the onsite visit.

During the audit, the auditor toured the facility and conducted informal and formal staff and resident interviews. It was noted during the tour that multiple PREA audit notices were posted in conspicuous places throughout the facility. The notices included the name and address of the PREA auditor and the date posted was six weeks prior to audit. All resident areas have posters which informs residents on the ways in which they can report an allegation; the phone numbers and addresses of agencies they can report including anonymously; and that they can report to any staff member at any time in writing or verbally. Staff post areas have a PREA posters which includes first responder duties and the facility's coordinated response plan.

Ten residents were interviewed by the auditor (seven males and three females), included one resident who requested to speak to the auditor. The auditor spoke with one resident that identified as lesbian and the rest were randomly chosen from the male and female housing units. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The resident who identified as being lesbian was also questioned on her concern for the housing unit or dorm and if it is a dorm selected because of her sexual orientation.

Also interviewed were specialized staff. This staff includes the PREA Coordinator (also Investigator), Quality Assurance/Accreditation Manager (also Investigator), Executive Director, Deputy Director, and Intake Coordinator. The local hospitals SANE Coordinator, and Crisis Victim Services Director were not able to be interviewed. The auditor reviewed both agencies' websites and MOU agreement. The facility does provide on-site medical or mental health services, but does not conduct forensic examinations. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

After a brief opening with agency staff, the auditor toured the facility. The tour consisted of examining all dorm areas, group rooms, day rooms, bathrooms, operations post, utility areas, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs were also completed. The auditor gave a closeout and shared some of the immediate findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

WORTH Center is a community based correctional facility located in Lima, Ohio that serves adult male felony offenders. The facility's goal is to provide male and female felony offenders skill and insight to becoming successful, caring, and involved community members. The facility is a one story building that is divided into male and female wings.

The facility is equipped with 81 surveillance cameras which can record and play back up to six months. The cameras are placed strategically throughout the interior and exterior of the building. There are also multiple security mirrors to enhance security in vulnerable areas. The facility has a cafeteria, exercise area, and outside recreation space. The recreation yards are surrounded by a 12ft fence with razor wire at the top. The residents also have access to a day room lounge, laundry, dorms, and bathrooms. The facility uses CorrectTech data management system to assist in documentation of resident movement and activities. Resident Supervisors conduct one head count per shift with hourly bed checks at night. Security staff conduct continuous circulations throughout the facility and are required to conduct more frequent checks in areas that are considered blind spot areas.

There are several bedrooms in the male housing unit. The dorms are set up to provide maximum clear views when entering the room. All resident dorm room doors have windows in the door and are locked during programming hours. Residents that have been given a classification of vulnerable or abusive would be housed in one of the dorm rooms closest to the dorm entrance and post area. The housing unit is also equipped with two bathrooms that offer privacy for residents (see standard 115.215 to see full bathroom description). The facility has cameras in the male bathroom with strategically placed blackout boxes. The residents are required to dress in the dorms.

The female housing unit has two dormitory style rooms. The dorms have a bank of windows with blinds and doors with a window. While the female bathroom does not have cameras, the resident are still required to dress in the dorm room. The female residents will close the blinds when they are in the room to change.

The female residents receive their meals from the male kitchen. These residents will be escorted over to the male wing to pick up their trays and return to their own dining room to eat. The male and female residents have very little interaction with each other. Strict staff supervision and separation is enforced when male and female offenders interact in the same area (Alumni or Family Day).

All group rooms, classrooms, and staff offices are equipped with cameras. All rooms have windows and/or a window in the door. Staff is required to have the blinds open whenever they have a resident in the room.

The facility offers several programs that address resident's criminogenic needs by offering individualized treatment that is cognitive based. The facility provides the offenders with opportunities to address their problems by becoming aware of them and developing skills to improve their thought processes and behavior associated with negative outcomes.

SUMMARY OF AUDIT FINDINGS

WORTH Center Community Based Correctional Facility has had five PREA allegations during this audit cycle. Trained staff appropriately administratively investigated all allegations. No allegation revealed any criminal activity so no referral for a criminal investigation was needed. WORTH Center staff interviewed indicated that they received formal PREA training during orientation as well as bi annually with a refresher in the off year. Staff on all three shifts including security and program staff were able to discuss their responsibility as a first responder, how to report or respond to an allegation of sexual abuse, sexual harassment, or retaliation.

Staff were sure of their education and training and would be capable to responding to any allegation appropriately. Residents interviews from the facility seemed well versed on their rights under the PREA standards and knew who and how they could report including anonymously. All residents receive information at intake with the phone number and address of inside and outside agencies that could help and knew the location of posters. Services with the Crime Victim Services-Rape Crisis for victim advocacy services and with St. Rita's Medical Center for SANE practitioners are in place.

Overall, the auditor was left with the impression that the agency as a whole and the facility specifically take PREA compliance seriously. The agency has implemented policies and practices that allow facility leadership to provide their staff with training and equipment that ensures the safety of all residents. This is the facility's second PREA audit and facility management continue to make maintaining resident safety and security a priority. 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: 3

Number of standards met: 36

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.

The WORTH Center adheres to the agency zero tolerance policy. The policy outlines the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility’s Clinical Services Director serves as the PREA Coordinator and reports to the facility’s Executive Director. The auditor spoke with the PREA Coordinator concerning his authority to develop, implement, and oversee the agency’s efforts to comply with PREA standards. During the interview, it was clear that the PREA Coordinator has sufficient time and authority to implement the agency’s policies and practices in an effort to obtain and maintain compliance.

The facility’s Quality Assurance/Accreditation Manager assist the PREA Coordinator in implementing all policies and practices related to obtain and maintaining compliance with PREA standards.

- Review:
Policy and procedure
Interview with PREA Coordinator
Interview with Quality Assurance/Accreditation Manager
Interview with Executive Director

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)

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N/A: The PREA Coordinator reports that the facility does not contract with other agencies for offender placement

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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The agency has a policy requiring each facility complete a staffing plan that provides for adequate levels of staffing and where appropriate video monitoring equipment to protect residents against sexual misconduct. The staffing plan reviews the physical elements of the building including the placement of cameras and identified blind spot areas; plans for prevention and detection including coverage of blind spot areas, requiring staff to have blinds or doors open when residents are in the office, and proper placement of staff to ensure proper and timely tours throughout the facility; and ensuring proper staff to residents ratios and that staff have been properly trained on the PREA standards. The plan also reviews the number and types of allegations during that year and ensures all recommendations have been implemented.

The facility has a total of 82 cameras (internally and externally) and three security mirrors that aid in the supervision of residents. The cameras record to a digital server and are capable of a six month play back. There is a main entrance that all visitors and male residents enter. The female residents have a separate entrance into the female wing of the building. Everyone must ring buzzer to gain access to the mail lobby area. A Resident Supervisor will monitor cameras, complete pat downs on residents entering the building, sign residents in and out of the building, and grant access to visitors who must be buzzed into the facility and sign-in. Residents have supervised recreation yard time. Currently there is a 12ft with razor wire around both the male and female rec yard. Emergency exits doors are alarmed and Resident Supervisor staff complete one head count per shift and a walkthrough continuously. Bed checks are completed once per hour.

The plan is required to be reviewed annually.

During the most recent review of the staffing plan, it is noted that the facility cameras have zoom, pan, and tilt capabilities and that all staff member have hand held radios with man down alarm features. This is the facility’s second PREA audit and the auditor noted corrective action implementation from recommendations on the first audit.

There have been no reports of deviations to the staffing plan.

Review:

Policy and procedure

Facility tour

Staffing plan

Floor plan with identified blind spots

Interview with PREA Coordinator

Interview with Executive Director

Interview with Quality Assurance/Accreditation Manger

Interview with Maintenance 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)

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Per agency policy, the facility does not permit body cavity searches unless conducted by medical staff. The facility house male and female offenders but does not permit cross-gender pat down searches. The facility conducts pat searches in camera view and has specific rooms for strip searches. All employees are trained on the proper techniques to pat and strip searches during orientation and again annually at the PREA Audit Report

facility.

The facility allows for residents to shower, perform bodily functions, and dress in areas not viewable to staff. Security cameras cover the bathrooms in the male housing units and segregation cells. The auditor reviewed the camera coverage for these areas and noted that there are strategically placed blackout areas over the places where residents would be using the restroom. One bathroom in the male wing has two urinal stalls and three toilet stalls with half wall dividers and no doors. There are three individual showers each with curtains that shows feet. The second bathroom has three toilet stalls with half walls and no doors and three individual shower stalls with curtains that show feet. Since the facility has placed cameras in the bathroom, the residents are required to change in the dorm room areas.

The female wing has one bathroom that contains three toilet stalls with $\frac{3}{4}$ wall dividers and no doors. The three individual shower stalls have curtains that can show feet. There are no cameras in the female bathroom but residents are still required to dress in the dorm room areas. Residents will close the blinds on the windows in the dorm room when they are changing. The holding cell in the female wing does have camera coverage. These cameras also have strategically placed blackout areas.

The facility has not had an incident of incidental viewing.

The facility has a knock and announce policy for all staff when entering the living area, bathroom, or dorm room of residents of the opposite sex. Interviews with random residents, indicate that staff knock and announce their presence when entering these areas.

The facility has not housed a transgender or intersex resident during this audit cycle. The agency has developed a transgender housing policy plan that allows for the facility to manage, house, and secure a transgender or intersex resident safely. Once identified and assigned to the facility, the resident will be placed in a room near the main post that offers a more secure environment. The resident will be consulted as to their needs for privacy concerning personal hygiene (each wing has a restroom and shower area inside the clinic that would allow for privacy if needed) and pat down preference. The agency has a policy for professional, respectful transgender/intersex resident pat downs. All staff members are trained during orientation and annually where they will learn/review appropriate pat downs, strip searches, and transgender/intersex pat down.

During interviews with staff, all indicate that they have been trained properly on how to conduct a variety of pat downs. The staff members felt comfortable with their training and no issues have been reported concerning the pat down process.

Review:
Policy and procedure
Facility tour
Interview with random staff
Interview with random residents
Interview with PREA Coordinator

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

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

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

The agency has a policy that calls for the reasonable accommodations for residents that allow for them to be able to benefit from program services. These services are for residents who may have a physical, mental, or cognitive disability or for residents who may be limited English proficient. The facility works with community partners to address specific individual needs so that residents can benefit from all aspects of the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The facility staff are instructed to ensure that all aspects of PREA are communicated to all residents regardless of mental, physical, or cognitive disability or language barrier. If there is not a qualified staff member to assist the resident, a community partner (VOCA-LINK)

will be contracted to aid the resident in understanding agency rules, PREA, and other regulations. At no time will another resident be used for interpretive services unless a delay in services would compromise the resident's safety, the performance of first responder duties, or an investigation.

The facility does not currently house any resident needing these services.

Review:
Policy and procedure
MOU with VOCA-LINK
Interview with random staff
Interview with PREA Coordinator

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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WORTH has a policy that prohibits any hiring or promoting staff (including contractors and volunteers) that have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility, nor will they hire or promote anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse in the community. The facility conducts a background check on all employees and volunteers through the Allen County Sheriff's Department. The agency has developed a new policy that requires everyone in the facility to have a background check, regardless of when they had the initial background check, every five years. A random review of 10 employee files shows that all employee background checks are up to date. The agency documents all contact with previous employers.

The employee application requires all applicants to reveal if they have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility or convicted of engaging or attempting to engage in sexual activity in the community by force (over or implied) or coercion, or if the victim did not consent or was unable to consent; and if they have been civilly or administratively adjudicated to have engaged in the above activity.

The agency also has a PREA acknowledgement form that all staff sign. The form reviews the agency's zero tolerance policy and all expectations under the PREA guidelines including the continuing affirmative duty to report any allegation against the employee.

Employees who would like to move up within the agency will have to submit a letter of interest. The HR Department will assess the eligibility of the employee by reviewing performance appraisals, disciplinary records, and personnel action reports. Employees who have a disciplinary report that includes a substantiated allegation of sexual harassment will not be considered for the position.

The auditor reviewed 10 random employee files. The review included onboarding documentation, employment application, reference checks/verification, interview forms, disciplinary records, training records, background checks, employee handbook, code of conduct/ethics acknowledgement, and promotions.

The auditor interviewed the Administrative Assistant and the Deputy Director concerning their method for ensuring all employees receive their initial and five-year background checks, the process for promotions, and the onboarding process.

CORRECTIVE ACTION:

The facility did not have on its application or on applicant interview questionnaire any question that directly ask the applicant if they have been civilly or administratively adjudicated to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or have been convicted on engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse.

The current reference check form did not include the requirement for the facility to make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse.

The background check system in place currently does not guarantee employees will receive another check at the five-year mark.

FACILITY RESPONSE:

The interview form has been updated to reflect all three required applicant questions. Auditor has reviewed form.

The facility has developed a new reference check questionnaire that defines institutional setting and has a requirement to ask questions related to standard 115.217 C. Auditor has reviewed this form.

The facility has developed a new policy which requires all employees regardless of when their initial background check was completed to have background check every five-years. The start date is from the last PREA auditing period in which all staff received an updated background check. The next scheduled check for all staff in in 2019.

Review:

Policy and procedure

Employee ethics acknowledgement

Employee files

Onboarding documentation

Interview with Deputy Director

Interview with PREA Coordinator

Interview with Administrative Assistant

Standard 115.218 Upgrades to facilities and technologies

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

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

The facility has not acquitted a new facility nor is planning any substantial expansion or modification to the existing facility. Facility management continues to review areas of the facility that could benefit from electronic monitoring, or other monitoring technology that aids in the ability to prevent, detect, and respond to incidents of sexual harassment or sexual abuse.

Review:

Facility tour

Floor plans

Interview with PREA Coordinator

Interview with Executive Director

Interview with Quality Assurance/Accreditation Manager

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 conducts administrative investigations into allegations of sexual abuse and sexual harassment. If at any time during the investigation the incident appears to be criminal in nature, the PREA investigator will refer the case to the legal authority for a criminal investigation. The Allen County Sheriff’s Department has the legal authority to investigate criminal conduct at the facility. The facility and the sheriff’s department have entered into a Memorandum of Understanding concerning the responsibilities of each party. The department will use “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” as the uniform evidence protocol in which to investigate any criminal allegations.

The facility will send residents to St. Rita’s Medical Center where they perform forensic exams as no cost to the victim. The auditor reviewed St. Rita’s website to confirm the services of a SANE practitioner and advocate services that would be provided by partnering agency. WORTH has a MOU with Crime Victim Services- Rape Crisis to provide advocate and emotional supportive services.

St. Rita’s has a SANE nurse on staff 24 hours a day 7 days a week. These nurses have been trained in providing compassionate, confidential, and specialized care in forensic nursing and crisis intervention clinical. Crime Victim Services would provide an advocate to offer emotional support, crisis intervention, and follow up services.

The facility has a licensed counselor on staff available to provide any necessary emotional supportive services should they be requested by the resident. The facility’s Clinical Services Director has provided emotional supportive assistance to a resident who requested services after an allegation report.

Review:

Policy and procedure

MOU with Allen County Sheriff’s Department

MOU with Crime Victim Services- Rape Crisis

Review of St. Rita’s Medical Center website

Interview with PREA Coordinator

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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The agency has a policy that regulates an administrative investigation of all allegations of sexual abuse and sexual harassment. The policy ensures that any allegation that appears to be criminal in nature is referred to the legal authority in charge of conducting a criminal investigation. The Allen County Sheriff’s Department is the agency who has the legal authority to conduct such investigation. The agency has posted its policy concerning conducting an administrative and criminal investigation on its website (<https://www.worthcenter.org>). During this past year, the facility has conducted five investigations. While no allegations have been referred for criminal investigation, the sheriff’s department did pass on an allegation that was reported to them from a resident.

Investigation #1: Resident to resident allegation of sexual harassment. The allegation was administratively investigated and determined to be substantiated. There was no criminal activity so there was no need to refer the case for criminal investigation.

Investigation #2: A staff report of witnessing possible resident to resident sexual abuse. The allegation was administratively investigated and determined to be unfounded. There was no criminal activity so there was no need to refer the case for criminal investigation.

Investigation #3: A third party report from another resident alleging resident to resident sexual abuse. The allegation was administratively investigated and determined to be unfounded. There was no criminal activity so there was no need to refer for criminal investigation.

Investigation #4: A resident called the local sheriff's department in order to make a PREA sexual harassment allegation. There was also a third party report of the same allegation made to the facility from an outside party. The allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity so there was no need to refer the case for criminal investigation.

Investigation #5: Staff to resident allegation of sexual harassment. The allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity so there was no need to refer the case for criminal investigation.

CORRECTIVE ACTION:

The facility has an appropriate policy outlining the responsibilities of the administrative and criminal investigators. The policy however; is not listed on the facility's website.

FACILITY RESPONSE:

The facility has posted the policy on its website. The auditor has reviewed the website.

Review:

Policy and procedure

Agency website

Interview with PREA Coordinator

Interview with Quality Assurance/Accreditation Manager

Investigation reports

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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All employees receive orientation training during their onboarding at WORTH. This training includes PREA related topics. During this training staff are trained in preventing, detecting, and responding to sexual abuse or sexual harassment. The Clinical Services Director conducts a facilitated training on how to communicate professionally and effectively with the LGBTI population. There staff also learn how to detect blind spot areas; and conduct pat downs, strip searches, and transgender/intersex pat downs. The facility uses the Relias online training to cover topics such as

Gender specific training

PREA assessment and the use of screening information

Boundaries

PREA compliance

Investigations

First responder duties/coordinated response plan

Resident rights under the PREA guidelines

PREA Audit Report

PREA policies

Rights and responsibilities for incidents of sexual abuse, assault, harassment, and retaliation

Symptoms of abuse

The facility requires all staff working directly with offenders to have this training biannually and offers a refresher course on the off year.

The facility also with provide training in PREA related topics as need arises. During an investigation, a staff member violated the code of ethics policy and it was decided that all staff would receive additional training on proper pat and strip searches, communication with tact and professionalism, and empathy.

Review:

Employee files

Training curriculum

Staff rosters

Interview with Training Coordinator

Interview with PREA Coordinator

Interview with random staff

Standard 115.232 Volunteer and contractor training

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

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

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

Review:

Policy and procedure

Contractor/volunteer sign-in sheet

Contractor/volunteer zero tolerance acknowledgement form

Training curriculum

Interview with PREA Coordinator

Standard 115.233 Resident education

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

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

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

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

In total, 10 residents (7 males and 3 females) were interviewed by the auditor. The residents acknowledged receiving PREA education training and informational brochures from the facility. Residents stated that their case manager also reviewed PREA related information with them. All residents reported feeling safe in the facility and comfortable enough with staff to report an allegation if necessary. Residents were aware of the PREA postings and the free phone available if they needed to contact a hotline or other supportive services.

Review:
Policy and procedure
Resident education curriculum
Resident education roster
Resident PREA brochure
PREA posters
Resident support documentation
Facility tour
Interview with random residents
Interview with PREA Coordinator

Standard 115.234 Specialized training: Investigations

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

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

The agency has a policy concerning specialized training for PREA administrative investigators. All criminal investigations are referred to the local legal authority for investigation. Several agency staff as well as the PREA Coordinator have received appropriate training on how to conduct an administrative investigation. The training curriculum was developed by the Moss Group. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity Warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative or criminal investigation referral.

Review:
Policy and procedure
Administrative investigator training curriculum
Administrative investigator training certificate
Interview with Quality Assurance/Accreditation Manger
PREA Audit Report

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 has staff for onsite medical or mental health services but does not provide forensic examinations. All residents requiring these services would be referred to community resources. The facility would use St. Rita’s Medical Center for SANE practitioners who are available 24 hours a day 7 days a week free of charge. Residents needing mental health services would be first assessed by the facility clinician and provided services. If those services were not appropriate, the resident would then be referred out to services in the community.

Advocate services for any resident needing services after a sexual abuse or sexual assault incident would receive services from Crime Victim Services- Rape Crisis. The facility also has several licensed counselors who could provide emotional supportive services.

All medical and mental health staff that work at the facility have received specialized medical/mental health PREA training as well as the employee required training.

- Review:
- Policy and procedure
 - St. Rita’s Medical Center website
 - Interview with PREA Coordinator
 - Interview with case manager
 - MOU with Crime Victim Services- Rape Crisis
 - Review of staff training certificates
 - Review of employee files

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 within 72 hours from intake to assess their risk of vulnerability or abusiveness. The screening tool used includes all required criteria per the standard to accurately assess the resident’s risk. The screening is completed with the resident’s case manager and a rescreen is completed before the resident reaches 30 days in the facility. Case managers have been trained on how to complete the assessment appropriately. Resident’s assessments are referred to the clinician for further review and/or classification if a resident answers in

the affirmative to any of the questions. The clinician also reviews assessments for accuracy. Per policy, a resident cannot be disciplined for refusing to answer assessment questions.

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

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

CORRECTIVE ACTION:

The facility is currently asking residents if others perceive them as being LGBTI versus the screener giving their perception of the resident as clarified in the FAQ for this standard dated October 21, 2016.

FACILITY RESPONSE:

The facility uses CorrectTech online data management program to maintain resident files. The database has been updated to require the staff screener give their perception of the resident as it relates to the resident's LGBTI status. The auditor has reviewed the new screening tool.

Review:

- Policy and procedure
- PREA initial risk assessment
- PREA rescreen risk assessment
- Interview with case manager
- Interview with random residents

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 who receive a classification as vulnerable based on their PREA screening assessment will be housed in a bed/room closest to the staff post. Staff would be aware of their status and ensure the safety and security of the resident without knowing details of the assessment.

Besides housing, the information obtained in the assessment may be included in the resident's individual case plan. The resident and the case manager would create goals to work on while in treatment or the case manager may make community referrals for treatment.

The facility has developed a safety plan that documents any housing, programming, accommodations, and/or mental health referrals a resident may receive based on the screening information or transgender/intersex status. The case manager would discuss with a transgender/intersex resident all available safety options and allow their views of their own safety to aid in determining housing and treatment options. Residents would be able to receive the same treatment benefits while being housed in a manner that allows for safe housing, work, and program assignments.

During the interview, the PREA Coordinator who is also the Clinical Services Director was able to clearly discuss the facility's plan to keep potential victims away from potential abusers during work, education, or program assignments. At this time, the facility does not have a resident that has identified as transgender or intersex.

Review:

- PREA assessment
- Interview with case manager
- 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.

The residents at WORTH Center have multiple ways of reporting sexual abuse or sexual harassment. Posters throughout the facility indicate how residents can report to staff 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 allows for 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.

The facility has received verbal reports from residents concerning allegation of sexual harassment. The facility ensures that all allegations are administratively investigated.

Review:
PREA postings
PREA brochure
Resident PREA education curriculum
Facility tour
Interview with random residents
Interview with random staff
Interview with PREA Coordinator

Standard 115.252 Exhaustion of administrative remedies

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

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

N/A: The facility does not use its grievance procedures to process PREA allegations. The PREA Coordinator reports that any allegation that is reported through the grievance system will be removed from that process and investigated appropriately. There is no time limit on when a resident can file an allegation.

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 Crime Victim Services- Rape Crisis to provide victim advocate services or emotional support services related to sexual abuse. Crime Victim Services has provided residents with their address and hotline number in order to obtain these services or make a sexual abuse or sexual harassment report.

The facility informs residents the limits of confidentiality when using these services during orientation group. Staff with licensure also inform residents about the limits of confidentiality when discussing issues with them.

Interviews with residents indicate that they have received the phone number and address of the Crime Victim Services and understand that reporting an allegation to the center could result in a mandatory reporting of the allegation. The address and phone number to Crisis Victim Services is located posters located throughout the facility.

Review:
MOU with Crime Victim Services
Facility tour
Interview with random residents
Interview with PREA Coordinator

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.

The facility has received two third party reports for the same allegation. The allegation was administratively investigated and determined to be unsubstantiated.

Review:
Agency website
Facility tour
Interviews with random residents
Investigation report.
PREA Audit Report

Standard 115.261 Staff and agency reporting duties

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

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

The agency has a policy that requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third party and anonymous reports. The staff have been give instruction on how to document the report which limits access to that information, and to only share that information with staff in order to make treatment, investigation, or other security decisions. All allegations of sexual abuse or harassment are referred to the PREA Coordinator for investigation.

Staff interviewed, including line staff and facility leadership, understood their duty to report and were trained appropriately on the agency's PREA reporting policies. Staff indicated that they would have no trouble reporting any allegation or suspicion of sexual abuse, sexual harassment, or retaliation even if it was against another staff member.

All staff members who have licensure are required to inform residents of their status and the limits of confidentiality. These staff members maintain their duty report any allegation made to them.

The facility does not accept any resident that is under the age of 18 and does not have a duty to report to child protective services. The facility would make a report to adult protective services if the alleged victim was classified as a vulnerable adult.

The facility received an allegation report from a staff member who suspected resident on resident sexual abuse. The allegation was administratively investigated and determined to be unfounded.

Review:

Policy and procedure
Employee training curriculum
Interviews with random staff
Interview with Quality Assurance/Accreditation Manager
Interview with PREA Coordinator

Standard 115.262 Agency protection duties

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

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

The facility has a plan to protect residents from imminent sexual abuse. The facility has several dorm rooms that a resident can be moved to in order to facilitate protection. The agency has a practice of placing a staff member on administrative leave if they are the subject of a sexual abuse or sexual harassment investigation.

An interview with the Executive Director, Deputy Director, PREA Coordinators discussed the process for ensuring resident safety and making a move to protect against sexual abuse if necessary. The facility has made several dorm moves based on allegations in order to separate the alleged abuser and victim. The facility has also placed a staff member on administrative leave while investigating an allegation of sexual harassment.

The auditor was left with the impression from the interviews with residents and staff that resident safety was paramount to the staff and that any necessary changes that would not jeopardize the safety and security of the facility would be made.

Review:
Police and procedure
Interview with Executive Director
Interview with Deputy Director
Interview with PREA Coordinator

Standard 115.263 Reporting to other confinement facilities

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

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

The agency has a policy that requires the Executive Director to report to the head of another facility any allegation made against that facility within 72 hours of receiving the allegation. The PREA Coordinator is responsible for documenting the report. Should a report be made to the facility that a resident at another facility is making an allegation toward someone in their agency; the PREA Coordinator shall ensure that the allegation is fully investigated.

An interview with the PREA Coordinator indicated that the facility has received a report from the Allen County Sheriff's Department concerning a report they received from a current resident. The allegation was administratively investigated and determined to be unsubstantiated. The facility has not received an allegation that the Executive Director had to relay to the head of another facility.

Review:
Policy and procedure
Interview with PREA Coordinator
Interview with Executive Director

Standard 115.264 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a policy requiring all staff be trained on first responder duties. The duties vary from non-security staff to security staff. All staff are supplied the required first responder training. The facility has a detailed sexual abuse, assault, harassment response procedure for any incident of sexual abuse. This plan is posted at the staff post. The response procedure includes where to place an alleged abuser when separating from the victim so that the abuse cannot destroy any evidence, preserving evidence until the local legal authority can collect the evidence, requesting that the alleged victim not do anything to destroy evidence including washing, brushing teeth changing clothes, performing bodily functions, smoking, drinking, or eating, reporting allegation to the local authorities and to the PREA Coordinator.

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

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

CORRECTIVE ACTION:

The language on the first responder flow chart states that the responder will advise the abuser not to destroy evidence instead of ensuring that the abuser does not take any actions that could destroy evidence.

FACILITY RESPONSE:

The facility created new first responder flow charts with the responsibility for the first responder to ensure that the abuse does not take any action that could destroy evidence. The charts have been redistributed to staff. The auditor has reviewed the new chart.

Review:

- Policy and procedure
- Facility tour
- First Responder Flow Chart posting
- Interview with random staff
- Interview with PREA Coordinator

Standard 115.265 Coordinated response

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

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

The agency has developed a Sexual Abuse, Assault, Harassment Response Procedure for any incident of sexual abuse. The plan list the required steps in a flow chart and is posted at the security posts. The steps listed are specific and detailed enough for staff to follow in the event of a sexual abuse/sexual assault incident. The list starts with the first responder duties and refers the staff member to call the local authorities, the Director of Operations and Security, and the PREA Coordinator.

The PREA Coordinator (the administrative investigator) will follow up with the local authorities until completion of the investigation. An administrative investigation will not take place until after the criminal investigation is completed or in conjunction with the local legal authority.

The staff will offer the victim access to a forensic medical exam at St. Rita’s Medical Center, victim advocate services from Crime Victim Services, and if the advocate services are not readily available a qualified staff member who has been trained as an emotional support person

will assist. The advocate will accompany the victim to the medical exam and any investigative interviews. In cases of sexual assault or sexual abuse, the victim's mental health will be evaluated by the agency clinician. The clinician will refer out to community resources if necessary.

The PREA Coordinator or counselor responsible for the 90 day retaliation monitoring and status checks.

Review:

Policy and procedure

First Responder flow chart

Interview with PREA Coordinator

Interview with Quality Assurance/Accreditation Manger

Interview with staff

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

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

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

N/A: The PREA Coordinator reports that the facility does not have a union nor does it enter into any contracts with employees.

Standard 115.267 Agency protection against retaliation

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

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

The agency has a policy designed to protect residents and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation from other residents or staff. The protection measures include bed moves, dorm moves, facility moves, and administrative leaves for staff. Should a resident or staff member make a request, an emotional support person will be available for services.

The PREA Coordinator or designee would be responsible for monitoring the conduct, and treatment of residents or staff who report sexual abuse. The monitoring of residents who report abuse would also include periodic status checks and resident disciplinary records, housing, program changes, or negative performance reviews or reassignments of staff. The monitoring would continue past 90 days if need is indicated. Monitoring would cease if the allegation has been determined to be unfounded.

The auditor reviewed retaliation monitoring and status checks from various allegations.

The auditor was able to interview the Executive Director to confirm the retaliation monitoring process and the measures the facility would

employ to ensure that a resident or staff member would be protected from retaliation.

Review:
Policy and procedure
Retaliation monitoring form
Investigation reports
Interview with Executive Director
Interview with PREA Coordinator

Standard 115.271 Criminal and administrative agency investigations

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

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

The facility conducts administrative investigations but does not conduct criminal investigations. Criminal investigations would be completed by Allen County Sheriff's Department.

The facility has a trained administrative investigator and the PREA Coordinator is a trained investigator as well. The facility conducted the following administrative investigations this past audit year:

Investigation #1: Resident to resident allegation of sexual harassment. The allegation was administratively investigated and determined to be substantiated. There was no criminal activity so there was no need to refer the case for criminal investigation.

Investigation #2: A staff report of witnessing possible resident to resident sexual abuse. The allegation was administratively investigated and determined to be unfounded. There was no criminal activity so there was no need to refer the case for criminal investigation.

Investigation #3: A third party report from another resident alleging resident to resident sexual abuse. The allegation was administratively investigated and determined to be unfounded. There was no criminal activity so there was no need to refer for criminal investigation.

Investigation #4: A resident called the local sheriff's department in order to make a PREA sexual harassment allegation. There was also a third party report of the same allegation made to the facility from an outside party. The allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity so there was no need to refer the case for criminal investigation.

Investigation #5: Staff to resident allegation of sexual harassment. The allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity so there was no need to refer the case for criminal investigation.

The auditor sat with the PREA Coordinator and the PREA Investigator to review the process for how the investigator completes an investigation. The investigator discussed the review of any camera footage if available, interviewing the alleged victim, witness, and abuser, and review if there has been previous complains made against the suspected abuser. At no time does the investigator use status as a resident or staff member to determine credibility. The facility does not use a polygraph examination as part of an administrative investigation. All allegations will receive an administrative investigation regardless of whether the alleged victim or abuser is no longer employed or in the control of the agency.

All allegations are documented. The report is comprehensive in the information it collects from the beginning to the disposition of the allegation. If a Sexual Abuse Review Team meeting and retaliation monitoring is necessary, the investigator will denote the time of the SART meeting and who is responsible for retaliation monitoring.

The PREA Coordinator confirmed the retention schedule of for as long as the person is incarcerated or employed with the agency plus five years. The Regional Director is responsible for maintaining contact with the legal local authority when the investigation has been referred for criminal investigation.

Review:

Policy and procedure

Investigation reports

Interview with PREA Coordinator

Interview with Quality Assurance/Accreditation Manager

Standard 115.272 Evidentiary standard for administrative investigations

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

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

By agency policy and confirmed by the investigator and PREA Coordinator interviews, the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.

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

Review:

Policy and procedure

Interview with 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.

WORTH policy requires resident notification to any resident that alleges sexual abuse or sexual harassment whether that allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Review:

Policy and procedure

Investigation report

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.

WORTH 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 resident 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 auditor reviewed agency policy, the employee handbook, and interviewed the PREA Coordinator, Executive Director and Deputy 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 harassment will be disciplined up to and including termination from the facility and employees found to have engaged in sexual abuse will be immediately terminated and law enforcement would be notified.

Review:
Policy and procedure
Employee handbook
Interview with random staff
Interview with PREA Coordinator
Interview with Deputy Director
Review of employee files

Standard 115.277 Corrective action for contractors and volunteers

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

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

All contractors and volunteers are made aware of the agency's zero tolerance policy toward sexual abuse and sexual harassment. Each must participate in PREA training where they will be taught how to prevent, detect, respond, and report sexual harassment and sexual abuse.

The facility has not had an allegation of sexual abuse or sexual harassment against a contractor or volunteer during this audit cycle.

Review:
Policy and procedure
Contractor training verification
Interview with PREA Coordinator

Standard 115.278 Disciplinary sanctions for residents

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

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

The facility has an appropriate policy that disciplines residents for a substantiated allegation of sexual abuse or sexual harassment or for a criminal finding of guilt for sexual abuse or harassment. The facility has disciplined a residents in accordance with facility rules for a substantiated sexual harassment allegation. The facility has not had a guilty finding in a criminal investigation of resident on resident sexual abuse or sexual harassment during this audit cycle.

The resident handbook clearly defines the agency's rule violations and the possible sanctions. Each resident is given a handbook at intake and staff reviews the handbook, specifically the disciplinary policies, with each resident.

During resident interviews, all residents stated that they received a handbook at intake and that staff reviewed the disciplinary policies with them. Each resident was able to identify the sanctions that accompany a substantiated allegation of sexual abuse or sexual harassment or a criminal finding of guilt.

Review:
Policy and procedure
Resident handbook
Interviews with random residents
Interview with PREA Coordinator
Investigation reports

Standard 115.282 Access to emergency medical and mental health services

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

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

corrective actions taken by the facility.

After an incident of sexual abuse or sexual assault, victims are offered unimpeded access to emergency medical treatment and crisis intervention services. Qualified practitioners who would determine the appropriate scope of services would provide these services. Medical services would be provided by St. Rita's Medical Center and mental health, crisis intervention, or advocacy services would be provided by Crime Victim Services-Rape Crisis. Residents would be given timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. All services are offered free of charge to residents.

The victim's mental health will be evaluated by the agency clinician. The clinician will make appropriate community referrals if necessary.

WORTH staff are trained on the appropriate response to an incident of sexual abuse or sexual assault during training.

A review of allegation investigation forms shows that staff would offer residents the opportunity to receive medical and mental health care if appropriate. The Clinical Services Director has provided emotional support services as requested by an alleged victim of resident on resident sexual harassment.

Review:

Policy and procedure

First Responder flow chart

Training roster

Investigation reports

Interview with PREA Coordinator

Interview with random staff

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

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

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

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

Staff are trained on the coordinated response plan. This plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical and mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

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

Review:

Policy and procedure

First Responder flow chart

MOU with Crime Victim Services

Training roster

Interview with PREA Coordinator

PREA Audit Report

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.

WORTH has an agency policy on a review of all substantiated or unsubstantiated allegations of sexual abuse within 30 days of the conclusion of the investigation. The review team includes the PREA Coordinator, Executive Director, Deputy Director, Clinical staff, and any other staff member deemed necessary.

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

The auditor review the paper work and process of a SART review with the Quality Assurance/Accreditation Manger and the PREA Coordinator. The Coordinator would ensure that any recommendations were implemented.

Review:

Policy and procedure

SART review forms

Interview with PREA Coordinator

Interview with Executive Director

Interview with Quality Assurance/Accreditation Manger

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.

The PREA Coordinator is responsible for collecting the data for every allegation of sexual abuse and sexual harassment at the facility for each calendar year. The facility is using the Department of Justice Survey of Sexual Violence IV as the collection instrument. The information from this report is aggregated and listed in the agency's annual PREA report and the report is posted on the facility's website.

The PREA Coordinator reports the records retention schedule for information collected is ten years.

The Justice Department has not requested this information from the agency.

Review:

Policy and procedure

Annual PREA report

Agency website (www.worthcenter.org)

Survey of Sexual Violence IV report

Interview with PREA Coordinator

Standard 115.288 Data review for corrective action

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

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

The agency has a policy requiring the PREA Coordinator to publish an annual PREA report. The report contains details on how the facility assess and improves the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report identifies problem areas and corrective action along with the corrections from prior years. The report also includes an assessment of the agency's progress in addressing sexual abuse.

A review of the report shows the facility documented the required information as well as a comparison to last year's allegation demographics and corrective actions. The report list the ways the agency has addressed issues and its overall progress toward addressing sexual abuse.

The report is posted on the agency's website (<https://worthcenter.org>) and includes reports from previous years. The report does not include any identifying information that could jeopardize the safety and security of the facility.

Review:

Policy and procedure

Annual PREA report

Interview with PREA Coordinator

Standard 115.289 Data storage, publication, and destruction

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

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

The PREA Coordinator is responsible for the collection and secure retention of all data collected pursuant to standard 115.287. The data

collected will be retained to 10 years. The Coordinator takes all collected and creates an annual report which is published on the agency's website (<https://worthcenter.org>) after approval from the agency's Executive Director.

The report does not contain any information that could identify anyone personally or contain any information that could jeopardize the safety and security of the facilities.

Review:
Policy and procedure
Annual PREA report
Agency website
Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kayleen Murray

October 11, 2017

Auditor Signature

Date