

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 30, 2020

Auditor Information

Name: Kayleen Murray

Email: knmurray02@yahoo.com

Company Name: Click or tap here to enter text.

Mailing Address: P.O. Box 2400

City, State, Zip: Wintersville, Ohio 43953

Telephone: 740-317-6630

Date of Facility Visit: March 10-11, 2020

Agency Information

Name of Agency: Click or tap here to enter text.

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Agency-Wide PREA Coordinator

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

PREA Coordinator Reports to:

Click or tap here to enter text.

Number of Compliance Managers who report to the PREA Coordinator:

Click or tap here to enter text.

Facility Information

Name of Facility: STAR Community Justice Center- Athens

Physical Address: 7 W. Twenty-Nine Drive

City, State, Zip: Nelsonville, Ohio 45764

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.starclc.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Director

Name: B. Matthew McClellan

Email: mmclellan@starclc.com

Telephone: 740-354-9026 x 1136

Facility PREA Compliance Manager

Name: Domonique Paige

Email: dpaige@starclc.com

Telephone: 740-753-5000

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

94

Current Population of Facility:

94

Average daily population for the past 12 months:	83	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 and up	
Average length of stay or time under supervision	92 days	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	309	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	305	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	276	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	40	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	32	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	11	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	22	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	13
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<h3>Investigations</h3>	
<h4>Criminal Investigations</h4>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
<h4>Administrative Investigations</h4>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>5</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA onsite visit for STAR Community Justice Center- Athens located at 7 W. Twenty-Nine Drive, Nelsonville, Ohio was performed March 9-13, 2020 in conjunction with STAR Community Justice Center. The facility was last audited under the name of SEPTA and operated by a different administration. The facility opened under STAR Community Justice Center in 2018. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act (PREA) standards for community confinement facilities.

The facility elected send the auditor emails to provide the auditor with documentation relevant to showing compliance with each standard. The auditor the information was available approximately six weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedures, MOUs, facility staffing plan, table of organization, job descriptions, and post orders. The auditor received photos showing proof of audit notices posted in resident and staff areas six weeks prior to the onsite visit. The auditor reviewed the prior final audit report and previous documentation for comparison to the current audit.

The audit notice posting was sent to the auditor showed the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to have confidential correspondence with the auditor. The auditor did not receive any correspondence from residents or staff prior to the onsite visit. The auditor received one request to speak with the auditor during the onsite visit.

In addition to the documentation sent prior to the onsite visit, the auditor reviewed five resident files, five staff files, staff and resident training records, risk for abusiveness screenings and re-screenings, agency website, acknowledgement forms, posters, brochures, floor plan with camera locations, volunteer/contractor information, and coordinated response plan during the onsite visit.

The onsite visit was conducted over two days where the auditor received a complete tour of the building. The tour included observations of the housing units, dorm rooms,

bathrooms, closets/storage rooms, administration area, medical/intake areas, education classroom, kitchen/dining hall, staff offices, and outdoor recreation area. During the walkthrough, the auditor was able to have informal conversations with both staff and residents. The auditor made notes of cameras, security mirrors, blind spot areas, and staff/resident interaction. The auditor was provided a private office to conduct formal interviews with staff and residents.

The auditor interviewed sixteen residents based on the population of ninety-four (94) residents during the onsite visit. The residents selected were based on the requirements of the PREA Resource Center's Auditor Handbook guidelines. The residents were selected based on their housing unit, targeted interview status, risk assessment screening, intake dates, and commitment status. The auditor conducted the following interviews:

- Random = 12
- Targeted = 4

The breakdown of the number of targeted interviews is as follows:

- Residents that identify as lesbian, gay, or bisexual = 1
- Residents that have a physical or cognitive impairment = 1
- Residents that have reported sexual abuse during risk screening (community) = 1
- Resident that reported sexual harassment (in facility) = 1

*Targeted residents were interviewed based on targeted and random interview protocols.

The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. The auditor explained the interview process to each resident and that they were under no obligation to answer questions. The auditor asked questions concerning the resident's experience with PREA education, allegation reporting requirements, retaliation, staff communication, grievance reporting, knock and announcements, searches (pat, enhanced pat, strip, body cavity, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has forty full and part-time staff members including the Director. The auditor was able to talk with agency leadership, specialized interviews, and random staff members during the onsite visit, which includes:

- Executive Director
- PREA Coordinator
- Program Director
- Community Justice Manager
- Human Resource Specialist
- Nurse
- Program Manager
- Administrative Investigators
- Risk of Victimization/Abusiveness screener
- Retaliation monitor
- SART team members
- First Responders (security and non-security)
- PREA education facilitators
- Emotional Support staff
- Intake Resident Leader

The auditor also interviewed random staff members from both programming and security. Security staff from both shifts were interviewed. Several staff members were responsible for more than one specialized area. Due to the number of staff employed by the facility, the auditor was unable to interview twelve random staff members.

All staff interviews, random and specialized, were conducted using the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. The auditor was able to question staff on the agency's zero tolerance policies, trainings, reporting protocols, first responder duties, coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies and procedures, data collection, annual reports, staffing plans, electronic surveillance, reporting to other confinement facilities, disciplinary procedures, knock and announcements, cross-gender supervision polices, and transgender/intersex accommodations.

The auditor reached out to the facility's community resources by email to confirm the MOUs and scope of services. These community partners include a representative from Survivor Outreach Advocacy Program.

On the final day of the audit, the auditor sat down with agency and facility leadership to review preliminary audit findings.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

STAR Community Justice Center-Athens, is a minimum secured community based correction facility located in Nelsonville, Ohio that serves male felony offenders. The facility is a single story building that houses the administrative area, intake, education classroom, group rooms, two housing units, and a cafeteria. The facility has a main entrance for staff and visitors and a separate entrance for residents in the intake/holding cell area. Visitors must sign in at the control center and read and sign an acknowledgment of the facility's zero tolerance policy.

Housing Unit 1: At the entrance to the unit is a cross gender doorbell. The door and wall area to the unit is made of glass. There is a staff post desk at the top of the unit. Around the perimeter of the unit are dorm rooms, bathrooms, group room, and laundry room. The unit has a mezzanine level that has dorm rooms, bathrooms, and storage closets.

The dorms have two bunks and a security mirror if there are angles or corners in the room. All doors must be open during programming hours and have a window in the door. The facility has one dorm that has two beds and a private single use bathroom. Any resident identified as being transgender or intersex can be housed in this room to facilitate private shower times.

The unit has five bathrooms between the two levels. The bathrooms have a solid door at the entrance, two sinks with mirrors above, two single use showers with a curtain, and one toilet that sits behind a wall but does not have a stall door.

Housing Unit 2: At the entrance to the unit is a cross gender doorbell. The door and wall area to the unit made of glass. There is a post desk at the top of the unit. There is a laundry room and space to have groups/meetings in the dayroom area.

There are two dormitory style rooms in the unit that have large open entrances. The walls enclosing the dorm rooms only reach $\frac{3}{4}$ of the way to the ceiling. Both dooms have cameras. The beds are aligned against the wall for clear line of site views into the room. The residents are not allowed to hangout in their rooms during programming hours. Any resident that may be identified as being vulnerable to abuse or a potential abuser will be housed in a bed that is closest to the housing desk.

Each dorm is assigned a bathroom. The bathrooms have a large open entrance. There are five sinks with mirrors above to one side with toilets on the opposite side. The showers are at the back of the bathroom with a 4ft wall in front to offer privacy.

All staff offices, classrooms, dining, and group rooms have large windows that give clear line of site views into the whole room. The facility also has security mirrors in strategic places to minimize blind spot areas. The electronic surveillance program includes eighty-seven cameras placed throughout the facility (interior and exterior) that have the capability to record and play back for up to 30-days. The housing desk in each of the units do not have camera monitors. All camera monitoring is done at central control. Operations Specialist that man the housing desk control the doors.

Residents have access to an outdoor recreation yard area under staff supervision.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

STAR policy 6A-05 states that facility has a zero tolerance standard for sexual harassment or sexual abuse toward residents. The facility informs all employees, residents, contractors, volunteers, and visitors that residents are not to be subject to sexual

abuse and sexual harassment. The policy provides definitions of sexual abuse and sexual harassment.

Anyone can report incidents of sexual abuse or sexual harassment in a variety of methods without fear of reprisal or retaliation. The policy requires all allegations to be treated seriously and investigated administratively and/or criminally in a professional, confidential, and expeditious manner.

The policy requires the facility to have a PREA Coordinator who will assist the facility in putting procedures in place to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility's PREA Coordinator has been identified as the Managing Director. She is required to ensure the facility is complying with the PREA standards and all related laws and standards. This includes:

- Create and implement Standard Operating Procedures for the PREA standards
- Review the Code of Ethics annually and recommend changes
- Suggest policy changes and revisions when needed
- Provide staff training
- Inspect physical plan regularly
- Ensure compliance with all human resource rules and regulations
- Assuring all allegations have an administrative and/or criminal investigation
- Participates on SART
- Collecting and reporting outcome measures
- Attend and participate in the quarterly PREA Coordinators meeting facilitated by the PREA Community Compliance Corrections Liaison at ODRC
- Oversee audits

According to the facility's Table of Organization, the PREA Coordinator reports to the Executive Director. During an interview with the Executive Director he states that he is new to the position but not to the facility; therefore, relies heavily on the guidance of the PREA Coordinator to ensure the facility is in compliance with all community confinement PREA standards.

The PREA Coordinator reports that she has sufficient time and authority to ensure that the facility is complying with the standards. She states that she directly oversees the implementation of PREA policies, procedures, and practices.

The facility has an appropriate zero tolerance policy and a high level staff member acting as PREA Coordinator. The Coordinator has been given enough time and authority to ensure the facility is in compliance with the standards.

Review:

Policy and procedure

Table of Organization

Job description

Interview with PREA Coordinator

Interview with Executive Director

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 to the auditor that the facility houses offenders for the State of Ohio and does not contract with other facilities to house offenders on behalf of the STAR.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 staffing plan that documents its plans for providing adequate levels of staffing and video monitoring to protect residents against sexual abuse. The plan takes into consideration:

- The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities;
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse;

- Any other relevant factors

The plan is developed and reviewed by the Director Team. The team meets quarterly to discuss the overall strength of operations, programming, and other support. The plan is updated as needs arise.

The team will review:

- The prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels

The auditor received a copy of the facility's staffing plan and annual review. The plan includes:

Layout of the facility:

- Identified blind spot areas

Composition of residents

- Serves male offenders
- Risk assessment used for housing, program, work, and education assignments

Incident of sexual abuse

- Staff-to-resident sexual abuse = 1 unsubstantiated
- Resident-to-resident sexual harassment = 2 unsubstantiated; 1 unfounded

Deviations from the staffing plan

- No deviations from the staffing plan

The staffing plan documents the prevailing staffing plan for the facility. The facility has a total of forty (40) staff members. Security staff operate on two twelve hour shifts, while operations, programming, intake, reentry, and administration are available during the first shift.

The prevailing staffing plan is as follows:

Weekdays shift 1-

- Operations 3 security, 1-2 kitchen, 1 maintenance, 1 medical
- Programming 4 program specialist, 2 treatment specialist

- Intake 2 intake specialist
- Reentry 2 aftercare specialist, 4 reentry, 1 GED instructor
- Administration 5 management, 1 business office

Weekdays shift 2 -

- Operations 4 security

Weekends shift 1-

- Operations 3 security (+1 during visitation)

Weekends shift 2 –

- Operations 4 security

The facility has one hundred one (101) cameras. The cameras are strategically located in common areas throughout the interior and perimeter of the facility. The control center has constant surveillance of the facility.

Security staff are responsible for conducting rounds every 30-minutes within their designated area. Security staff will also conduct resident counts two times per shift.

Review:

Policy and procedure

Staffing plan

Annual report

Camera views

Facility tour

Interview with PREA Coordinator

Interview with Executive Director

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual bodycavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility has a policy (2C-04-06) that states that all strip searches must be conducted by staff members of the same gender. The policy states that inspections of body cavities can only be conducted in private by a healthcare professional. The search will only be conducted when there is a reason to do so and when authorized by the facility administrator or designee. The facility does not house female offenders.

The facility has Standard Operating Procedures (SOP) for a clothed (pat) and unclothed (strip) searches. Pat searches will be conducted within view of security cameras, and female staff do not search male residents. The procedure for the pat search includes:

- Request all items be removed from pockets and if possible turn pockets inside out
- Check the contents of the resident's pockets for contraband
- Place open hands on the resident's shoulders and travel down both sides of the resident's arms and legs carefully checking for contraband
- Move hands around the resident's waistband and inspect any belt for hidden objects
- Searches also include the resident's shoes and socks

Strip searches are only conduct by staff members of the same gender of the resident and in a discrete area. The procedure for the strip search includes:

- Residents will empty their pockets and all items will be thoroughly inspected
- Residents will remove their clothing and each piece will be thoroughly inspected
- Resident will run fingers through their hair

- Staff will inspect behind the ears, nostrils, and mouth
- Staff will request the resident to raise their hands and turn around slowly
- Staff will visually inspect the groin area
- The bottoms of the foot will be checked
- The resident will be instructed to squat and cough

The auditor interviewed sixteen (16) residents during the onsite visit. The auditor inquired about searches as well as cross-gender announcements. All of the male residents interviewed stated that at some time during their stay, they have had a pat search by a male staff member. All residents described the search as professional and did not feel as if staff were conducting unnecessary or inappropriate searches. The residents state that upon intake they have received a strip search. The search was conducted in a private room by a male staff member. The residents report the search was conducted as expected. The auditor was able to view a search of a resident. The pat search was conducted as outlined in policy.

The facility has two housing units. One housing unit has rooms with four beds in each room, with one room that has private access to a single use bathroom. This bathroom has a sink, toilet, and tub/shower combination with a shower curtain. The dorm rooms are located along the perimeter of the main floor and on the mezzanine level. The rooms have windows in the doors and security mirrors in the rooms to provide better views into blind spot areas from the doorway. There are a total of five (5) multi-use bathrooms in this housing unit. The bathrooms have a solid door at the entrance, one toilet behind a wall but does not have a door, two sinks with mirrors above and two single use showers with a shower curtain that has clear tops and bottoms. The Managing Director reports that the resident must get permission to use the bathroom and can only use the bathroom one at a time.

The second housing unit has two dorm style rooms. One dorm has twenty-four (24) beds and the second dorm has twenty-six (26) beds. The dorms have a wide open entrance and the surrounding walls do not go up to the ceiling. These two dorm areas also have cameras. Residents are instructed on the facility's dressing policy and must change clothing in the bathroom. There are two bathrooms in this housing unit. The bathrooms have a large open entrance, five sinks on the left side with mirrors above, three toilets and two urinals on the right side with curtains in front of the toilets, and there are four single use showers in the back with shower curtains. There is a four-foot pony wall in front of the shower area to block it from view of the entrance.

The configuration of all the bathrooms allows for residents to shower, change clothing, and perform bodily functions with as much privacy as possible without compromising the safety of the facility.

During resident interviews, they were questioned on opposite gender knock and announcements. The residents reported that female staff members will ring the doorbell before enter the housing unit. The doorbell alerts residents that a female staff member has entered the housing unit. The residents state that during programming hours, they are not allowed in their rooms and must have the door open. The staff doing rounds can enter the rooms without residents being inside. During the evenings, or for bathroom searches, the residents report that female staff members always knock and announce themselves before entering; however, they report most searches in bathrooms and dorms are conducted by male staff members. No resident made a report of incidental viewing from an opposite gender staff person.

The auditor interview security staff from both sifts and both housing units. The staff report being trained on how to properly conduct a pat, strip, cross-gender, and transgender search. The staff report that they have not conducted a transgender search, but would be prepared to conduct one professionally and respectfully. Female staff interviewed (programming, management, and kitchen staff) all report being trained on the facility's knock and announcement policies. They state that before entering the housing unit, they are required to ring the doorbell located on the outside door of the unit. The female staff report that they do not enter male dorm rooms or bathrooms. The auditor was able to see this practice during the onsite visit. No female staff member reported an incident of incidental viewing.

The auditor was given the facility's training curriculum and sign-in sheets for searches, including cross-gender searches and transgender/intersex searches. The training is provided annually to security staff. The training adequately prepares staff to conduct professional and respectful searches in the least intrusive manner possible.

The facility has not housed a transgender resident. The Managing Director reports that should the facility house a transgender resident, they could house the resident in the dorm room that has a private bathroom.

Review:

Policy and procedures

Clothed and unclothed search SOP

Training curriculum

Training sign-in sheets
Facility tour
Interviews with residents
Interviews with staff
Interview with Managing Director

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 requires oral and written information to be given to all residents upon their arrival to the center which explains the facility's zero tolerance policy regarding sexual misconduct and includes:

- Prevention
- Self-protection
- Reporting
- Treatment and counseling

For residents who have been identified as limited English proficient; have literacy deficiencies; or have a disability that hinders the resident's ability to understand the information, the facility is required to make appropriate provisions. The PREA Coordinator is responsible for ensuring all residents have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual misconduct. The facility will not use a resident interpreter, resident reader, or other resident assistance to provide this information except in limited circumstances where an extended 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 allegation.

The PREA Coordinator reports that should a resident be limited English proficient, they would contact an appropriate translator using the list of approved translators from the Ohio Supreme Court. She reports that the facility has never housed a resident that has needed translator services. She states that intake staff will read and explain the resident's rights under PREA and all the ways to report to any resident that has a literacy or cognitive disability. The facility will ensure residents that are blind, deaf, or hard of hearing have the necessary auxiliary aids.

The residents participate in orientation group. During orientation group the residents will review the resident handbook and watch the PREA education video produced by Miami-Dade Correctional Institution. The auditor was able to sit in on this orientation group and watch the video as well as listen to the facility specific information given to the residents. The handbook is reviewed orally page by page and the video has subtitles and is available

in Spanish and French. The group is instructed by residents that have reached the Advocacy phase of treatment with staff supervision.

The auditor interviewed ten residents during the onsite visit, including a resident that has been identified as having a cognitive disability and one with a physical disability. The residents report having the appropriate information to participate in or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The residents report having all information read to them at intake and again during orientation.

The resident identified as having a cognitive disability was interviewed by the auditor. The resident stated that at intake the staff member read the handbook and answered questions. He states that the staff member reviewed the PREA information and explained to him how he could report an allegation. The resident also discussed the PREA orientation class, including watching the video. He states that he feels safe in the facility because the staff members have addressed all his concerns.

The resident with the physical disability was interviewed but his disability does not prohibit him from participating or benefiting from the facility's sexual abuse and sexual harassment prevention, detection, and response policies. He states that he has all the information he needs in order to keep himself safe.

The auditor was provided a resident handbook, pamphlets, and posters available to the residents which included options for those who are limited English proficient. The facility also ensures all information is read and explained to the residents at intake and orientation.

Review:

Policy and procedure

Ohio Supreme Court interpreter list

Resident handbook

PREA posters and pamphlets

PREA education video

Interview with Intake Manager

Interview with Intake staff member

Interview with residents

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of 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 consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of 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 consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: 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 an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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STAR's SOP-A013 focuses on the facility's hiring guidelines. The SOP states that the facility does not hire or promote anyone who has engaged in sexual abuse in an institutional setting or who has engaged in sexual activity in the community facilitated by force, the threat of force, or coercion.

The facility requires all applicants that are interviewed for positions that have contact with the residents to self-report whether they have:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Been convicted for 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 consent or refuse
- Been civilly or administratively adjudicated to have engaged in the previously described activities

Employees annually affirm that they have not engaged in any of the above statements nor had any other contact with law enforcement. This is done in conjunction with annual performance appraisals.

To ensure that the facility does not hire a prohibited applicant, the Human Resource department will screen all internal and external applicants and contract workers to ensure they meet the requirements and that any reported background issues do not disqualify them. The SOP states that all STAR employees are subject to updated background checks every five (5) years during their employment.

The auditor interviewed the Human Resource Specialist. She reports that all applicants are asked during their interview to verify that they have not engaged in sexual abuse in an institutional setting or who has engaged in sexual activity in the community facilitated by force, the threat of force, or coercion. She stated that applicants are informed that any material omissions regarding sexual misconduct, or the provision of materially false information would be grounds for termination.

The HR Specialist states that once an applicant is decided upon, he/she will sign a release for a background check as well as a check with previous institutional employers. She states her department is responsible for contacting those employers and asking them to provide verification that the applicant was not the subject of a substantiated sexual abuse allegation or if the applicant quit during an investigation into allegations of sexual abuse. Documentation of the reference check would be placed in the applicant's file.

All applicants and contractors must pass a criminal background check before being allowed to work with the residents. The criminal background checks will be completed by the Federal Bureau of Investigations and the Ohio Bureau of Criminal Investigations. The HR Specialist states that quarterly, employee files are audited. The staff will match-up hire dates with the employees who are scheduled for five-year updated background checks. Those employees will have an updated check and the results will be placed in the employee's file.

The HR Specialist reports to the auditor that all job openings will be offered to current employees through the facility's email system. Employees who wish to apply for the job will respond to the email with their letter of interest. Any employee that applies will have their personnel file reviewed for any past disciplinary actions and of their performance appraisals. Internal applicants will be interviewed and all applicable information will be taken into consideration before a person is promoted.

The facility sent the auditor some employee file information prior to the onsite visit and the auditor review five additional files while on the onsite visit. The auditor reviewed the files for self-reporting information, reference checks from previous institutional employers, initial and updated background checks, promotions, disciplinary actions, annual performance appraisals, and zero tolerance acknowledgements. All files reviewed had the appropriate documentation.

The Human Resource Specialist reports that all request for employment verification for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Review:

Policy and procedure

Employee files

Background checks

Reference checks
Performance appraisals
Disciplinary action
Interview questionnaire
Interview with Human Resource Specialist

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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STAR Community Justice has acquired this facility from a previously run community based correction facility. The facility made significant changes to both the housing units. The changes included removing barriers around the staff desk and adding dorm walls. The changes were made with the PREA Coordinator. She discussed with the auditor how the facility had these changes so residents have easier access to staff and more privacy in the dorm room. She states that all changes were made with resident safety in mind.

The facility also made modifications to the video monitoring system. The facility made changes to camera locations after the building changes to address blind spot areas. The facility also placed cameras in the two dorm rooms in one of the housing units. The PREA Coordinator reports that the facility regularly assesses how technology may enhance the facility's ability to protect residents from sexual abuse.

Review:

Interview with PREA Coordinator

Facility tour

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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Facility policy 6A-05 states that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated thoroughly in a professional, confidential, and expeditious manner by an administrative and/or criminal investigator. The facility is prohibited from conducting criminal investigations. The PREA Coordinator reports that the Nelsonville Police Department has the legal authority to conduct criminal investigations. The facility does not have a MOU with the department; however, the department has responded and investigated a reported allegation.

All allegations will be administratively investigated by a trained investigator. The facility has three trained investigators. The training was provided by the Moss Group. The facility provided the auditor a copy of the training certificates.

The PREA Coordinator reports that any resident who is a victim of sexual assault/abuse will be transported to Hocking Valley Community Hospital for a forensic medical

examination. The hospital has nurses that have received specialized training to provide a comprehensive medical forensic examination. This includes:

- A detailed physical and emotional assessment
- Written and photographic documentation
- Collection and management of forensic samples
- Emotional and social support
- Resource referrals

The nurses are qualified to testify at any legal proceedings related to the examination and ensures the proper chain of custody and integrity of the samples are maintained.

The facility has a MOU with Survivor Advocacy Outreach Program (SAOP) to provide services to residents who report being sexually assaulted/abused. The services include:

- Accompanying and supporting the victim through the forensic examination process
- Accompany and support the victim through investigatory interviews at the hospital, the facility, and police station
- Provide emotional support
- Provide crisis intervention
- Provide follow-up services

The auditor was able to communicate with Program Director of SAOP via email after the onsite visit. The director verified the services listed in the MOU and that the services would be provided to the residents of STAR free of charge.

The auditor reviewed the website for both Hocking Valley Community Hospital and Survivor Advocacy Outreach Program. The websites verified the services provided by the organizations.

The facility has a trained staff member that can act as an emotional support staff at the request of the resident. The facility offers these services to every resident victim. The training was provided by the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions.

The facility has provided the auditor with documentation of administrative investigator training and emotional support training.

Review:
Policy and procedure
MOU with Survivor Advocacy Outreach Program
Email from SAOP Program Director
Hocking Valley Community Hospital website
Training certificates
Interview with PREA Coordinator

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy 6A-05 states that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated thoroughly in a professional, confidential, and expeditious manner by an administrative and/or criminal investigator. The facility is prohibited from conducting criminal investigations. The PREA Coordinator reports that the Nelsonville Police Department has the legal authority to conduct criminal investigations.

The agency post its investigatory policy on its website, <http://www.starjc.com/images/pdfs/ResidentPREAHandout.pdf>. The facility has had seven allegations of sexual abuse or sexual harassment during the past twelve months.

Investigation #1: Resident made a verbal report to staff of resident-to-resident sexual harassment. The resident reported another resident was making gestures of a sexual nature. The allegation was administratively investigated and determined to be substantiated based on statements. The allegation was not referred for a criminal investigation.

Investigation #2: A staff member made a report of suspicion of resident-to-resident sexual harassment. The resident reported another resident was making sexual comments to him. The resident admitted to the behavior and the allegation was determined to be substantiated. The allegation was not referred for a criminal investigation.

Investigation #3: A resident made a verbal report to staff of resident-to-resident sexual harassment. The resident stated that two other residents were touching and grabbing his leg. The video evidence did not show this behavior and the allegation was determined to be unfounded.

Investigation #4: A resident made a verbal report to staff of resident-to-resident sexual harassment. A resident reported that another resident made sexual advances toward him and propositioned him for oral sex. The administrative investigation did not find any evidence to support the allegation. The allegation was determined to be unsubstantiated.

Investigation #5: A resident made a verbal report to staff of resident-to-resident sexual harassment. A resident reported that another resident made sexual advances toward him and propositioned him for oral sex. The administrative investigation did not find any evidence to support the allegation. The allegation was determined to be unsubstantiated. (This is a separate incident from investigation #4).

Investigation #6: A resident made third-party report of staff-to-resident sexual abuse. A resident made a report that a staff member was in an inappropriate relationship with a staff member. The administrative investigation discovered that the staff was not doing her job appropriately but did not find any evidence of sexual misconduct. The allegation was initially determined to be unsubstantiated. The facility received additional information after the resident was released from the program that he and the staff member were seen having dinner. The staff member admitted to meeting with the resident, but still denied any type of inappropriate relationship. The staff member resigned. The allegation determination was changed to substantiated and documentation was placed in the staff members file. The allegation was not referred for criminal investigation.

Investigation #7: A resident made an allegation of resident-to-resident sexual harassment through the kiosk reporting system. Resident reported that a resident was making inappropriate comments about him when getting out of the shower. He also stated he felt like the resident followed him into the shower. The administrative investigator did not find any video evidence to confirm the residents account. The allegation was determined to unfounded.

Review:

Policy and procedure

Facility website

Investigation reports

Interview with administrative investigators

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 states that the facility must ensure all staff members that have positions that have contact with residents will receive pre-service and in-service that addresses the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating facility policy and procedures.

Staff complete training annually during STAR Academy and also through an online line training system (Relias). The facilitated training reviews the training topics required under section 1-9 of this standard. The auditor received a copy of the power point used at the training. Other related training topics covered at the academy include:

- Human trafficking
- Firm, fair, and consistent approach
- Core correctional practices
- Concern slips
- Resident handbook

Along with the training that meets the requirements to this standard, the facility also provides employees with training that also improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. The training on Relias includes:

- Unauthorized relationships
- Motivational interviewing
- Survivor support and bystander intervention
- Transport protocols
- Ohio Ethics Law acknowledgement
- Communication –vs- over familiarity
- Cross-gender supervision
- Clothed/unclothed searches
- Transgender searches
- Confidentiality notice
- Security rounds
- Policy and procedure manual

The auditor reviewed five (5) employee files during the onsite visit. During the file review, the auditor was able to verify staff received the additional training and policies and procedures through signed and dated acknowledgments.

The auditor interviewed both required and random staff members from operations, programming, and administration during the onsite visit. The staff reporting getting their training from facilitated training and online through Relias. The staff members report having training sessions that include working with LGBTI residents, first responder duties, keeping residents safe, reporting obligations, retaliation, and searches.

The PREA Coordinator states that there are regular quality assurance checks to ensure all staff are completing the mandatory training.

As part of compliance documentation, the auditor received Relias training curriculum, PREA policies, Relias course records, training sign-in sheets, and orientation training materials. The training curriculum provided goes beyond the minimum requirements of the standards. The course history review shows the staff have completed the required training annually.

Review:

Policy and procedure

Training records

Sign-in sheets

Policy acknowledgements

Staff files

Interview with staff

Interview with PREA Coordinator

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1434 also requires contactors and volunteers to also receive training appropriate enough to address the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating the facility's policies and procedures.

The PREA Coordinator reports that all contractors, volunteers, and interns receive the same PREA training that staff receive during STAR Academy. They are also trained on cross-gender supervision. All contractors, volunteers, and interns sign documentation that they have received training prior to starting their duties.

Contractors, volunteers and interns, as well as vendors must sign a zero tolerance acknowledgement. The acknowledgement identifies what is sexual abuse and sexual harassment, reporting requirements, and possible sanctions for violating the facility's zero tolerance policy.

The facility also implemented a new sign-in process where any visitor who enters the building is acknowledging they have read the facility's zero tolerance policy.

The facility provided the auditor with several examples of contractor, volunteer, and intern training verification.

Review:

Policy and procedure

Training acknowledgement

Interview with PREA Coordinator

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 requires oral and written information to be given to all residents upon their arrival to the center which explains the facility's zero tolerance policy regarding sexual misconduct and includes:

- Prevention
- Self-protection
- Reporting
- Treatment and counseling

Residents orientation will include notification of the prohibition against sexual misconduct and provide information on how to identify and report such misconduct in the resident handbook. Residents will be given pamphlets on sexual assault awareness and will sign acknowledgement of receiving such information.

The policy requires within 30 calendar days of arrival, all residents will be provided comprehensive education in person and through a video regarding their rights to be free from sexual misconduct. The education will also include the resident's right to be free from retaliation for reporting such incidents and include the facility's policies and procedures for responding to such incidents.

The information is continuously available to the residents through their handbook, pamphlets, and posters throughout the facility. The PREA Coordinator ensures this information is also presented to residents that are limited English proficient; deaf, hard of hearing, or blind; cognitively disabled; or have other literacy or disability challenges that would make learning difficult (see standard 115.216).

The auditor received a copy of the resident handbook, pamphlet, and reporting posters. The documents provided describes the facility's zero tolerance policy, definitions, reporting options and phone numbers, rape crisis services, and how a resident can keep himself/herself safe.

The residents participate in orientation group. During orientation group the residents will review the resident handbook and watch the PREA education video produced by Miami-Dade Correctional Institution. The auditor was able to sit in on this orientation group and watch the video as well as listen to the facility specific information given to the residents. The handbook is reviewed orally page by page and the video has subtitles and is available in Spanish and French. The group is instructed by residents that have reached the Advocacy phase of treatment with staff supervision.

The auditor interviewed ten residents during the onsite visit. The residents interviewed stated that at intake the staff member read over the intake packet material, they received a tour where reporting information was pointed out to them, and they have a resident handbook that contains the information reviewed at intake. The residents also talked about PREA education video shown during orientation group.

During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.

The auditor reviewed five resident files along with resident orientation verification information sent to the auditor prior to the onsite visit. The information reviewed shows the residents receiving appropriate PREA written materials and sign verification of receiving PREA education during orientation.

Review:

Policy and procedure

Resident pamphlet

Resident handbook

PREA Posters

PREA education video
Resident files
Interviews with residents

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility requires all administrative investigators receive specialized PREA investigation training prior to conducting an investigation. The training curriculum must include:

- Techniques for interviewing sex abuse victims
- Proper use of Miranda and Garity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The auditor reviewed the training curriculum which was provided by the Moss Group, Inc. The training is appropriate for this standard.

The facility has four trained administrative investigators. The auditor interviewed two investigators during the onsite visit. Both the administrative investigators were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation.

The agency policy prohibits administrative investigators from conducting a criminal investigation. All criminal investigations will be conducted by the local legal authority.

Review:

Administrative investigator training curriculum

Administrative investigator training certificates

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has full-time medical staff that is required to complete the PREA employee training (see standard 115.231) and a contract mental health provider who is required to complete the PREA contractor training (see standard 115.232). Both the medical and mental health personnel are also required to complete specialized training that includes:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

The facility does not allow the medical staff to conduct forensic medical examinations. Any resident who is sexually abused or assaulted while at the facility will be taken to Hocking Valley Medical Center for that type of examination.

The auditor interviewed the nurse during the onsite visit. The nurse was able to discuss her employee PREA training as well as the specialized training received from the NIC website. She states that she does not conduct forensic medical exams and any report or suspicion of sexual abuse or sexual harassment will be immediately reported to the PREA Coordinator.

The training from the NIC website includes:

- PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting
- PREA 201 for Medical and Mental Health Practitioners

Review:

Policy and procedure

Training curriculum

Training certificates

Interview with nurse

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 required all residents to receive a screening to appraise a resident's potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The assessment is required to be completed within the first 72-hours of intake, upon transfer from another facility, 30-days after arrival, and as needed based on new information or a substantiated allegation. The facility collects the following information:

- Whether the resident has a mental, physical, or developmental disability
- The age of the resident
- The physical build of the resident
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent
- Whether the resident has prior convictions for sex offenses against an adult or child
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

The policy does not allow the facility to discipline residents who refuse to answer or do not disclose information regarding a physical, mental, or developmental disability; LGBTI identity; past victimization, or own perception of vulnerability.

The auditor was given the form that the facility uses to capture the assessment information. The form has all the required elements, definitions of terms, and classification categories of possible victim, possible predator, or no classification.

The auditor reviewed five resident files during the onsite visit. The files contained both the initial and the 30-day assessment. The assessments were completed based on the time requirements and had an appropriate classification based on the reported information.

The initial and 30-day reassessment is completed by a reentry specialist. The auditor interviewed a reentry specialist and discussed the process for conducting initial and reassessments. The reentry specialist states that she received training from the

Community Justice Manager on how to conduct the assessment. She states she will set up in a private office and explain the purpose of the assessment. She reads the questions and review the terminology and definitions. She states that even if a resident does not report feeling vulnerable, she will report her perception of vulnerability if different. She states during the reassessment, she will explain the purpose of the reassessment, ask the resident if anything has changed concerning safety perception, and ask assessment questions. She states that if anything from the assessment raises a “red flag,” she will alert her supervisor.

The auditor interviewed the Community Justice Manager. She trains the reentry staff on how to conduct and document an assessment; identifying and reporting high risk residents; reporting allegations made during the screening; and making perception judgements. She states that she will watches new staff complete assessments to ensure they are being conduct appropriately. The manager will review all initial assessments for accuracy, quality, and timeliness.

The auditor interview sixteen residents. The residents report receiving an initial and reassessment. The residents report being told that the assessment was for safety and that they would not get in trouble for not answering questions.

All assessments are reviewed for quality and timeliness. A supervisor will sign and date the review for each assessment and reassessment.

The forms are scanned and stored electronically in the facility’s resident data base system. Access to the information on the form is limited to treatment providers.

Review:

Policy and procedure

Risk assessment form

Resident files

Interview with Community Justice Manager

Interview with Reentry Specialist

Interview with residents

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 states that the information from the risk screening will be used to ensure the safety of each resident and inform housing, bed, work, education, and program

assignments. Residents that have been identified as vulnerable to sexual victimization or sexually predatory behavior will be reported to the Operations Director. The Operations Director will inform staff who will assist in ensuring residents who are at risk of victimization are kept separate from those at risk for sexually abusive behavior.

The facility has the capabilities of separating based on housing unit and dorm room. The selected dorm room will be in close proximity to the staff desk for easy observation. The facility can also make their two bed dorms be a single use dorm if necessary. In addition to the housing precautions, the facility has multiple programming options so as not to assign those with opposing risk classification to the same schedule.

The facility has a contract with a LISW-S for mental health counseling. The counselor will conduct an interview with the resident and may offer individual therapy. The PREA Coordinator reports that either through the facility or community referral the resident can deal with any underlying issues.

SOP-A020 is the facility's LGBTI Safety Plan. The facility does not have a dedicated facility, unit, or wing that solely houses residents that identify as lesbian, gay, bisexual, transgender, or intersex. The facility recognizes that residents that do identify as LGBTI or gender non-conforming are at higher risk for victimization and has developed a plan to ensure the resident's safety.

Any resident that has been identified as transgender or intersex will be met with to assess any concerns the resident may have about their safety. The resident will be told the expected dress code and shower times. The facility has single use showers and the capabilities of single occupancy dorm rooms.

The facility does not currently have a resident that identifies as transgender or intersex. The PREA Coordinator reports that the facility has never held a transgender or intersex resident under the STAR administration, but several staff members may have worked with a transgender resident under the SEPTA administration. She states that should the facility get a referral for a transgender resident, she along with management, will address any concern the resident may present and ensure the residents safety by housing in the two-bed dorm that has a private shower inside. If necessary, the resident could reside in that room by him/herself.

The auditor interviewed residents that identified as gay or bisexual during the onsite visit. One resident requested to speak to the auditor to discuss his current dorm assignment. He states that his housing unit was changed after receiving an assessment and he was

concerned the move was based on his sexual preference. The auditor spoke with the PREA Coordinator and the Community Justice Manager who report that his dorm was moved based on his ORAS score and not his sexual preference. They report that while is sexual preference did not enter into the decision to move the resident (no red flags on assessment) they do feel it is easier to ensure his safety due to cameras in the dorm rooms and wide open spaces that allow for clear line of site views. The PREA Coordinator met with the resident to explain the decision.

Review:

SOP-A020

LGBTI Safety form

Facility tour

Interview with PREA Coordinator

Interview with residents

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1434 requires the facility to provide residents with multiple ways, internally and externally, to privately report allegations of sexual abuse and sexual harassment. During intake, residents are given a pamphlet on sexual assault awareness and a resident handbook. The pamphlet provides the following options for residents to report sexual abuse or sexual harassment:

- Verbally to any staff member
- In writing to any staff member
- Internal reporting line – 740-354-9026 x1160 or 1105
- External hotline number – 614-728-3155
- Email- mcknight@starcjc.com
- Resident kiosk system
- Resident grievance system

- Friends and family can report on your behalf
 - *there is no cost to call the internal or external reporting lines from resident phones

The handbook contains the same reporting information.

The auditor verified that the methods available to residents were posted in various areas throughout the facility and listed in the resident handbook. The facility has posted PREA reporting posters in English and Spanish that provide residents information on reporting numbers and email address to internal and external entities.

The auditor contacted the external reporting option. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions PREA Community Corrections Compliance Liaison. She verified receiving the auditor's call and ensuring all calls are taken seriously.

During the onsite visit, the auditor interviewed sixteen (16) residents. The residents were asked questions in accordance with the PREA Compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents discussed the information they received during intake and watching the "PREA" video. All residents stated they received a handbook during intake and that reporting options and phone numbers were listed in the handbook.

The facility had five allegations that were reported to staff verbally or through the kiosk reporting option during the past twelve months. The allegations were administratively and/or criminally investigated and the findings were reported to the residents.

Staff are trained upon hire of the facility's zero tolerance policies and procedures. The training includes their duty to report knowledge or suspicion of sexual abuse or sexual harassment. All staff reported that all information they received concerning an incident or report of sexual abuse or sexual harassment they are to immediately report to their supervisor. When asked about private reporting, the staff state they can contact the PREA Coordinator or investigators directly.

Review:

Policy and procedure

Resident handbook

PREA posters

PREA pamphlet
Employee training
Investigation reports
Interview with residents
Interview with staff

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 grievance policy and will accept allegations reported through that mechanism; however, the process for addressing resident grievances regarding sexual abuse is outlined in facility policy 1433 and 1434. The facility does not have an explicit administrative remedy policy.

Review

Policy and procedure

Interview with PREA Coordinator

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 Memorandum of Understanding with the Survivor Advocacy Outreach Program (SAOP) to provide the residents access to victim advocates for emotional support services related to sexual abuse by providing the resident with the mailing address

and telephone number of the agency. The MOU also requires SAOP to inform the resident of the limitations to confidentiality at the initiation of services.

This information is listed in the information provided to the residents at intake, during orientation, inside the resident handbook, and on posters. The residents sign and date acknowledgement forms of receiving this information.

The facility also provides the residents with state (Sexual Assault Response Network of Central Ohio- SARNCO) and national (Rape, Abuse, and Incest National Network- RAINN) mailing addresses and telephone numbers through posters throughout the facility.

The auditor contacted the Program Director from SAOP during the post site visit to confirm services provided to the residents at STAR. The Director confirmed through an email that the agency has provided the residents at STAR their address and phone number for emotional support services. The Director states that the residents are informed what information would be required to be reported.

*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

Review:

Policy and procedure

MOU with SAOP

Email with SAOP Program Director

*Correspondence with RAINN

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility is required to distribute information to the public on how to report incidents of sexual abuse and sexual harassment on behalf of a resident. When the facility receives and allegation through a third-party reporter, the information will be immediately reported to the PREA Coordinator.

The auditor reviewed the facility's website, <http://www.starjtc.com/images/pdfs/ResidentPREAHandout.pdf>, and was able to see the posted information on how a third-party can report an allegation. This information is also on posters located in conspicuous places throughout the facility, including the visitation room. The information on the website and posters includes:

- Verbally to any staff member
- In writing to any staff member
- Internal reporting line – 740-354-9026 x1160 or 1105
- External hotline number – 614-728-3155
- Email- mcknight@starjtc.com

The auditor was able to see various posters in the visiting area during the facility tour.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions PREA Community Corrections Compliance Liaison. She verified receiving the auditor's call and ensuring all calls are taken seriously.

The facility has had one in-house third party report from a resident concerning another resident and a staff member having a relationship. The allegation was referred to the PREA Coordinator who conducted an administrative investigation.

Review:

Policy and procedure

Facility website

Facility tour

PREA Posters

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 states that staff must report any knowledge of sexual abuse, sexual harassment, or retaliation or any suspicion of sexual abuse, sexual harassment, or retaliation. This includes reports made to a staff member by a third-party. The policy states that staff will not reveal information related to the report/allegation except to the extent necessary to make treatment, investigation, and other security and management decisions.

The facility's Unauthorized Relationship policy requires any employee who becomes aware or reasonable suspects that another employee is involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to the Executive Director. A failure to report such information may result in disciplinary action.

The facility reviews PREA reporting policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. These policies are considered as mandatory “read and sign” document at the start of employment, and mandatory annual retraining thereafter.

The auditor reviewed five employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgement.

The auditor interviewed the facility’s nurse during the onsite visit. She states that she informs obligation to report allegations of sexual abuse, sexual harassment, and other limitations of confidentiality.

Staff interviewed during the onsite visit state that they are informed of their reporting obligations during onboarding and at STAR academy. The staff understand the importance of not just reporting known information reported to them by residents or third parties, but also their own suspicions of sexual misconduct. The staff state that they are to inform their supervisor, the supervisor on duty, or the PREA Coordinator of any report or suspicion of sexual abuse or sexual harassment. The staff state that resident safety is most important.

The policy requires the facility to report all allegations involving a minor or vulnerable adult to the appropriate local or state service agency. The facility did not have an allegation that involved a resident identified as a minor or vulnerable adult.

Review:

Policy and procedure

Employee files

Interviews with staff

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 and 1434 require the facility to have procedures in place that protect at risk residents for imminent sexual abuse. The protection measures include, but are not limited to separation contracts, dorm moves, housing assignment moves, administrative segregation, and close observation.

The PREA Coordinator reports that it is the facility's practice to place staff members on administrative leave during an investigation depending upon the severity of the allegation. The facility also has the option of placing the staff member on a different housing unit.

At the initial report of an allegation of resident-to-resident sexual abuse or sexual harassment, the facility will initiate a separation contract and take other precautions as necessary.

During the onsite visit, the auditor was able to interview a resident who reported an allegation of sexual harassment. The allegation was determined to be unfounded; however, the resident reports that as soon as he made the report, a staff member met with him, discussed his concerns, and moved his dorm. The resident also reports that he was placed on a separation contract with the alleged abuser. He was satisfied with the measures used to protect his safety.

Review:

Policy and procedure

Investigation reports

Interview with PREA Coordinator

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 1433 states that upon receiving an allegation that a resident was sexually abused while confined at another institution, the PREA Coordinator will notify in writing the head of that facility or central agency. The PREA Coordinator is required to make the notification within 72-hours.

The PREA Coordinator states that she made one report to Ross Correctional Institution in Ohio of an allegation reported at the facility during intake. She states that she will inform the head of an agency within 72-hours of receiving the report.

The policy also requires the facility to conduct an investigation into any allegation that has been reported to the facility by another confinement facility.

The facility has not received an allegation from another confinement facility in the past twelve months.

Review:

Policy and procedure

Investigation reports

Interview with PREA Coordinator

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policies 1433 and 1434 outlines the first responder duties for any allegation of sexual abuse. The first responder steps include:

- Separate the alleged abuse and victim
- Preserve and protect the crime scene
- Do not allow the alleged abuser to destroy any physical evidence that includes
 - Washing
 - Brushing teeth
 - Changing clothes
 - Urinating
 - Defecating
 - Smoking
 - Drinking
 - Eating
- May a request of the victim to not do anything that will destroy any physical evidence that includes
 - Washing
 - Brushing teeth
 - Changing clothes
 - Urinating
 - Defecating
 - Smoking

- Drinking
- Eating
- Document all actions taken

All staff are trained on first responder duties during pre-employment and thereafter annually during STAR academy. The auditor was given a copy of the training and sign-in sheets.

The auditor interviewed both security and non-security staff during the onsite visit. All staff interviewed were able to list the first responder duties as outlined in the policy and training curriculum.

The facility has a practice of immediately separating the alleged abuser and victim at the beginning of an investigation. The facility has not had an incident where the other first responder duties were necessary.

Review:

Policy and procedure

Investigation reports

Interview with staff

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility's written coordinator response plan is documented in SOP-S042. The plan outlines the actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

The plan includes contacted emergency medical services if the victim has injuries that need medical attention and the Nelsonville Police Department. Enact the first responder duty steps by separating the alleged abuser and victim; preserving the crime scene; and ensure/request the alleged abuse and victim do not do anything to destroy evidence. The victim's mental health will be evaluation and other supportive needs are identified. The incident and actions taken will be documented.

The steps and responsibilities of those involved in the Coordinated Response Plan are documented in a flow chart that is made available to all staff. The plan was made available to the auditor.

Review:

Policy and procedure

Coordinated Response Chart

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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N/A: The Executive Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. Staff members sign acknowledgement of "At Will" employment during onboarding.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established 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 by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees. The facility will ensure for no less than 90-days to monitor for incidents of retaliation. The monitoring will include periodic status checks that reviews the resident's disciplinary records; housing, program changes, or negative performance reviews; and reassignments of staff from housing unit.

The facility has multiple ways to protecting staff and residents from retaliation that include a separation contract, dorm changes, housing unit changes, placing staff on administrative leave, and changing staff post. Residents who are on 90-day retaliation watch will be monitored more closely and an assigned staff member will check-in with the resident to ensure the resident feels safe and does not have concerns of being retaliated against.

The PREA Coordinator states that she will assign a specific staff member to perform status checks of residents and she will conduct retaliation monitoring of staff members.

The facility's obligation to monitor for retaliation will end if the allegation is determined to be unfounded. The facility can elect to extend the 90-day period of monitoring if necessary.

The auditor reviewed documentation of how the facility conducts monitoring checks.

Review:
Policy and procedure
90-day retaliation check sheet
Interview with PREA Coordinator

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 and 1434 outlines the facility's guidelines on conducting an investigation into allegations of sexual abuse and sexual harassment. The policies require an administrative and/or criminal investigation be completed for all allegations of sexual assault, abuse, and harassment. The facility is required to:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report
- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The PREA Coordinator will be responsible for keeping records of these referrals and the outcomes of police investigations
- Provide the victim with the outcome of the administrative and/or criminal investigation

The auditor received a copy of the administrative investigation form. The form documents:

- Alleged abuser name
- Alleged victim name
- Location of incident
- Date and time of incident
- Date of investigation
- Type of allegation
- Status of abuser (staff/resident)
- How the allegation was reported
- Witnesses
- Description of incident
- Video evidence
- Statements
- Physical evidence
- Victim care- medical, mental health, emotional support, victim advocate
- Criminal referral
- Outcome determination
- Basis for determination
- Any identified staff actions or failures that contributed to the abuse
- Recommendations
- SART review required

The auditor reviewed the administrative investigation reports the facility received during the past twelve months (see standard 115.234). All allegations received an administrative investigation by trained investigators. The facility did not have an allegation that needed to be referred for a criminal investigation. They had one allegation where they consulted with the Nelsonville Police Department; however, they department did not feel there was enough to investigate the case.

The auditor interviewed several administrative investigators during the onsite visit. The investigators were questioned on their investigation techniques and how they make an outcome determination. The investigators state they will review physical and testimonial evidence, credibility assessments, and all statements. The investigators that anytime the allegation appears to be criminal, they will make referral to the Nelsonville Police Department.

The PREA Coordinator states that the facility does not use polygraph examination or other truth telling devices. She also states that the facility cannot make recommendation

for prosecution. The Athens County Prosecutors Office will determine when a criminal allegation will be prosecuted. The Coordinator reports that termination of the alleged abuser from the facility or employment will not be the basis for ending an investigation.

The PREA Coordinator maintains information from all investigations for as long as the alleged abuser is confined to the facility or is employed by the facility, plus five years. The auditor was able verify by seeing the allegations from previous years which the PREA Coordinator keeps in binder. The PREA Coordinator secures this information.

Review:

Policy and procedure

Administrative investigations

Administrative investigator interviews

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy states that the facility will impose a standard of preponderance of evidence when determining whether an allegation of sexual abuse or sexual harassment can be substantiated.

The auditor interviewed the administrative investigators who report that the evidence is measured at 51% when determining if an allegation has been substantiated.

The auditor reviewed the allegations from the past twelve months to verify the standard of proof used.

Review:

Policy and procedure

Investigation reports

Interview with administrative investigators

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The policy requires the facility to inform residents of the outcome of the investigation. If there was a criminal investigation, the facility is required to request all relevant information from the criminal investigator so that the resident may be informed of the investigation outcome.

The information required to be reported includes:

- If the alleged staff member is no longer posted in the resident’s facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility
- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The PREA Coordinator reports that he would be the person to inform residents of the investigation outcome and he would include the required information if applicable.

Review:

Policy and procedure

Administrative investigations

Interview with PREA Coordinator

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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Policy 1434 states that any staff member that violates STAR's policies regarding sexual abuse or sexual harassment will face sanction that may include termination. Staff members who have been found to have engaged in sexual abuse of a resident will be terminated from employment. Disciplinary sanctions, other than engaging in sexual abuse, will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed on other staff with similar histories. The facility is required to report incidents of sexual abuse or sexual harassment to the local legal authority for a criminal investigation, unless the behavior is clearly not criminal, and to any relevant licensing bodies.

Staff members are informed of the facility's disciplinary policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. The information presented to the staff includes notice that employees are held accountable for their behavior on the job and, in some instances, off the job. The staff are also informed that all serious violations, including violations of the facility's zero tolerance policies, may be referred to the Scioto County Prosecutor's Office or the Ohio Ethics Commission for civil or criminal prosecution.

These policies are considered as mandatory "read and sign" document at the start of employment, and mandatory annual retraining thereafter.

Employees also read and sign acknowledgement of the facility's Unauthorized Relationship policy. The policy describes unauthorized relationships as a relationship with any individual on community control, adult probation or parole, and current or former residents of the facility which have not been approved by the Executive Director. Prohibited activities include but are not limited to:

- The exchange of personal letters, pictures, phone calls, emails, social networking access or information
- Engaging in any other unauthorized personal business relationships
- Visiting
- Resident with anyone who is on community control, adult probation or parole, current or former residents of the facility or friends or family of same
- Committing any sexual act with any individual on community control, adult probation or parole, current or former resident of the facility
- Engaging in any other sexual conduct with any individual on community control, adult probation or parole, current or former resident of the facility
- Aiding and abetting any unauthorized relationship

The policy requires any employee who becomes aware or reasonable suspects that another employee is involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to the Executive Director. A failure to report such information may result in disciplinary action.

The auditor interviewed the Human Resource Specialist, Executive Director, and PREA Coordinator. Each one reported during their interview that it is the facility's practice to place staff members on administrative leave during an investigation, but could also move the staff to a different post on the campus. The PREA Coordinator states that substantial

allegations against staff will most likely result in termination. The facility will aid in the prosecution of criminal charges to the fullest extent possible.

The auditor reviewed five employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgement.

The facility had one staff-to-resident sexual harassment allegation that was determined to be unfounded; one staff-to-resident sexual harassment allegation that was determined to be unsubstantiated; and one allegation of staff-to-resident sexual abuse allegation that was initially determined to be unsubstantiated and later with additional information was reviewed to be substantiated as sexual harassment. During the initial determination of unsubstantiated the staff member was disciplined for violating other facility policies. Once the facility received additional information, the staff member resigned from the facility.

Review:

Policy and procedure

Employee handbook

Investigation reports

Interview with Human Resource Specialist

Interview with PREA Coordinator

Interview with Executive Director

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 states that all contract staff and volunteers in positions with access to residents will receive pre-service and in-service training on the facility's zero tolerance policies, and on the consequences for violating policies and procedures. The facility will not engage the services of any contractor or volunteer who commits sexual abuse and will report the behavior to the local legal authority, unless the activity is clearly not criminal, and to any relevant licensing bodies.

The PREA Coordinator reports that the facility will not allow further contact with residents any contractor or volunteer who violates the facility's zero tolerance policies.

The facility has not had an allegation against a contractor or volunteer during the past twelve months.

Review:

Policy and procedures

Investigation reports

Interview with PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy 1433 and 1434 prohibits all sexual activity between residents. Sexual misconduct among residents will be administratively and/or criminally investigated. The residents are informed of the facility's zero tolerance policies and disciplinary practices during intake and orientation group. The handbook outlines the facility's stance on sexual abuse and sexual harassment and the response toward those who commit such acts.

The residents receive a disciplinary flow chart that outlines the possible sanctions that go along with violations of facility rules. Sexually acting out (sexual abuse or sexual harassment) is listed as a major rule violation at the highest level. The sanctions listed include possible termination. Residents that have been found to have violated the sexual abuse policy will be referred to the Ohio Highway Patrol for criminal charges.

Facility SOP –S022 states that in the event a resident violates the Ohio Revised Code and criminal charges could be filed against the offending resident for the violation. The types of violations that could result in criminal charges include:

- Retaliation
- Aggravated menacing
- Sexual abuse

The facility has disciplinary procedures for unauthorized relationships with another resident. Residents will not be disciplined for sexual contact with staff unless the facility finds that the staff member did not consent to such contact. The facility will also not discipline a resident for making a sexual abuse allegation in good faith based on a reasonable belief that the alleged conduct occurred even if an investigation does not establish evidence sufficient to substantiate the allegation.

The PREA Coordinator reports that while they have not disciplined a resident for a false report, they would only do so in case where it was obvious that the report has been made in bad faith.

The auditor reviewed five resident files during the onsite visit. The files contained signed and dated acknowledgements of receiving the handbook, facility zero tolerance policy, PREA pamphlet, and orientation group.

The auditor interviewed sixteen (16) residents during the onsite visit. All residents interviewed stated that they have received and been trained on the facility's PREA policies and have been educated on the facility's disciplinary policies. The residents stated that termination from the facility would be the consequence for a PREA violation.

The facility had several allegations of resident-to-resident sexual harassment or sexual abuse; however, no allegation was determined to be substantiated.

Review:

Policy and procedure

Resident handbook

Orientation material

PREA pamphlet

Disciplinary flow chart

Investigation reports

Interview with residents

Interview with PREA Coordinator

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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Facility SOP-M015 and policy 1433 requires staff to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the victims free of charge and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services provided include:

- Medical and mental health evaluation and treatment

- Evaluation, treatment and follow-up services
- Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody
- Case and services consistent with the community level of care
- Test for sexually transmitted infectious disease
- Pregnancy testing and comprehensive access to pregnancy related medical services
- Information about and access to sexually transmitted infections prophylaxis and emergency contraception

The PREA Coordinator discussed the services provided to the residents should one be in need of medical or mental health services due to sexual abuse. The Coordinator reports that medical services beyond STI testing or pregnancy testing will be sent to O’bleness Hospital. The PREA Coordinator also reports that the facility has a contract with a mental health provider who also is an advocate for victims of sexual abuse and sexual harassment. The Coordinator reports that no resident was in need of these services during the time that STAR has taken over the facility.

The auditor contacted SAOP and O’bleness Medical Center post onsite visit and confirmed the services that would be provided to the residents. The agencies state that all resident victims of sexual abuse would be provided services as outlined in the MOU free of charge.

Review:

Policy and procedure

SOP- M015

MOU with SAOP

Interview with Psychologist

Email with community partners

Interview with PREA Coordinator

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy requires residents who have been sexually abused in a jail, lockup, or juvenile facility to be offered medical and mental health counseling services. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility.

Residents will be offered test for sexually transmitted infections as medically appropriate. The facility does not house female offenders. Should the facility house a transgender resident that was biologically born a female, and that resident be a victim of sexual abuse, the facility would offer the resident pregnancy testing, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

Any known resident-to-resident abuser will receive an evaluation as soon as possible but within 60-days from the psychologist. Should treatment be recommended, the psychologist can either provided services or make a referral to a community provider.

The facility has both medical and mental health services available to the residents at the facility. Should the victim need services that are outside the scope of practice of the medical or mental health services the facility can provide, the resident will be referred to community providers.

The facility has not had a resident that requested the services of a mental health provider due to an incident of sexual abuse.

The facility has not housed a known resident-to-resident abuser.

Review:

Policy and procedure

Investigation report

Interview with PREA Coordinator

Interview with facility nurse

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1434 requires the facility to conduct an incident review after every sexual abuse investigation, unless the allegation is determined to be unfounded. The review must take place within 30-days of the conclusion of the investigation. The team will review:

- Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in the area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

The team, comprised of the PREA Coordinator, Operations Manager, Program Manager, the supervisor on duty, Medical, and any other staff that may be needed, will prepare a report of its findings and any recommendations for improvement.

The facility provided the auditor with a copy of the form used to document the review. The form includes:

- Date of review
- Team members present
- Summary of incident
- Victim care
- Name of first responder
- Medical care, if necessary
- Community based services, if provided
- Mental health services, if provided
- Abuser
- Abuse status (resident or staff)
- Previous reports
- Policies, procedures, and practices
- Training recommendations
- Timely response
- Law enforcement notification
- Emergency contact notification
- Criminal investigation
- Protection measures
- Physical vulnerabilities
- Resident vulnerabilities
- Staffing levels
- Monitoring technology
- Recommendations

The facility had one investigation that required an after incident review. The auditor was able to interview several SART members during the onsite visit on the review process. The recommendations included communicating the action plan once an allegation is reported and ensuring the action plan has been completed. The team also recommended not allowing residents in areas where there are no cameras or clear line of site views and moving the monitor station so that residents cannot see camera views/angles. The PREA Coordinator is responsible for ensuring all recommendations are implemented or documents the reasons the recommendations were not implemented.

The new Executive Director, he states wants to build a therapeutic culture by improving communication and transparency. He states that during after incident reviews, he is focused on reviewing current policy and procedure, were the policies followed, is there any re-education or training needed. He will also conduct a follow-up review to be sure all recommendations were implemented.

Review:

Policy and procedure

Investigation report

SART review

Interview with Executive Director

Interview with PREA Coordinator

Interview with Operations Manager

Interview with Program Manager

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 required to collect and maintain accurate, uniform data for all allegations of sexual abuse and sexual harassment by using a standardize instrument and definitions.

The facility provided the auditor with the data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes the following data:

- Resident-to-Resident sexual abuse
- Resident-to-Resident sexual harassment
- Staff-to-Resident sexual abuse
- Staff-to-Resident sexual harassment
- Administrative investigations
- Criminal investigations
- Retaliation
- Staff training
- Resident education
- Initial and 30-day risk screening

The form was developed by the Ohio Department of Rehabilitation and Correction’s Bureau of Community Sanctions department. Some of the information collected is used to develop the facility’s annual PREA report. The report is posted on the facility’s website. The auditor reviewed the website and the annual report that is posted. The information in the report includes the aggregated sexual abuse and sexual harassment allegation data from FY 2019.

The PREA Coordinator reports that the Department of Justice has not made a request for this information.

Review:

Policy and procedure

PREA annual report

Agency website

Interview with PREA Coordinator

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility is required to use annual data collected and aggregated to assess and improve the effectiveness of the facility's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The review will have an assessment of the facility's policies, procedures, practices, and training to include:

- Identifying problem areas
- Tacking action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole

The auditor reviewed the facility’s website to examine the PREA annual report. The report contains a comparison of the current year’s data and corrective actions with those of previous years; and provides an assessment of the facility’s ability to address of sexual abuse.

The facility continues to address sexual abuse and sexual harassment through a training program. The facility also request, when available, funds from the Ohio Department of Rehabilitation and Correction’s Bureau of Community Sanctions department for additional electronic monitoring technology. This assist the facility in preventing, detecting and responding to incidents of sexual abuse and sexual harassment.

The report did not contain any personal identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.

Review:

Policy and procedure

Agency website

PREA annual report 2019

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 requires the PREA Coordinator to ensure that data collected in standard 115.287 be securely retained for at least ten years after the date of the initial collection.

The PREA Coordinator reports that she collects and maintains control of the information required to be collected and uses the information to help develop the facility's annual report. The facility has two buildings; however, the information reported is for this campus. The other building has a separate report that focus on the information collected for that facility. The report is made available to the public through the agency's website.

The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report. The report can be found at <http://www.starjc.com/images/pdfs/PREAreport.pdf>.

Review:
Policy and procedure
Agency website

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency post all final audit reports of its facilities on the agency website, <http://www.starjc.com/images/pdfs/PREAreport.pdf>. The auditor reviewed the agency's website to confirm that the final report from year one, cycle two have been posted. The facility has two buildings; however, the facility did not operate one of its buildings during cycle one or two of the previous audit years. This facility's previous report is not posted due to this fact. The PREA Coordinator is aware that the current final report must be posted within 30-days.

The auditor was given full access to the facility during the onsite visit. The PREA Coordinator escorted the auditor around the facility's campus and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with facility documentation prior to the onsite visit through email to the auditor. The auditor was also provided additional information as requested during the onsite visit.

The auditor was able to review additional documentation, including electronic documentation during the onsite visit. The auditor review five resident files and five staff files for additional information and confirmation of reported information.

Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit or during the onsite visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 website in which to post the final PREA report; however, this facility was not under the operational control of STAR Community Justice Center-Athens during the first or second audit cycle. This is the facility's first audit under the facility's control. The facility previously operated under the name SEPTA.

The PREA Coordinator states that she understands the audit requirements of posting all final audit reports on the agency's website.

Review:

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kayleen Murray
Kayleen Murray

April 30, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 30, 2020

Auditor Information

Name: Kayleen Murray **Email:** kmurray.prea@yahoo.com

Company Name: Click or tap here to enter text.

Mailing Address: P.O. Box 2400 **City, State, Zip:** Wintersville, Ohio 43953

Telephone: 740-317-6630 **Date of Facility Visit:** Marcy 9-11, 2020

Agency Information

Name of Agency: Click or tap here to enter text.

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

Mailing Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Click or tap here to enter text.

Email: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

Agency-Wide PREA Coordinator

Name: Click or tap here to enter text.

Email: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**

Click or tap here to enter text. Click or tap here to enter text.

Facility Information

Name of Facility: STAR Community Justice Center

Physical Address: 4696 Gallia Pike

City, State, Zip: Franklin Furnace, Ohio 45629

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.starclc.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Facility Director

Name: B. Matthew McClellan

Email: mmclellan@starclc.com

Telephone: 740-354-9026 x 1136

Facility PREA Compliance Manager

Name: Steve McKnight

Email: mcknight@starclc.com

Telephone: 740-354-9026 x 1160

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

350

Current Population of Facility:

278

Average daily population for the past 12 months:	284	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18 and older	
Average length of stay or time under supervision	140 days	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	983	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	969	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	907	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	119	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	35	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	16	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
<p>Number of single resident cells, rooms, or other enclosures:</p>	6
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	144
<p>Number of open bay/dorm housing units:</p>	6
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
--	--

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
---	--

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA onsite visit for STAR Community Justice Center located at 4696 Gallia Pike, Franklin Furnace, Ohio was performed March 9-13, 2020 in conjunction with STAR Community Justice Center-Athens. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act (PREA) standards for community confinement facilities.

The facility elected send the auditor a flash drive to provide the auditor with documentation relevant to showing compliance with each standard. The auditor the information was available approximately six weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedures, MOUs, facility staffing plan, table of organization, job descriptions, and post orders. The auditor received photos showing proof of audit notices posted in resident and staff areas six weeks prior to the onsite visit. The auditor has conducted the audit for this agency in 2017. The auditor reviewed the prior final audit report and previous documentation for comparison to the current audit.

The audit notice posting was sent to the auditor showed the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to have confidential correspondence with the auditor. The auditor did not receive any correspondence from residents or staff prior to the onsite visit. The auditor did not receive any request to speak with the auditor during the onsite visit.

In addition to the documentation sent prior to the onsite visit, the auditor reviewed ten resident files, five staff files, staff and resident training records, risk for abusiveness screenings and re-screenings, agency website, acknowledgement forms, posters, brochures, floor plan with camera locations, volunteer/contractor information, and coordinated response plan during the onsite visit.

The onsite visit was conducted over three days where the auditor received a complete tour of the male and female buildings, administration building, dining hall/warehouse, maintenance building, education building, and perimeter areas. The tour included

observations of the housing units, dorm rooms, bathrooms, closets/storage rooms, administration area, medical/intake areas, education classrooms, kitchen, warehouse, dining hall, staff offices, indoor and outdoor recreation area, and maintenance/garage area. During the walkthrough, the auditor was able to have informal conversations with both staff and residents. The auditor made notes of cameras, security mirrors, blind spot areas, and staff/resident interaction. The auditor was provided a private office to conduct formal interviews with staff and residents.

The auditor interviewed twenty-six (26) residents based on the population of two hundred seventy-eight (278) residents during the onsite visit. The residents selected were based on the requirements of the PREA Resource Center's Auditor Handbook guidelines. The residents were selected based on their housing unit, targeted interview status, risk assessment screening, intake dates, and commitment status. The auditor conducted the following interviews:

- Random = 23
- Targeted = 3

The breakdown of the number of targeted interviews is as follows:

- Residents that identify as lesbian, gay, or bisexual = 2
- Residents that have a physical or cognitive impairment = 1
- Residents that have reported sexual abuse during risk screening (community) = 1

*There were more than one resident in a targeted category but only one resident was counted. Residents in targeted categories received both the random and targeted interview protocols.

The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. The auditor explained the interview process to each resident and that they were under no obligation to answer questions. The auditor asked questions concerning the resident's experience with PREA education, allegation reporting requirements, retaliation, staff communication, grievance reporting, knock and announcements, searches (pat, enhanced pat, strip, body cavity, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has one hundred nineteen (119) full and part-time staff members including the Director. The auditor was able to talk with agency leadership, specialized interviews, and random staff members during the onsite visit, which includes:

- Executive Director
- PREA Coordinator
- Program Director
- Program Coordinator
- Intake Manager
- Human Resource Specialist
- Psychologist
- Nurse
- Transportation
- Maintenance
- Administrative Investigators
- Risk of Victimization/Abusiveness screener
- Retaliation monitor
- SART team members
- First Responders (security and non-security)
- PREA education facilitators
- Emotional Support staff
- Intake Resident Leader

The auditor also interviewed twelve random staff members from both programming and security. Security staff from both shifts were interviewed. Several staff members were responsible for more than one specialized area.

All staff interviews, random and specialized, were conducted using the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. The auditor was able to question staff on the agency's zero tolerance policies, trainings, reporting protocols, first responder duties, coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies and procedures, data collection, annual reports, staffing plans, electronic surveillance, reporting to other confinement facilities, disciplinary procedures, knock and announcements, cross-gender supervision polices, and transgender/intersex accommodations.

The auditor reached out to the facility's community resources by email to confirm the MOUs and scope of services. These community partners include a representative from Survivor Outreach Advocacy Program.

On the final day of the audit, the auditor sat down with agency and facility leadership to review preliminary audit findings.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

STAR Community Justice Center is a minimum secured community based correction facility located in Franklin Furnace, Ohio that serves adult male and female felony offenders. The facility is a campus style setup that has male and female housing units, a cafeteria, education center, administrative building, and a garage/storage area. The facility has a main access point at the administrative building where all visitors must enter. The administrative building also houses the medical center, central control, and visitation/family outreach room. Resident will enter/exit this area through an intake door that connects to the medical area. Resident will receive either a clothed or an unclothed search when entering the facility. Visitors must sign in at the control center and read and sign and acknowledgement of the facility's zero tolerance policy.

The facility has three male housing units and two female housing units. The female units do not have male security stationed in the building but males do occasionally enter the unit. A doorbell on the outside of the unit that identifies when a male staff member has entered the building. The male buildings have the same cross-gender doorbell that identifies when a female has entered the unit.

Male and Female Unit: Each building and housing unit within the buildings mirror each other and have the same set up and design. Entering into the housing unit, there are staff offices in a hallway that opens up into the main living area. There is a post desk at the top of the circle with rooms around the perimeter. The rooms around the perimeter include dorm rooms, bathrooms, laundry room, and holding cell. The center area is the resident dayroom. The female unit has one dorm style room for new intakes that has twelve bunk beds. There is a door at the entrance with a window and a camera inside the dorm. The beds are arranged around the perimeter of the room for clear line of site views. The other dorm rooms around the perimeter of the unit are two-bed rooms. The doors are open through-out the day and have a window for views inside when closed. The residents are not allowed to hangout in their rooms during programming hours. Any resident that may be identified as being vulnerable to abuse or a potential abuser will be housed in a room that is closest to the housing desk. A transgender or intersex resident would be assigned their own room.

The units have four single use bathrooms. Residents are assigned a bathroom based on their dorm location and must ask permission from staff before using. Each contains a

sink, toilet, urinal, and shower. The shower is open with the showerhead area covered by a floor to ceiling glass block wall. The glass is not see through. When in use, the door to the bathroom is shut and the resident must hang their identification badge on the outside of the door.

The segregation cell in the units are located off of the day room (behind the housing desk) and has a window in the door for easy viewing. The window allows for direct views of the bed area but not the sink/toilet combination unit. Each housing unit has a manned housing desk, laundry room, day room, pay phones, four bathrooms, and recreation equipment.

The housing desk in each of the units do not have camera monitors. All camera monitoring is done at central control. Operations Specialist that man the housing desk control the doors, lights, and intercom system to individual units. The intercom system is assessable to each of the rooms and residents can use the system to buzz operations specialist staff and request assistance.

The housing units have an indoor recreation area that is accessible to residents under staff supervision. The outside recreation areas include several basketball courts and picnic tables.

The housing units are connected to each other through a long corridor. There are several offices and group rooms along the corridor. Each office and group room has a large window for clear line of site views into the corridor.

The education building houses rooms for treatment groups, educational services, vocational training, reentry services, and a staff gym. The nineteen classrooms have windows in the doors and security mirrors that enable one to see all areas of the room from the door window. Each room also contains its own single use restroom. The education building is shared by the male and female offenders but have dedicated gender specific rooms on opposite sides of the building. The education center in the building houses two GED classrooms, and one ABLE classroom; vocational training includes a residential electric class; a welding class; Serve Safe certification; plumbing; and landscaping.

The cafeteria can seat one hundred eighty residents. Residents that are participating in the Serve Safe program are able to work in the kitchen under the direct supervision of kitchen staff. The male residents do not work in the kitchen at the same time as female residents. The kitchen has cameras in the front (serving line) and back (cooking areas) as

well as in the dining room. All freezers and dry storage areas have windows in the doors for clear line of site views.

STAR's electronic surveillance program includes 250 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 21-28 days. Camera footage viewed by Resident Supervisor staff assigned to central control post only have a live view. Supervisors can review live and recorded footage. Operations specialist staff are required to conduct three head counts daily and have constant circulation throughout the 26-acre campus. A twenty-two-foot fence encloses the entire campus.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

STAR policy 6A-05 states that facility has a zero tolerance standard for sexual harassment or sexual abuse toward residents. The facility informs all employees, residents, contractors, volunteers, and visitors that residents are not to be subject to sexual

abuse and sexual harassment. The policy provides definitions of sexual abuse and sexual harassment.

Anyone can report incidents of sexual abuse or sexual harassment in a variety of methods without fear of reprisal or retaliation. The policy requires all allegations to be treated seriously and investigated administratively and/or criminally in a professional, confidential, and expeditious manner.

The policy requires the facility to have a PREA Coordinator who will assist the facility in putting procedures in place to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility's PREA Coordinator has been identified as the Operations Director. He is required to ensure the facility is complying with the PREA standards and all related laws and standards. This includes:

- Create and implement Standard Operating Procedures for the PREA standards
- Review the Code of Ethics annually and recommend changes
- Suggest policy changes and revisions when needed
- Ensure all staff have the proper training
- Document and submit all serious incidents reports within 24-hours of the incident
- Assuring all allegations have an administrative and/or criminal investigation
- Participates on SART
- Collecting and reporting outcome measures
- Attend and participate in the quarterly PREA Coordinators meeting facilitated by the PREA Community Compliance Corrections Liaison at ODRC
- Oversee audits

According to the facility's Table of Organization, the PREA Coordinator reports to the Executive Director. During an interview with the Executive Director he states that he is new to the position but not to the facility; therefore, relies heavily on the guidance of the PREA Coordinator to ensure the facility is in compliance with all community confinement PREA standards.

The PREA Coordinator reports that he has sufficient time and authority to ensure that the facility is complying with the standards. He assists with the development and implementation of policies and procedures that ensure the facility is meeting all requirements of PREA. He states that he works with various directors in the facility

including training, human resources, intake, and medical to ensure the day-to-day compliance with standards. He states that his goal is to create a reporting culture where staff and residents feel safe.

The facility has an appropriate zero tolerance policy and a high level staff member acting as PREA Coordinator. The Coordinator has been given enough time and authority to ensure the facility is in compliance with the standards.

Review:

Policy and procedure

Table of Organization

Job description

Interview with PREA Coordinator

Interview with Executive Director

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 to the auditor that the facility houses offenders for the State of Ohio and does not contract with other facilities to house offenders on behalf of the STAR.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 - Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 staffing plan that documents its plans for providing adequate levels of staffing and video monitoring to protect residents against sexual abuse. The plan takes into consideration:

- The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities;
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors

The plan is developed and reviewed by the Director Team. The team meets quarterly to discuss the overall strength of operations, programming, and other support. The plan is updated as needs arise.

The team will review:

- The prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels

The auditor received a copy of the facility's staffing plan and annual review. The plan includes:

Layout of the facility:

- Identified blind spot areas

Composition of residents

- Serves male and female offenders
- Risk assessment used for housing, program, work, and education assignments

Incident of sexual abuse

- Staff-to-resident sexual abuse = 1 substantiated
- Staff-to-resident sexual harassment = 1 substantiated

Deviations from the staffing plan

- No deviations from the staffing plan

The staffing plan documents the prevailing staffing plan for the facility. The facility has a total of one hundred-nineteen (119) staff members. Security staff operate on two twelve hour shifts, while operations, programming, intake, reentry, and administration are available during the first shift.

The prevailing staffing plan is as follows:

Weekdays shift 1-

- Operations 9 security, 3-4 kitchen, 6 maintenance, 1 IT, 3 medical
- Programming psych 10 program specialist, 5 treatment specialist, 6 management, 2
- Intake management 3 ORAS specialist, 3 FT transport, 2 PT transport, 1
- Reentry 4 aftercare specialist, 10 reentry, 2 vocational
- Administration 6 management, 5 business office

Weekdays shift 2 -

- Operations 8 security
- Programming 0 after 6pm

Weekends shift 1-

- Operations 11 security, 1 medical, 2 kitchen
- Programming 1 treatment specialist

Weekends shift 2 –

- Operations 11 security

The facility has two hundred-fifty (250) cameras. The cameras are strategically located in common areas throughout the interior and perimeter of the facility. The control center has constant surveillance of the facility. The Ohio Department of Rehabilitation and Corrections, who owns the facility, has plans to upgrade and replace the existing electronic monitoring system in Fiscal Year 2020.

Security staff are responsible for conducting rounds every 30-minutes within their designated area. Supervisory staff will conduct perimeter checks. Security staff will also conduct resident counts two times per shift.

Review:

Policy and procedure

Staffing plan

Annual report

Camera views

Facility tour

Interview with PREA Coordinator

Interview with Executive Director

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 policy (2C-04-06) that states that all strip searches must be conducted by staff members of the same gender. The policy states that inspections of body cavities can only be conducted in private by a healthcare professional. The search will only be conducted when there is a reason to do so and when authorized by the facility administrator or designee. The facility does not allow for male staff to search female residents. Only female security staff are allowed to work on the female unit. No resident has been denied access to programming due to staffing.

The facility has Standard Operating Procedures (SOP) for a clothed (pat) and unclothed (strip) searches. Pat searches will be conducted within view of security cameras, and opposite gender staff do not search residents. The procedure for the pat search includes:

- Request all items be removed from pockets and if possible turn pockets insideout

- Check the contents of the resident's pockets for contraband
- Place open hands on the resident's shoulders and travel down both sides of the resident's arms and legs carefully checking for contraband
- Move hands around the resident's waistband and inspect any belt for hidden objects
- Searches also include the resident's shoes and socks

Strip searches are only conduct by staff members of the same gender of the resident and in a discrete area. The procedure for the strip search includes:

- Residents will empty their pockets and all items will be thoroughly inspected
- Residents will remove their clothing and each piece will be thoroughly inspected
- Resident will run fingers through their hair
- Staff will inspect behind the ears, nostrils, and mouth
- Staff will request the resident to raise their hands and turn around slowly
- Staff will visually inspect the groin area
- The bottoms of the foot will be checked
- The resident will be instructed to squat and cough

The auditor interviewed twenty-six (26) residents from the male and female units during the onsite visit. The auditor inquired about searches as well as cross-gender announcements. All of the male residents interviewed stated that at some time during their stay, they have had a pat search by a male staff member. All residents described the search as professional and did not feel as if staff were conducting unnecessary or inappropriate searches. The female residents report having professional and respectful searches by only female staff members. The residents report that male security staff do not work on their unit. The residents state that they have not had an incident of incidental viewing.

The residents state that upon intake they have received a strip search. The search was conducted in a private room by a same gender staff member. The residents report the search was conducted as expected. The auditor was able to view a search of a resident. The pat search was conducted as outlined in policy.

The facility has three male housing units and two female units. The units are contained within a male building and a female building. The buildings and the housing units are mirrors of each other. Each housing unit within the building can house 60 residents. The units have one intake dorm where residents are placed until all assessments are completed

and the facility can house them appropriately. The intake dorm has a camera and is set up dormitory style. The beds are around the perimeter of the room for clear line of site views into the room. The camera is monitored by the staff member assigned to the Control Center. The rest of the dorm rooms are situated around the perimeter of the dayroom. These are two-person rooms with a window in the door. Residents are instructed to complete all changing in the bathroom.

The housing units each have six bathrooms. The bathroom is single use and the residents are assigned a specific bathroom to use based on the location of their dorm room. The bathroom has a door with a window at the entrance. To the back of the bathroom is the shower that has block glass as a covering. There is also a sink, toilet, and urinal within the room. Residents are required to ask permission before using the bathroom. The auditor ensured that you cannot see into areas where residents may be using the toilet, showering or changing from the window.

The configuration of all the bathrooms allows for residents to shower, change clothing, and perform bodily functions with as much privacy as possible without compromising the safety of the facility.

During resident interviews, they were questioned on opposite gender knock and announcements. The residents reported that opposite gender staff members will ring the doorbell before enter the housing unit. The doorbell alerts residents that an opposite gender staff member has entered the housing unit.

The residents state that during programming hours, most of the residents are located in the education building for programming. The residents that remain in the units are not allowed to be inside of their dorm rooms. The female residents report that male staff members do not work inside the housing units. All the residents report that opposite gender staff will ring a doorbell before entering the housing unit. When questioned about the level of privacy in the bathroom due to the window in the door, all residents report that they are not allowed to walk near the bathroom. They state that they must requested permission from staff to use the restroom and must put their identification card on the outside of the door so that others know the bathroom is occupied. They report feeling comfortable using the bathroom and have never had an incident where another resident or a staff member has peeked in on them. The residents state that during intake they are given a tour of their housing unit upon intake and are informed of the facility's policy of changing only in the bathroom.

The auditor interview security staff from both shifts and the male and female housing units. The staff report being trained on how to properly conduct a pat, strip, cross-gender, and transgender search. Some staff report having experience conducting searches on transgender residents. They state that they have been trained to conduct transgender searches professionally and respectfully. No staff reported feeling uncomfortable or ill prepared to conduct such search. All staff report being trained on the facility's knock and announcement policies. They state that before entering the housing unit, they are required to ring the doorbell located on the outside door of the housing unit in the treatment hallway. The auditor was able to see this practice during the onsite visit. No staff member reported an incident of incidental viewing.

The auditor was given the facility's training curriculum and sign-in sheets for searches, including cross-gender searches and transgender/intersex searches. The training is provided annually to security staff. The training adequately prepares staff to conduct professional and respectful searches in the least intrusive manner possible.

The facility has not housed a transgender resident. The Managing Director reports that should the facility house a transgender resident, they have the ability to house the resident by themselves in a two bed dorm.

Review:

Policy and procedures

Clothed and unclothed search SOP

Training curriculum

Training sign-in sheets

Facility tour

Interviews with residents

Interviews with staff

Interview with Operations Director

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 requires oral and written information to be given to all residents upon their arrival to the center which explains the facility's zero tolerance policy regarding sexual misconduct and includes:

- Prevention
- Self-protection
- Reporting
- Treatment and counseling

For residents who have been identified as limited English proficient; have literacy deficiencies; or have a disability that hinders the resident's ability to understand the

information, the facility is required to make appropriate provisions. The PREA Coordinator is responsible for ensuring all residents have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual misconduct. The facility will not use a resident interpreter, resident reader, or other resident assistance to provide this information except in limited circumstances where an extended 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 allegation.

The auditor interviewed the intake manager and an intake staff member. The intake department is responsible for providing residents with initial PREA information. The Intake Manager reports that should a resident be limited English proficient, they would contact an appropriate translator using the list of approved translators from the Ohio Supreme Court. She reports that the facility has never housed a resident that has needed translator services. She states that her or a staff member in the intake department will read and explain the resident's rights under PREA and all the ways to report to any resident that has a literacy or cognitive disability. The facility will ensure residents that are blind, deaf, or hard of hearing have the necessary auxiliary aids.

The residents participate in orientation group. During orientation group the residents will review the resident handbook and watch the PREA education video produced by the Ohio Department of Rehabilitation and Correction (the auditor has reviewed the video). Afterwards, the residents will be give facility specific information. The handbook is reviewed orally page by page.

The auditor interviewed the RA staff member responsible for conducting orientation group for the female residents. She states that she starts orientation by reviewing the resident handbook page-by-page while ensuring each resident understands the information. Included in the handbook review is the facility's grievance policy. She will then answer any questions from the residents. PREA education is a separate orientation class. During PREA education, she states she shows the PREA video and then reviews the information concerning PREA that is in the resident handbook and pamphlet. She states that if there is a resident that needs special assistance, she will meet with the resident one-on-one.

The auditor interviewed twenty-six (26) residents during the onsite visit. The residents report having the appropriate information to participate in or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The residents report having all information read to them at intake and again during

orientation. No resident at the facility was identified as needing assistance on understanding the information due to being limited English proficient; deaf, hard of hearing, or blind; or having a cognitive disability.

The auditor was provided a resident handbook, pamphlets, and posters available to the residents which included options for those who are limited English proficient. The facility also ensures all information is read and explained to the residents at intake and orientation.

Review:

Policy and procedure

Ohio Supreme Court interpreter list

Resident handbook

PREA posters and pamphlets

PREA education video

Interview with Intake Manager

Interview with Intake staff member

Interview with residents

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of 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 consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of 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 consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: 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 an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

STAR's SOP-A013 focuses on the facility's hiring guidelines. The SOP states that the facility does not hire or promote anyone who has engaged in sexual abuse in an institutional setting or who has engaged in sexual activity in the community facilitated by force, the threat of force, or coercion.

The facility requires all applicants that are interviewed for positions that have contact with the residents to self-report whether they have:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution

- Been convicted for 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 consent or refuse
- Been civilly or administratively adjudicated to have engaged in the previously described activities

Employees annually affirm that they have not engaged in any of the above statements nor had any other contact with law enforcement. This is done in conjunction with annual performance appraisals.

To ensure that the facility does not hire a prohibited applicant, the Human Resource department will screen all internal and external applicants and contract workers to ensure they meet the requirements and that any reported background issues do not disqualify them. The SOP states that all STAR employees are subject to updated background checks every five (5) years during their employment.

The auditor interviewed the Human Resource Specialist. She reports that all applicants are asked during their interview to verify that they have not engaged in sexual abuse in an institutional setting or who has engaged in sexual activity in the community facilitated by force, the threat of force, or coercion. She stated that applicants are informed that any material omissions regarding sexual misconduct, or the provision of materially false information would be grounds for termination.

The HR Specialist states that once an applicant is decided upon, he/she will sign a release for a background check as well as a check with previous institutional employers. She states her department is responsible for contacting those employers and asking them to provide verification that the applicant was not the subject of a substantiated sexual abuse allegation or if the applicant quit during an investigation into allegations of sexual abuse. Documentation of the reference check would be placed in the applicant's file.

All applicants and contractors must pass a criminal background check before being allowed to work with the residents. The criminal background checks will be completed by the Federal Bureau of Investigations and the Ohio Bureau of Criminal Investigations. The HR Specialist states that quarterly, employee files are audited. The staff will match-up hire dates with the employees who are scheduled for five-year updated background checks. Those employees will have an updated check and the results will be placed in the employee's file.

The HR Specialist reports to the auditor that all job openings will be offered to current employees through the facility's email system. Employees who wish to apply for the job will respond to the email with their letter of interest. Any employee that applies will have their personnel file reviewed for any past disciplinary actions and of their performance appraisals. Internal applicants will be interviewed and all applicable information will be taken into consideration before a person is promoted.

The facility sent the auditor some employee file information prior to the onsite visit and the auditor review five additional files while on the onsite visit. The auditor reviewed the files for self-reporting information, reference checks from previous institutional employers, initial and updated background checks, promotions, disciplinary actions, annual performance appraisals, and zero tolerance acknowledgements. All files reviewed had the appropriate documentation.

The Human Resource Specialist reports that all request for employment verification for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Review:

Policy and procedure

Employee files

Background checks

Reference checks

Performance appraisals

Disciplinary action

Interview questionnaire

Interview with Human Resource Specialist

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility is not planning any substantial expansion or modification of existing facilities. The Executive Director and the PREA Coordinator both spoke about a future project that is not in the works, but is not scheduled for development anytime soon. The project will include redesigning a building that would house male offenders. Because the building belongs to the State of Ohio, the facility would work directly with the state in all aspects of the project. The PREA Coordinator or is also the facility's Operations Director, will be directly involved with the project management. He will ensure that all changes or modifications will enhanced the facility's ability to protect residents from incidents of sexual abuse and sexual harassment.

The Executive Director and the PREA Coordinator report that the facility has added camera in the vocational classrooms as a response to a substantiated sexual abuse incident. The cameras do not show a live feed to the control center, but record to a separate DVR that only administration has access. They both report that the Ohio Department of Rehabilitation and Corrections has discussed plans with them to update

the facility's video monitoring system. The facility has not been given any dates on when the State plans on implementing the upgrade.

Review:

Interview with Executive Director

Interview with PREA Coordinator

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisiscenters? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy 6A-05 states that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated thoroughly in a professional, confidential, and expeditious manner by an administrative and/or criminal investigator. The facility is prohibited from conducting criminal investigations. The facility has a MOU with the Ohio Highway Patrol to conduct criminal investigations. The MOU states:

- All PREA incidents investigations will follow a uniform evidence protocol adapted from the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011.
- Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving suspected perpetrators.
- Investigators will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution
- Credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. Inmates who allege abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation
- Investigation will be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence with attached copies of all documentary evidence where feasible

- Substantiated allegations of conduct that appears to be criminal will be referred for prosecution
- The departure of the alleged victim or abuser from employment or control of the facility will not provide a basis for termination an investigation

All allegations will be administratively investigated by a trained investigator. The facility has three trained investigators. The training was provided by the Moss Group. The facility provided the auditor a copy of the training certificates.

The PREA Coordinator reports that any resident who is a victim of sexual assault/abuse will be transported to Southern Ohio Medical Center (SOMC) for a forensic medical examination. The facility has a MOU with the hospital that states:

- SOMC will provide a trained Sexual Assault Nurse Examiner to any resident victim of sexual assault/abuse
- Hospital social workers will be provided to resident victims to assist with community referrals for aftercare services

Trained SANE's are able to perform forensic exams, offer specialized care and support, courtroom testimony, and aftercare services.

The facility has a MOU with Survivor Advocacy Outreach Program (SAOP) to provide services to residents who report being sexually assaulted/abused. The services include:

- Accompanying and supporting the victim through the forensic examination process
- Accompany and support the victim through investigatory interviews at the hospital, the facility, and police station
- Provide emotional support
- Provide crisis intervention
- Provide follow-up services

The auditor was able to communicate with Program Director of SAOP via email after the onsite visit. The director verified the services listed in the MOU and that the services would be provided to the residents of STAR free of charge. She states that she has provided services to several female residents after an incident.

The facility has a trained staff member that can act as an emotional support staff at the request of the resident. The facility offers these services to every resident victim. The

training was provided by the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions.

The facility has provided the auditor with documentation of administrative investigator training and emotional support training.

Review:

Policy and procedure

MOU with Ohio Highway Patrol

MOU with Southern Ohio Medical Center

MOU with Survivor Advocacy Outreach Program

Email from SAOP Program Director

Southern Ohio Medical Center website

Training certificates

Interview with PREA Coordinator

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy 6A-05 states that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated thoroughly in a professional, confidential, and expeditious manner by an administrative and/or criminal investigator. The facility is prohibited from conducting criminal investigations. The PREA Coordinator reports that the Ohio Highway Patrol has the legal authority to conduct criminal investigations.

The agency post its investigatory policy on its website, <http://www.starjrc.com/images/pdfs/ResidentPREAHandout.pdf>. The facility has had seven allegations of sexual abuse or sexual harassment during the past twelve months.

Investigation #1: A resident made a verbal report to staff of staff-to-resident sexual harassment. A resident reported that a staff member made inappropriate comments about her body and asked her to contact him once she is released from the facility. The administrative investigator reviewed video evidence and determined the allegation to be

substantiated. The staff member was terminated but the allegation was not referred for a criminal investigation.

Investigation #2: The facility received a report from another facility of staff-to-resident sexual abuse. The resident gave a specific date and time that the incident took place. The administrative investigator reviewed video evidence and determined the allegation to be unfounded. The interaction was on camera the entire time and the staff member sat across from the resident with his hands visible the entire time and the resident's behavior did not indicate any distress.

Investigation #3: Several residents made a verbal report to staff of staff-to-resident sexual abuse. The staff member was placed on administrative leave. The administrative investigator reviewed video evidence and interviewed resident victims and witnesses before referring the allegation to the Ohio Highway Patrol for a criminal investigation. The staff member was indicted by the Scioto County Prosecutor's Office and eventually pled guilty to two counts and was sentenced to five years in prison.

Review:

Policy and procedure

Facility website

Investigation reports

Interview with administrative investigator

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 states that the facility must ensure all staff members that have positions that have contact with residents will receive pre-service and in-service that addresses the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating facility policy and procedures.

Staff complete training annually during STAR Academy and also through an online line training system (Relias). The facilitated training reviews the training topics required under section 1-9 of this standard. The auditor received a copy of the power point used at the training. Other related training topics covered at the academy include:

- Human trafficking
- Firm, fair, and consistent approach
- Core correctional practices
- Concern slips
- Resident handbook

Along with the training that meets the requirements to this standard, the facility also provides employees with training that also improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. The training on Relias includes:

- Unauthorized relationships
- Motivational interviewing
- Survivor support and bystander intervention

- Transport protocols
- Ohio Ethics Law acknowledgement
- Communication –vs- over familiarity
- Cross-gender supervision
- Clothed/unclothed searches
- Transgender searches
- Confidentiality notice
- Security rounds
- Policy and procedure manual

The auditor reviewed five (5) employee files during the onsite visit. During the file review, the auditor was able to verify staff received the additional training and policies and procedures through signed and dated acknowledgments.

The auditor interviewed the PREA Coordinator on how the facility ensures compliance with the training standard. He states that ensures that all staff members receive the mandatory PREA training. He states that the facility does not offer the training bi-annually, but trains on the required topics of this standard every year.

The auditor interviewed staff from operations, programming and administration on the training provided by the facility. All staff interviewed were able to discuss the training they received during STAR Academy and through Relias online training. The staff state They have been trained on how to identify red flags, report incidents or suspicions, protect residents who report from retaliation, understand the dynamics of abuse, communication with residents including LGBTI residents, searches, first responder duties, and other responsibilities. The staff was well versed and advised the auditor that they felt prepared should an incident of sexual harassment or sexual abuse occur at the facility.

As part of compliance documentation, the auditor received Relias training curriculum, PREA policies, Relias course records, training sign-in sheets, and orientation training materials. The training curriculum provided goes beyond the minimum requirements of the standards. The course history review shows the staff have completed the required training annually.

Review:

Policy and procedure

Training records

Sign-in sheets

Policy acknowledgements
Staff files
Interview with staff
Interview with PREA Coordinator

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1434 also requires contactors and volunteers to also receive training appropriate enough to address the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating the facility's policies and procedures.

The PREA Coordinator reports that all contractors, volunteers, and interns receive the same PREA training that staff receive during STAR Academy. They are also trained on cross-gender supervision. All contractors, volunteers, and interns sign documentation that they have received training prior to starting their duties.

Contractors, volunteers and interns, as well as vendors must sign a zero tolerance acknowledgement. The acknowledgement identifies what is sexual abuse and sexual harassment, reporting requirements, and possible sanctions for violating the facility's zero tolerance policy.

The facility also implemented a new sign-in process where any visitor who enters the building is acknowledging they have read the facility's zero tolerance policy.

The facility provided the auditor with several examples of contractor, volunteer, and intern training verification.

Review:

Policy and procedure

Training acknowledgement

Interview with PREA Coordinator

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 requires oral and written information to be given to all residents upon their arrival to the center which explains the facility's zero tolerance policy regarding sexual misconduct and includes:

- Prevention
- Self-protection
- Reporting
- Treatment and counseling

Residents orientation will include notification of the prohibition against sexual misconduct and provide information on how to identify and report such misconduct in the resident handbook. Residents will be given pamphlets on sexual assault awareness and will sign acknowledgement of receiving such information.

The policy requires within 30 calendar days of arrival, all residents will be provided comprehensive education in person and through a video regarding their rights to be free from sexual misconduct. The education will also include the resident's right to be free from retaliation for reporting such incidents and include the facility's policies and procedures for responding to such incidents.

The information is continuously available to the residents through their handbook, pamphlets, and posters throughout the facility. The PREA Coordinator ensures this information is also presented to residents that are limited English proficient; deaf, hard of hearing, or blind; cognitively disabled; or have other literacy or disability challenges that would make learning difficult (see standard 115.216).

The auditor received a copy of the resident handbook, pamphlet, and reporting posters. The documents provided describes the facility's zero tolerance policy, definitions, reporting options and phone numbers, rape crisis services, and how a resident can keep himself/herself safe.

The residents participate in orientation group. During orientation group the residents will review the resident handbook and watch the PREA education video produced by the Ohio Department of Rehabilitation and Correction (the auditor has reviewed the video). Afterwards, the residents will be give facility specific information. The handbook is reviewed orally page by page.

The auditor interviewed the RA staff member responsible for conducting orientation group for the female residents. She states that she starts orientation by reviewing the resident handbook page-by-page while ensuring each resident understands the information. Included in the handbook review is the facility's grievance policy. She will then answer any questions from the residents. PREA education is a separate orientation class. During PREA education, she states she shows the PREA video and then reviews the information concerning PREA that is in the resident handbook and pamphlet.

The auditor interviewed twenty-six (26) residents during the onsite visit. The residents report having the appropriate information to participate in or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The residents report having all information read to them at intake and again during orientation.

During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.

The auditor reviewed ten resident files along with resident orientation verification information sent to the auditor prior to the onsite visit. The information reviewed shows the residents receiving appropriate PREA written materials and sign verification of receiving PREA education during orientation.

Review:

Policy and procedure

Resident pamphlet

Resident handbook

PREA Posters

PREA education video

Resident files

Interviews with residents

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility requires all administrative investigators receive specialized PREA investigation training prior to conducting an investigation. The training curriculum must include:

- Techniques for interviewing sex abuse victims
- Proper use of Miranda and Garity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The auditor reviewed the training curriculum which was provided by the Moss Group, Inc. The training is appropriate for this standard.

The auditor interviewed two administrative investigators. The investigators report the training they received included techniques such as trauma informed care, evidence collection (except in case of sexual assault), proper documentation, and identifying the proper outcome determination.

The PREA Coordinator reports that any allegation that look like it involves criminal behavior will be referred to the Ohio Highway Patrol for a criminal investigation before an administrative investigation will be completed. The facility has a MOU with this agency.

Review:

Administrative investigator training curriculum

Administrative investigator training certificates

MOU with Ohio Highway Patrol

Interview with administrative investigators

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility requires its medical and mental health staff complete the required PREA employee training (see standard 115.231) as well as specialized training that includes:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

The facility does not allow the medical staff to conduct forensic medical examinations. Any resident who is sexually abused or assaulted while at the facility will be taken to Southern Ohio Medical Center for that type of examination.

The auditor interviewed a nurse and a psychologist during the onsite visit. Both staff members reporting receiving both employee PREA training during STAR academy and receiving specialized training from the NIC training website. The training includes:

- PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting
- PREA 201 for Medical and Mental Health Practitioners

Review:

Policy and procedure

Training curriculum

Training certificates

Interview with nurse

Interview with psychologist

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA riskscreening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA riskscreening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA riskscreening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1434 required all residents to receive a screening to appraise a resident's potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The assessment is required to be completed within the first 72-hours of intake, upon transfer from another facility, 30-days after arrival, and as needed based on new information or a substantiated allegation. The facility collects the following information:

- Whether the resident has a mental, physical, or developmental disability

- The age of the resident
- The physical build of the resident
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent
- Whether the resident has prior convictions for sex offenses against an adult or child
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

The policy does not allow the facility to discipline residents who refuse to answer or do not disclose information regarding a physical, mental, or developmental disability; LGBTI identity; past victimization, or own perception of vulnerability.

The auditor was given the form that the facility uses to capture the assessment information. The form has all the required elements, definitions of terms, and classification categories of possible victim, possible predator, or no classification.

The auditor reviewed ten resident files during the onsite visit. The files contained both the initial and the 30-day assessment. The assessments were completed based on the time requirements and had an appropriate classification based on the reported information.

The initial assessment is completed by the ORAS Coordinator. The Coordinator reports that she will review the purpose of the assessment, review terms and definitions, and answer any questions before conducting the assessment. She states that she tries to cultivate a judgement free zone and let the residents know she is only concerned about their safety. She tries to complete the form within the first 24-hours but before the 72-hours. The initial assessment form is given to the reentry specialist who then conducts the 30-day reassessment.

The auditor was able to watch a reentry specialist conduct a 30-day reassessment during the onsite visit. The reentry specialist reviewed the initial assessment, interviewed the resident concerning safety perception, and informed the resident of the purpose of the reassessment. The reentry specialist then read each question to the resident, explaining as she went. The resident did not report any issues or concerns during the assessment.

The reentry specialist reports that she received training on how to complete the assessment from the ORAS Coordinator. She states that the training included the Coordinator shadowing her when conducting screenings and reviewing afterward.

The auditor interview twenty-six residents. The residents report receiving an initial assessment upon arrival to the facility. The residents state that the assessment was explained to them and they understood the importance of keeping people safe. The residents reporting meeting with their assigned reentry specialist and going over the same assessment form.

All assessments are reviewed for quality and timeliness. A supervisor will sign and date the review for each assessment and reassessment.

The forms are scanned and stored electronically in the facility's resident data base system. Access to the information on the form is limited to treatment providers.

Review:

Policy and procedure

Risk assessment form

Resident files

Interview with ORAS Coordinator

Interview with Reentry Specialist

Interview with residents

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1434 states that the information from the risk screening will be used to ensure the safety of each resident and inform housing, bed, work, education, and program assignments. Residents that have been identified as vulnerable to sexual victimization or sexually predatory behavior will be reported to the Operations Director. The Operations Director will inform staff who will assist in ensuring residents who are at risk of victimization are kept separate from those at risk for sexually abusive behavior.

The facility has the capabilities of separating based on housing unit and dorm room. The selected dorm room will be in close proximity to the staff desk for easy observation. The facility can also make their two bed dorms be a single use dorm if necessary. In addition to the housing precautions, the facility has multiple programming options so as not to assign those with opposing risk classification to the same schedule.

Residents that have been identified as at high risk, will meet with the facility's psychologist. The psychologist will conduct an interview with the resident and may offer individual or group therapy. Treatment groups offered include seeking safety, anger management, and PTSD. The psychologist reports to the auditor that she will meet with residents who are identified as high risk during the assessment and discuss any concerns. She reports that either through the facility or community referral the resident can deal with any underlying issues.

SOP-A020 is the facility's LGBTI Safety Plan. The facility does not have a dedicated facility, unit, or wing that solely houses residents that identify as lesbian, gay, bisexual, transgender, or intersex. The facility recognizes that residents that do identify as LGBTI or gender non-conforming are at higher risk for victimization and has developed a plan to ensure the resident's safety.

Any resident that has been identified as transgender or intersex will be met with to assess any concerns the resident may have about their safety. The resident will be told the expected dress code and shower times. The facility has single use showers and the capabilities of single occupancy dorm rooms.

The facility does not currently have a resident that identifies as transgender or intersex. The PREA Coordinator reports that the facility has housed one transgender resident. The resident was interviewed before being placed in a housing unit to address any concerns. He reports that other than female pronouns, the resident did not want any other special accommodation.

The auditor interviewed residents that identified as lesbian, gay, or bisexual during the onsite visit. No resident reported being placed in a housing unit or dorm based solely on their sexual preference. The residents report no issues or concerns with bullying, sexual harassment, or sexual abuse.

Review:

SOP-A020

LGBTI Safety form

Facility tour

Interview with Psychologist

Interview with PREA Coordinator

Interview with residents

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1434 requires the facility to provide residents with multiple ways, internally and externally, to privately report allegations of sexual abuse and sexual harassment. During intake, residents are given a pamphlet on sexual assault awareness and a resident handbook. The pamphlet provides the following options for residents to report sexual abuse or sexual harassment:

- Verbally to any staff member
- In writing to any staff member
- Internal reporting line – 740-354-9026 x1160 or 1105
- External hotline number – 614-728-3155
- Email- mcknight@starjc.com
- Resident kiosk system
- Resident grievance system
- Friends and family can report on your behalf

*there is no cost to call the internal or external reporting lines from resident phones

The handbook contains the same reporting information.

The auditor verified that the methods available to residents were posted in various areas throughout the facility and listed in the resident handbook. The facility has posted PREA reporting posters in English and Spanish that provide residents information on reporting numbers and email address to internal and external entities.

The auditor contacted the external reporting option. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions PREA Community Corrections Compliance Liaison. She verified receiving the auditor's call and ensuring all calls are taken seriously.

During the onsite visit, the auditor interviewed twenty-six (26) residents. The residents were asked questions in accordance with the PREA Compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents report that during intake, orientation, and their three-day resident peer partnership, they are given information on how to report allegations of sexual abuse, sexual harassment, and retaliation. The residents state that they feel safe in the facility and that they have a staff member identified they would feel comfortable reporting an allegation. The residents state upon arrival they receive written documentation on reporting options and know that they can make an anonymous report.

The facility had two allegations that were verbally reported to staff during the past twelve months. The allegations were administratively and/or criminally investigated and the findings were reported to the residents.

Staff are trained upon hire of the facility's zero tolerance policies and procedures. The training includes their duty to report knowledge or suspicion of sexual abuse or sexual harassment. All staff interviewed discussed their reporting obligation. They state they can either report to their supervisor or directly to the PREA Coordinator. The staff report that the facility is small enough to be able to have direct contact with executive staff and that they can approach any member privately to report if necessary.

Review:

Policy and procedure

Resident handbook

PREA posters

PREA pamphlet

Employee training

Investigation reports

Interview with residents

Interview with staff

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 grievance policy and will accept allegations reported through that mechanism; however, the process for addressing resident grievances regarding sexual abuse is outlined in facility policy 1433 and 1434. The facility does not have an explicit administrative remedy policy.

Review

Policy and procedure

Interview with PREA Coordinator

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 Memorandum of Understanding with the Survivor Advocacy Outreach Program (SAOP) to provide the residents access to victim advocates for emotional support services related to sexual abuse by providing the resident will the mailing address and telephone number of the agency. The MOU also requires SAOP to inform the resident of the limitations to confidentiality at the initiation of services.

This information is listed in the information provided to the residents at intake, during orientation, inside the resident handbook, and on posters. The residents sign and date acknowledgement forms of receiving this information.

The facility also provides the residents with state (Sexual Assault Response Network of Central Ohio- SARNCO) and national (Rape, Abuse, and Incest National Network-

RAINN) mailing addresses and telephone numbers through posters throughout the facility.

The auditor contacted the Program Director from SAOP during the post site visit to confirm services provided to the residents at STAR. The Director confirmed through an email that the agency has provided the residents at STAR their address and phone number for emotional support services. The Director states that the residents are informed what information would be required to be reported.

*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

Review:

Policy and procedure

MOU with SAOP

Email with SAOP Program Director

*Correspondence with RAINN

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility is required to distribute information to the public on how to report incidents of sexual abuse and sexual harassment on behalf of a resident. When the facility receives and allegation through a third-party reporter, the information will be immediately reported to the PREA Coordinator.

The auditor reviewed the facility's website, <http://www.starjtc.com/images/pdfs/ResidentPREAHandout.pdf>, and was able to see the posted information on how a third-party can report an allegation. This information is also on posters located in conspicuous places throughout the facility, including the visitation room. The information on the website and posters includes:

- Verbally to any staff member
- In writing to any staff member
- Internal reporting line – 740-354-9026 x1160 or 1105
- External hotline number – 614-728-3155
- Email- mcknight@starjtc.com

The auditor was able to see various posters in the visiting area during the facility tour.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions PREA Community Corrections Compliance Liaison. She verified receiving the auditor's call and ensuring all calls are taken seriously.

The facility has not received a third-party report of sexual abuse or sexual harassment on behalf of a resident during the past twelve months.

Review:

Policy and procedure

Facility website

Facility tour

PREA Posters

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 states that staff must report any knowledge of sexual abuse, sexual harassment, or retaliation or any suspicion of sexual abuse, sexual harassment, or retaliation. This includes reports made to a staff member by a third-party. The policy states that staff will not reveal information related to the report/allegation except to the extent necessary to make treatment, investigation, and other security and management decisions.

The facility’s Unauthorized Relationship policy requires any employee who becomes aware or reasonable suspects that another employee is involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to the Executive Director. A failure to report such information may result in disciplinary action.

The facility reviews PREA reporting policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. These policies are considered as mandatory “read and sign” document at the start of employment, and mandatory annual retraining thereafter.

The auditor reviewed five employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgement.

The auditor interviewed the facility's psychologist and during the onsite visit. They both state they provide the resident with an informed consent information and their obligation to report allegations of sexual abuse, sexual harassment, and other limitations of confidentiality.

The auditor interviewed staff from administration, programming, and operations. All staff discussed reporting allegations reported to them or any suspicions they may have immediately to their direct supervisor or to the PREA Coordinator. When questioned about their comfort level in reporting suspicions of co-workers having crossed boundary lines, the staff reported that they would have no issue reporting those suspicions. They state that it is their job on the line if they do not report the knowledge or suspicion.

The policy requires the facility to report all allegations involving a minor or vulnerable adult to the appropriate local or state service agency. The facility did not have an allegation that involved a resident identified as a minor or vulnerable adult.

Review:

Policy and procedure

Employee files

Interviews with staff

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 and 1434 require the facility to have procedures in place that protect at risk residents for imminent sexual abuse. The protection measures include, but are not limited to separation contracts, dorm moves, housing assignment moves, administrative segregation, and close observation.

The PREA Coordinator reports that it is the facility's practice to place staff members on administrative leave during an investigation depending upon the severity of the allegation. The facility also has the option of placing the staff member on a different housing unit or a post that does not have resident interaction.

The facility had two allegations where protection measures were required. In both allegations, the staff member was placed on administrative leave during the investigation, and then later terminated once the allegations were determined to be substantiated.

The residents involved in those allegations were then placed on a 90-day retaliation watch and provided rape crisis services.

Review:

Policy and procedure

Investigation reports

Interview with PREA Coordinator

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 1433 states that upon receiving an allegation that a resident was sexually abused while confined at another institution, the PREA Coordinator will notify in writing the head of that facility or central agency. The PREA Coordinator is required to make the notification within 72-hours.

The PREA Coordinator states that he has in the past made such notification to another confinement facility. He states that he is notified by the ORAS Coordinator if a resident reports victimization while residing at another confinement facility during the risk assessment. He reports that he makes the notification when he receives it.

The policy also requires the facility to conduct an investigation into any allegation that has been reported to the facility by another confinement facility.

The facility has had one allegation that was reported to the facility by a former resident at another confinement facility. The PREA Coordinator reports that the resident gave a specific date, time, and staff member when reporting the allegation. The administrative investigator was able to review video footage and determine the allegation to be unfounded.

Review:
Policy and procedure
Investigation reports
Interview with PREA Coordinator

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policies 1433 and 1434 outlines the first responder duties for any allegation of sexual abuse. The first responder steps include:

- Separate the alleged abuse and victim
- Preserve and protect the crime scene
- Do not allow the alleged abuser to destroy any physical evidence that includes
 - Washing
 - Brushing teeth
 - Changing clothes
 - Urinating
 - Defecating
 - Smoking
 - Drinking
 - Eating
- May a request of the victim to not do anything that will destroy any physical evidence that includes
 - Washing
 - Brushing teeth
 - Changing clothes
 - Urinating
 - Defecating
 - Smoking
 - Drinking
 - Eating
- Document all actions taken

All staff are trained on first responder duties during pre-employment and thereafter annually during STAR academy. The auditor was given a copy of the training and sign-in sheets.

The auditor interviewed both security and non-security staff during the onsite visit. All staff report their first course of action is to separate the abuser and victim and make sure that the victim is safe. The staff state that if a criminal act took place, the police will be called in order to collect physical evidence. They are not allowed to collect physical evidence related to a crime scene. The staff report they would protect the evidence and the victim until the police arrived. The facility has a holding cell in each of the housing units identified as an area where alleged abuser can be held until the police arrive.

The facility has had one incident of sexual abuse. The incident did not take place within a time frame where physical DNA evidence could be collected. The alleged abuse was a staff member who was immediately placed on administrative leave.

Review:

Policy and procedure

Investigation reports

Interview with staff

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility's written coordinator response plan is documented in SOP-S042. The plan outlines the actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

The plan includes contacted emergency medical services if the victim has injuries that need medical attention and the Ohio Highway Patrol. Enact the first responder duty steps by separating the alleged abuser and victim; preserving the crime scene; and ensure/request the alleged abuser and victim do not do anything to destroy evidence. The victim's mental health will be evaluation and other supportive needs are identified. The incident and actions taken will be documented.

The steps and responsibilities of those involved in the Coordinated Response Plan are documented in a flow chart that is made available to all staff. The plan was made available to the auditor.

Review:

Policy and procedure

Coordinated Response Chart

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A: The Executive Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. Staff members sign acknowledgement of “At Will” employment during onboarding.

Standard 115.267: Agency protection againstretaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established 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 by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees. The facility will ensure for no less than 90-days to monitor for incidents of retaliation. The monitoring will include periodic status checks that reviews the resident's disciplinary records; housing, program changes, or negative performance reviews; and reassignments of staff from housing unit.

The facility has multiple ways to protecting staff and residents from retaliation that include a separation contract, dorm changes, housing unit changes, placing staff on administrative leave, and changing staff post. Residents who are on 90-day retaliation watch will be monitored more closely and an assigned staff member will check-in with the resident to ensure the resident feels safe and does not have concerns of being retaliated against.

The PREA Coordinator states that the facility will respond to all allegations of retaliation. Should a resident or staff member be found to have retaliated against someone who has reported sexual abuse or sexual harassment or cooperated with a sexual abuse or sexual harassment investigation as outlined in the facility's employee or resident disciplinary policies.

The facility's obligation to monitor for retaliation will end if the allegation is determined to be unfounded. The facility can elect to extend the 90-day period of monitoring if necessary.

The auditor reviewed documentation of how the facility conducts monitoring checks.

Review:

Policy and procedure
90-day retaliation check sheet
Interview with PREA Coordinator

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 and 1434 outlines the facility's guidelines on conducting an investigation into allegations of sexual abuse and sexual harassment. The policies require an administrative and/or criminal investigation be completed for all allegations of sexual assault, abuse, and harassment. The facility is required to:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report
- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The PREA Coordinator will be responsible for keeping records of these referrals and the outcomes of police investigations
- Provide the victim with the outcome of the administrative and/or criminal investigation

The auditor received a copy of the administrative investigation form. The form documents:

- Alleged abuser name
- Alleged victim name
- Location of incident
- Date and time of incident
- Date of investigation
- Type of allegation
- Status of abuser (staff/resident)
- How the allegation was reported
- Witnesses
- Description of incident
- Video evidence
- Statements
- Physical evidence
- Victim care- medical, mental health, emotional support, victim advocate
- Criminal referral
- Outcome determination
- Basis for determination
- Any identified staff actions or failures that contributed to the abuse
- Recommendations
- SART review required

The auditor reviewed the three administrative investigation reports the facility received during the past twelve months (see standard 115.234). The facility had one allegation that was referred for a criminal investigation. The criminal allegation was referred to the Scioto County Prosecutor's Office for a criminal prosecution.

The auditor interviewed several administrative investigators during the onsite visit. The investigators were questioned on their investigation techniques and how they make an outcome determination. The investigators discussed the techniques they learned from training and from field experience. They state that they conduct interviews of the victim, witnesses, and alleged abuser; review any video or physical evidence (the facility will not collect any evidence related to a criminal scene); and review additional information that may relate to credibility assessment or past incidents.

The PREA Coordinator states that the facility does not use polygraph examination or other truth telling devices. He states that the facility has an assigned State Trooper, Trooper Sheri Wells, to conduct all criminal investigations. Once an allegation has been turned over for a criminal investigation, the administrative investigation will resume

afterward or in conjunction with permission from the legal authority. During criminal investigations, the PREA Coordinator reports remaining in contact with the Ohio Highway Patrol and the prosecutor's office in order to be informed on the progress of the investigation.

The PREA Coordinator states that he maintains all information related to compliance with PREA including investigations. He states that he maintains this information for as long as the alleged abuser is confined to the facility or is employed by the facility, plus five years. The auditor was able verify by seeing the allegations from previous years which the PREA Coordinator keeps in binder. The PREA Coordinator secures this information.

Review:

Policy and procedure

Administrative investigations

Criminal investigation

Administrative investigator interviews

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy states that the facility will impose a standard of preponderance of evidence when determining whether an allegation of sexual abuse or sexual harassment can be substantiated.

The auditor interviewed the administrative investigators who report that the evidence is measured at 51% when determining if an allegation has been substantiated.

The auditor reviewed the three allegations from the past twelve months to verify the standard of proof used.

Review:

Policy and procedure

Investigation reports

Interview with administrative investigators

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The policy requires the facility to inform residents of the outcome of the investigation. If there was a criminal investigation, the facility is required to request all relevant information from the criminal investigator so that the resident may be informed of the investigation outcome.

The information required to be reported includes:

- If the alleged staff member is no longer posted in the resident's facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility
- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The PREA Coordinator states that (at the time of the onsite visit) the disposition of the criminal case has not been completed. He was informed that the sentencing hearing would take place on March 25, 2020. The Coordinator reports that while the victims are no longer in the facility, they will be informed of the disposition as soon as it becomes available.

The facility had a substantiated allegation of staff-to-resident sexual harassment. The staff member was placed on leave during the investigation, and then terminated once it was determined he violated the facility's zero tolerance policies. The PREA Coordinator informed the victim of the outcome of the allegation.

The PREA Coordinator reports that he would be the person to inform residents of the investigation outcome and he would include the required information if applicable.

Review:

Policy and procedure

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1434 states that any staff member that violates STAR's policies regarding sexual abuse or sexual harassment will face sanction that may include termination. Staff members who have been found to have engaged in sexual abuse of a resident will be terminated from employment. Disciplinary sanctions, other than engaging in sexual abuse, will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed on other staff with similar histories. The facility is required to report incidents of sexual abuse or sexual harassment to the local legal authority for a criminal investigation, unless the behavior is clearly not criminal, and to any relevant licensing bodies.

Staff members are informed of the facility's disciplinary policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. The information presented to the staff includes notice that employees are held accountable for their behavior on the job and, in some instances, off the job. The staff are also informed that all serious violations, including violations of the facility's zero tolerance policies, may be referred to the Scioto County Prosecutor's Office or the Ohio Ethics Commission for civil or criminal prosecution.

These policies are considered as mandatory "read and sign" document at the start of employment, and mandatory annual retraining thereafter.

Employees also read and sign acknowledgement of the facility's Unauthorized Relationship policy. The policy describes unauthorized relationships as a relationship with any individual on community control, adult probation or parole, and current or former residents of the facility which have not been approved by the Executive Director. Prohibited activities include but are not limited to:

- The exchange of personal letters, pictures, phone calls, emails, social networking access or information
- Engaging in any other unauthorized personal business relationships
- Visiting
- Resident with anyone who is on community control, adult probation or parole, current or former residents of the facility or friends or family of same

- Committing any sexual act with any individual on community control, adult probation or parole, current or former resident of the facility
- Engaging in any other sexual conduct with any individual on community control, adult probation or parole, current or former resident of the facility
- Aiding and abetting any unauthorized relationship

The policy requires any employee who becomes aware or reasonable suspects that another employee is involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to the Executive Director. A failure to report such information may result in disciplinary action.

The auditor interviewed the Human Resource Specialist, Executive Director, and PREA Coordinator. Each one reported during their interview that it is the facility's practice to place staff members on administrative leave during an investigation, but could also move the staff to a different post on the campus. The PREA Coordinator states that substantial allegations against staff will most likely result in termination. The facility will aid in the prosecution of criminal charges to the fullest extent possible.

The auditor reviewed five employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgement.

The facility had three allegations against staff members. One allegation was determined to be unfounded. Two allegations were determined to be substantiated. The staff members involved in the allegations were both terminated and the staff member involved in the sexual abuse incident also faced criminal charges and was prosecuted by the Scioto County Prosecutor's Office.

Review:

Policy and procedure

Employee handbook

Investigation reports

Interview with Human Resource Specialist

Interview with PREA Coordinator

Interview with Executive Director

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1433 states that all contract staff and volunteers in positions with access to residents will receive pre-service and in-service training on the facility’s zero tolerance policies, and on the consequences for violating policies and procedures. The facility will not engage the services of any contractor or volunteer who commits sexual abuse and will report the behavior to the local legal authority, unless the activity is clearly not criminal, and to any relevant licensing bodies.

The PREA Coordinator reports that the facility will not allow further contact with residents any contractor or volunteer who violates the facility’s zero tolerance policies.

The facility has not had an allegation against a contractor or volunteer during the past twelve months.

Review:

Policy and procedures

Investigation reports

Interview with PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy 1433 and 1434 prohibits all sexual activity between residents. Sexual misconduct among residents will be administratively and/or criminally investigated. The residents are informed of the facility's zero tolerance policies and disciplinary practices during intake and orientation group. The handbook outlines the facility's stance on sexual abuse and sexual harassment and the response toward those who commit such acts.

The residents receive a disciplinary flow chart that outlines the possible sanctions that go along with violations of facility rules. Sexually acting out (sexual abuse or sexual harassment) is listed as a major rule violation at the highest level. The sanctions listed include possible termination. Residents that have been found to have violated the sexual abuse policy will be referred to the Ohio Highway Patrol for criminal charges.

Facility SOP –S022 states that in the event a resident violates the Ohio Revised Code and criminal charges could be filed against the offending resident for the violation. The types of violations that could result in criminal charges include:

- Retaliation
- Aggravated menacing
- Sexual abuse

The facility has disciplinary procedures for unauthorized relationships with another resident. Residents will not be disciplined for sexual contact with staff unless the facility finds that the staff member did not consent to such contact. The facility will also not discipline a resident for making a sexual abuse allegation in good faith based on a reasonable belief that the alleged conduct occurred even if an investigation does not establish evidence sufficient to substantiate the allegation.

The PREA Coordinator reports that while they have not disciplined a resident for a false report, they would only do so in case where it was obvious that the report has been made in bad faith.

The auditor reviewed ten resident files during the onsite visit. The files contained signed and dated acknowledgements of receiving the handbook, facility zero tolerance policy, PREA pamphlet, and orientation group.

The auditor interviewed twenty-six (26) residents during the onsite visit. The residents report receiving the handbook and the facility zero tolerance policy during intake. They state that the intake office reviewed the handbook with them including the disciplinary and zero tolerance policies. The residents state that the handbook and PREA policies were also reviewed during orientation group. They understand that violations of the policies would result in termination from program.

The facility has not had an allegation of resident-to-resident sexual abuse or sexual harassment during the past twelve months.

Review:

Policy and procedure

Resident handbook

Orientation material

PREA pamphlet

Disciplinary flow chart

Investigation reports

Interview with residents

Interview with PREA Coordinator

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility SOP-M015 and policy 1433 requires staff to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the victims free of charge and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services provided include:

- Medical and mental health evaluation and treatment
- Evaluation, treatment and follow-up services
- Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody
- Case and services consistent with the community level of care
- Test for sexually transmitted infectious disease
- Pregnancy testing and comprehensive access to pregnancy related medical services
- Information about and access to sexually transmitted infections prophylaxis and emergency contraception

The PREA Coordinator discussed the services provided to the residents after a staff-to-resident sexual abuse incident that involved several residents. The residents were provided access to the facility's psychologist and the rape crisis advocate from SAOP. The advocate met with the residents individually and as a group and was able to provide scope of services, length of service, and type of services at her discretion.

The auditor met with the facility psychologist during the onsite visit. She states that she would receive a referral either at intake based on information provided during the risk screening or later after an incident of sexual abuse or sexual harassment. The psychologist states that she is able to offer individual counseling or have the residents participate in a group that addresses underlying issues. She states that the advocate from the rape crisis agency will be made available.

The PREA Coordinator reports that while the facility medical department can offer resident victims testing for sexually transmitted infectious diseases and/or pregnancy

testing, Southern Ohio Medical Center will provide other necessary medical procedures such as a forensic medical exam.

The auditor contacted SAOP and Southern Ohio Medical Center post onsite visit and confirmed the services that would be provided to the residents. The agencies state that all resident victims of sexual abuse would be provided services as outlined in the MOU free of charge.

Review:

Policy and procedure

SOP- M015

MOU with SAOP

Interview with Psychologist

Email with community partners

Interview with PREA Coordinator

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy requires residents who have been sexually abused in a jail, lockup, or juvenile facility to be offered medical and mental health counseling services. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility.

Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer pregnancy testing, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. All residents, male and female, will be offered test for sexually transmitted infections as medically appropriate.

Any known resident-to-resident abuser will receive an evaluation as soon as possible but within 60-days from the psychologist. Should treatment be recommended, the psychologist can either provided services or make a referral to a community provider.

The facility has both medical and mental health services available to the residents at the facility. Should the victim need services that are outside the scope of practice of the medical or mental health services the facility can provide, the resident will be referred to community providers.

The facility has used its community provider, SAOP, to provide advocate services to resident victims of staff sexual misconduct.

The facility has not housed a known resident-to-resident abuser.

Review:

Policy and procedure

Investigation report

Interview with psychologist

Interview with facility nurse

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1434 requires the facility to conduct an incident review after every sexual abuse investigation, unless the allegation is determined to be unfounded. The review must take place within 30-days of the conclusion of the investigation. The team will review:

- Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in the area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

The team, comprised of the Executive Director, PREA Coordinator, Training Coordinator, Medical Supervisor, Operation Managers, and any other staff that may be needed, will prepare a report of its findings and any recommendations for improvement.

The facility provided the auditor with a copy of the form used to document the review. The form includes:

- Date of review
- Team members present

- Summary of incident
- Victim care
- Name of first responder
- Medical care, if necessary
- Community based services, if provided
- Mental health services, if provided
- Abuser
- Abuse status (resident or staff)
- Previous reports
- Policies, procedures, and practices
- Training recommendations
- Timely response
- Law enforcement notification
- Emergency contact notification
- Criminal investigation
- Protection measures
- Physical vulnerabilities
- Resident vulnerabilities
- Staffing levels
- Monitoring technology
- Recommendations

The facility had one investigation that required an after incident review. The auditor was able to interview several SART members during the onsite visit on the review process. Some of the current staff members on the team were not on the team during this review. The facility has recently had a change in leadership due to a retirement. The members that were on the team state that a comprehensive review of the situation took place and several recommendations were made based on the review. The recommendations included increasing training for vocational instructors, additional cameras, and certain cameras record to a separate private server with no views from the control center monitors. The PREA Coordinator is responsible for ensuring all recommendations are implemented or documents the reasons the recommendations were not implemented.

The Executive Director held the position of Deputy Director during this review. As the new Executive Director, he states wants to build a therapeutic culture by improving communication and transparency. He states that during after incident reviews, he is focused on reviewing current policy and procedure, were the policies followed, is there

any re-education or training needed. He will also conduct a follow-up review to be sure all recommendations were implemented.

Review:

Policy and procedure

Investigation report

SART review

Interview with Executive Director

Interview with PREA Coordinator

Interview with Operations Managers

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 required to collect and maintain accurate, uniform data for all allegations of sexual abuse and sexual harassment by using a standardize instrument and definitions.

The facility provided the auditor with the data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes the following data:

- Resident-to-Resident sexual abuse
- Resident-to-Resident sexual harassment
- Staff-to-Resident sexual abuse
- Staff-to-Resident sexual harassment
- Administrative investigations
- Criminal investigations
- Retaliation
- Staff training
- Resident education
- Initial and 30-day risk screening

The form was developed by the Ohio Department of Rehabilitation and Correction's Bureau of Community Sanctions department. Some of the information collected is used

to develop the facility's annual PREA report. The report is posted on the facility's website. The auditor reviewed the website and the annual report that is posted. The information in the report includes the aggregated sexual abuse and sexual harassment allegation data from FY 2019.

The PREA Coordinator reports that the Department of Justice has not made a request for this information.

Review:

Policy and procedure

PREA annual report

Agency website

Interview with PREA Coordinator

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility is required to use annual data collected and aggregated to assess and improve the effectiveness of the facility's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The review will have an assessment of the facility's policies, procedures, practices, and training to include:

- Identifying problem areas
- Tacking action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole

The auditor reviewed the facility's website to examine the PREA annual report. The report contains a comparison of the current year's data and corrective actions with those of previous years; and provides an assessment of the facility's ability to address of sexual abuse.

The report identifies increasing training and guidance after two incidents of staff sexual misconduct and adding monitoring technology to help prevent reoccurrences. The facility reports the accessibility to management and a dedicated Ohio Highway Patrol

Trooper to investigate, advise, and assist in any type of incident as ways the facility has progressed in addressing sexual abuse and sexual harassment.

The report did not contain any personal identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.

Review:

Policy and procedure

Agency website

PREA annual report 2019

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1433 requires the PREA Coordinator to ensure that data collected in standard 115.287 be securely retained for at least ten years after the date of the initial collection.

The PREA Coordinator reports that he collects and maintains control of the information required to be collected and uses the information to help develop the facility's annual report. The facility has two buildings; however, the information reported is for this campus. The other building has a separate report that focus on the information collected for that facility. The report is made available to the public through the agency's website.

The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report. The report can be found at <http://www.starjtc.com/images/pdfs/PREAreport.pdf>.

Review:

Policy and procedure

Agency website

2019 PREA annual report

Interview with PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency post all final audit reports of its facilities on the agency website, <http://www.starjtc.com/images/pdfs/PREAreport.pdf>. The auditor reviewed the agency's website to confirm that the final report from year one, cycle two have been posted. The facility has two buildings; however, the facility did not operate one of its buildings during cycle one or two of the previous audit years.

The auditor was given full access to the facility during the onsite visit. The PREA Coordinator escorted the auditor around the facility's campus and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with facility documentation prior to the onsite visit through a flash drive mailed to the auditor. The auditor was also provided additional information as requested during the onsite visit.

The auditor was able to review additional documentation, including electronic documentation during the onsite visit. The auditor review ten resident files and five staff files for additional information and confirmation of reported information.

Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit or during the onsite visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has published on its agency website, <http://www.starjrc.com/images/pdfs/PREAreport.pdf>, the final audit report from the year one cycle two audit. The auditor reviewed the agency's website and verified that the final audit report was posted.

This is year one of the current audit cycle. The facility has two buildings and are having the audits in conjunction with one another. The PREA Coordinator reports that the facility will have the audit conducted every year one of each cycle.

The PREA Coordinator states that he understands the audit requirements of posting all final audit reports on the agency's website. In the state of Ohio, all final audit reports are also posted on the Ohio Department of Rehabilitation and Corrections website, <https://www.drc.ohio.gov/prea>.

Review:

Agency website

Ohio Department of Rehabilitation and Correction 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kayleen Murra

Kayleen Murray

April 30, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A
If no Interim Audit Report, select N/A

Date of Final Audit Report: April 30, 2020

Auditor Information

Name: Kayleen Murray

Email: knmurray02@yahoo.com

Company Name: Click or tap here to enter text.

Mailing Address: P.O. Box 2400

City, State, Zip: Wintersville, Ohio 43953

Telephone: 740-317-6630

Date of Facility Visit: March 10-11, 2020

Agency Information

Name of Agency: Click or tap here to enter text.

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Agency-Wide PREA Coordinator

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

PREA Coordinator Reports to:

Click or tap here to enter text.

Number of Compliance Managers who report to the PREA Coordinator:

Click or tap here to enter text.