

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: July 20, 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: 7403176630

Date of Facility Visit: February 18 & 19, 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: Western Ohio Regional Treatment and Habilitation Center (WORTH Center)

Physical Address: 243 E. Bluelick Road

City, State, Zip: Lima, Ohio 45801

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: <https://www.worthcenter.org/prea.html>

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: Brent Burk

Email: bburk@allencountyohio.com

Telephone: 419-222-3339

Facility PREA Compliance Manager

Name: Chuck Honigford

Email: choingford@allencountyohio.com

Telephone: 419-222-3339

Facility Health Service Administrator N/A

Name: Verda Stutzman

Email: verda.stutzman@advancedch.com

Telephone: 708-510-0651

Facility Characteristics

Designated Facility Capacity:

99

Current Population of Facility:

98

Average daily population for the past 12 months:	97	
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 up	
Average length of stay or time under supervision	4-6 months	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	308	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	303	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	280	
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:	43	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	21	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	10	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	10	

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>	1
<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>	2
<p>Number of single resident cells, rooms, or other enclosures:</p>	3
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	11
<p>Number of open bay/dorm housing units:</p>	0
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<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

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<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.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<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>Click or tap here to enter text.</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>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<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>	<p><input type="checkbox"/> Local police department <input checked="" 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</p>
<p>Administrative Investigations</p>	
<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>3</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>	<p><input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<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>	<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</p>

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 the Western Regional Treatment and habilitation Center (WORTH Center), 243 E. Bluelick Road, Lima, Ohio, was held on February 18-19, 2020. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act (PREA) standards for community confinement facilities.

The PREA Coordinator forwarded emails with documentation showing compliance with each standard. The auditor received the emails with the documentation approximately six weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedure, MOUs, facility staffing plan, table of organization, job descriptions, investigation reports, training records, training curriculum, and other miscellaneous documents.

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.

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, 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 facility and perimeter areas. The tour included observations of the male and female housing units, dorm rooms, bathrooms, closets/storage rooms, administration area, group rooms, staff offices, resident lounge, 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 (16) residents based on the population of ninety-eight (98) residents in house residents (69 male residents and 29 female 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 demographics. The auditor conducted the following interviews:

- Random = 15
- Targeted = 1

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

- Resident that reported prior sexual victimization during risk screening (in the community) = 3

*There were a total of three residents identified for the same targeted category. Only one resident was counted toward targeted interviews; however, all were interviewed on the specialized 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-two (42) full and part-time staff members including the Executive Director. The auditor was able to talk with agency leadership, specialized interviews, and random staff members during the onsite visit, which includes:

- Executive Director
- Deputy Director
- PREA Coordinator
- Human Resource Generalist
- Intake Coordinator
- Administrative Investigators
- Mental Health Counselor
- Risk Screener
- Retaliation Monitor
- SART members
- First Responders (security and non-security)
- PREA Education Facilitator

The auditor also interviewed random staff members from both programming and security. Security staff from all shifts were interviewed. Several staff members were responsible for more than one specialized area. The auditor was unable to interview the minimum of twelve random staff member due to the limited number of staff employed at this facility.

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. The auditor was able confirm the services they would provide to residents free of charge from the Director of Crime Victim Services Rape Crisis Services Center.

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.

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

The facility is equipped with 91 surveillance cameras which can record and play back up to three-six months. The cameras are placed strategically throughout the interior and exterior of the building. There are also multiple security mirrors to enhance security in vulnerable areas.

The facility has a cafeteria, exercise area, and outside recreation space. The recreation yards are surrounded by a 12ft fence with razor wire at the top. The residents also have access to a day room lounge, laundry, dorms, and bathrooms. The facility uses CorrectTech data management system to assist in documentation of resident movement and activities. Resident Supervisors conduct one head count per shift with hourly bed checks at night. Security staff conduct continuous circulations throughout the facility and are required to conduct more frequent checks in areas that are considered blind spot areas.

There are several bedrooms in the male housing unit. The dorms are set up to provide maximum clear views when entering the room. All resident dorm room doors have windows in the door and are locked during programming hours. Residents that have been given a

classification of vulnerable or abusive would be housed in one of the dorm rooms closest to the dorm entrance and post area. The housing unit is also equipped with two bathrooms that offer privacy for residents (see standard 115.215 to see full bathroom description). The facility has cameras in the male bathroom with strategically placed blackout boxes. The residents are required to dress in the dorms.

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

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

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

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: Click or tap here to enter text.

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

Standards Met

Number of Standards Met: Click or tap here to enter text.

Standards Not Met

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

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.

WORTH has a policy that states the facility has a zero tolerance toward all forms of sexual harassment and sexual abuse. The facility will maintain an environment in which all individuals are treated with respect and dignity, and should a resident believe he/she has been subject to sexual harassment or sexual abuse the facility will immediately conduct an administrative

and/or a criminal investigation. The policy provides definitions for sexual abuse and sexual harassment, and identifies its procedures to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility has identified its Clinical Services Director as the PREA Coordinator (this is a single facility so there is no need for PREA Compliance Managers). The PREA Coordinator is from upper-management and has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The PREA Coordinator's job description includes:

- Ensures the facility maintains PREA compliance
- Monitors PREA risk assessment process and compliance
- Provides training for all facility staff relating to PREA policies, procedures, and audit processes
- Recommend revisions to PREA policies and procedures, as needed
- Monitors PREA incidents and investigations
- Oversees internal and external audits
- Participates in quarterly Ohio PREA Coordinators meeting facilitated by the PREA Community Compliance Corrections Liaison
- Collecting and reporting outcome measures
- Maintaining documentation related to the PREA standards

According to the facility's Table of Organization, the PREA Coordinator reports directly to the Executive Director. During an interview with the PREA Coordinator, he reports to the auditor that he has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the community confinement PREA standards. He is actively involved in all areas of training, policy development, assessments, investigations, SART reviews, retaliation monitoring, data collection, coordination with community partners, and annual reports.

The auditor interviewed the Executive Director during the onsite visit. He reports that the PREA Coordinator has control over ensuring the PREA standards are being complied with and updates facility policy and procedures related to PREA when necessary. He states he works closely with the Coordinator to ensure that he has what he needs in order to comply.

Review:

Policy and procedure

Table of Organization

PREA Coordinator 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 that the facility houses offenders for the Ohio Department of Rehabilitation and Correction and does not contract with other facilities to house those offenders.

Review:
Interview with PREA Coordinator

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 as a policy that requires the facility to have a staffing plan that provides for adequate staffing levels and electronic monitoring to protect residents against sexual abuse. The staffing plan will be reviewed and/or revised annually. The staffing plan will take into consideration:

- The physical layout of the facility
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Electronic monitoring technology
- Any other relevant factors

The policy requires the facility to document any time the staffing plan has not been complied with, and document justifications for the deviation.

The facility reviews and assess:

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

The facility provided the auditor with their most recent staffing plan. The staffing plan includes a detailed floor plan with camera locations, staffing plan deviation report, average daily population, and the prevalence of substantiated and unsubstantiated sexual abuse allegations. The PREA Coordinator reports that the facility has not deviated from the staffing plan.

The facility has ninety-one (91) cameras strategically placed on the interior and exterior of the facility. The security staff operating central control are tasked with monitoring cameras. Supervisor and administrative staff have access to security cameras on their desk computers. The auditor was able to view camera placement and angles during the onsite visit. Cameras are located in all common areas, group rooms, hallways, closets, holding cells, and bathrooms. The auditor reviewed all camera angles from monitors in central control. The auditor paid close attention to the camera views in the resident bathroom and holding cells. The facility has placed privacy squares within the system so that residents who are showering, performing bodily functions, or changing clothing cannot be seen from camera views. The auditor spoke with sixteen residents during the onsite visit. All of the residents were questioned on privacy while in the bathroom. All residents reported that they are informed of the location of cameras in the bathroom, that staff cannot see residents in various stages of undress, and information on the facility's dressing policy. No one had any concerns with the cameras. The facility has the ability to playback video for up to 90-days.

The facility has a total on forty-four (44) staff members including the Executive Director. The staffing plan was developed based on the population of ninety-nine (99) residents. The staffing plan is as follows:

- Security- Three security (at least one male and one female, and one manager) during each of the three shifts
- Support staff- One Maintenance, one medical (part time contractor), two kitchen staff (contract staff), one intake specialist, one administrative assistant
- Treatment- Five case managers, four cognitive behavioral specialists, two aftercare specialist, one teacher
- Administration- three administrators, three senior managers

When security staff report off work, that position will be filled by another security staff member. If necessary, a manager can assist with maintaining appropriate staffing levels.

Security staff conduct security checks throughout the facility. They are required to continuously circulate and monitor residents. Bedside counts are conducted once per shift.

The auditor reviewed the allegations from the past year with the PREA Coordinator and facility administrative investigator. The facility had two substantiated sexual harassment allegations (both resident-to-resident) and three unsubstantiated allegations (one staff-to-resident sexual harassment, one resident-to-resident sexual harassment, and one resident-to-resident sexual abuse).

During interviews with facility leadership, they reviewed the process of continued improvement in the areas of preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The plan is based on these discussions, and completed annually by the PREA Coordinator and approved by the Executive Director.

Review:

Policy and procedure

Staffing Plan

Camera views

Building tour

Interview with Executive Director

Interview with PREA Coordinator

Interview with Administrative Investigator

Interview with Deputy 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 that says all residents are subject to search while at the facility. Resident may receive a pat, strip, body scanner, and/or a body cavity search. The searches are defined as:

- Pat- A search in which a person is not required to remove clothing other than outerwear such as jackets, coats, hats, gloves, shoes, etc. and during which time the person is required to empty pockets and outer concealment areas that is conducted visually, manually, by means of an instrument, apparatus, or object, or in any other manner while the person is detained.
- Strip- Inspection of the genitalia, buttocks, breast, or under garments of a person that is preceded by the removal or rearrangement of some or all of a person's clothing that directly covers the person's genitalia, buttocks, breasts, or undergarments and that is conducted visually, manually, by means of an instrument, apparatus, or object, or in any other manner while the person is detained.
- Body Scanner- A Nutech Whole Body Scanner System is used for contraband detection
- Body Cavity- An inspection of the anal or vaginal cavity of a person that is conducted visually, manually, by means of any instrument, apparatus, or object, or in any other manner while the person is detained.

Residents will be searched by a staff member of the same gender, including searches using the body scanner. Any body cavity searches are only conducted after a search warrant is issued that authorizes the search and upon approval of the Executive Director. The body cavity search is conducted under sanitary conditions in private by medical healthcare personnel.

The policy requires all security staff be trained on how to conduct pat, strip, and body scan searches of residents, including transgender and intersex residents. The training instructs staff to conduct searches in a professional and respectful manner and in the least intrusive manner possible consistent with security needs. The policy does not allow for a transgender/intersex resident to be searched or physically examined for the sole purpose of determining their genital status.

The auditor interviews security staff responsible for conducting searches. The staff report receiving training on how to conduct all types of searches. The training is conducted annually. The staff report that they are not allowed to conduct any type of search on an opposite gender resident. The staff report that when using the body scanner, a pat search is also conducted. A strip search is only conducted upon intake and if the body scanner identifies contraband.

The Intake Coordinator trains all staff on how to conduct searches using the body scanner. The Coordinator demonstrated the scanner for the auditor on the onsite visit. The system provides each resident a unique ID and will take a picture during the scan to verify the resident being scanned. The staff member will watch a monitor that can provide several types of views

from general to more invasive. Transgender/intersex residents will be scanned by the gender established during intake.

The auditor interviewed sixteen (16) male and female residents. The residents report not being searched by an opposite gender staff member. No resident reported having an issue or concern with the pat/body scan procedures. The residents report that other than at intake, they have not received a strip search. The residents report receiving a strip search by a member of the same gender in a private location. No resident reported having an issue or concern with the strip search. The facility has not conducted any body cavity searches.

The auditor was able to view several pat searches during the onsite visit. The searches were conducted as described in policy. The auditor was provided the training video and sign-in sheets for staff search training (includes cross-gender and transgender searches).

Facility policy states that the facility must provide residents with the ability to shower, conduct bodily functions and change clothing without members of the opposite sex viewing them. All staff of the opposite gender are required to knock and announce their presence in resident bedrooms and restrooms prior to entering them except in emergency situation such as a medical emergency.

The facility has placed cameras in all housing units including in the dorms and bathrooms. The auditor was able to view the camera views for the bathroom and determine that due to the blocked out areas, no staff member could view into the toilet, urinal, or showers. This affords residents privacy while using the bathroom. The residents are informed at intake about the facility's dress policy. Staff are still required to announce themselves when entering into opposite gender dorms or bathrooms.

Security staff report that male staff members do not work on the female housing unit. The staff, if required to work on that unit, will confine themselves to the post desk. Female staff report to the auditor that if required to work on the male unit, they will enter male dorm rooms after announcing themselves, but do not search the bathroom. Male security staff will conduct checks of the bathroom. The staff report that at all times there is at least one male and female staff member working, and that no female resident has been denied out of facility programming due to staffing.

The residents interviewed state no staff member of the opposite gender has entered the bathroom or dorm room without knocking and announcing themselves prior to entering the room. The resident acknowledge the cameras in the bathroom but understood that the staff could not see into areas where they would be in various stages of undress. No resident made a claim of incident viewing by any staff member. All residents states they received the dress policy at intake and were informed about camera locations.

The auditor spoke to the PREA Coordinator about housing transgender residents and the provision of private showers. The Coordinator reports that the facility trans all staff on how to conduct appropriate searches of LGBTI residents as well as instruction on how to communicate effectively and professionally. He states that the facility has not housed a

transgender resident but could offer a private shower in the Intake Area should the resident have concerns about their safety.

The auditor reviewed five (5) staff files during the onsite visit and was able to verify staff training through training sign-in sheets. The facility provided the auditor with a complete sign-in sheet for search training for all security staff.

Review:

Policy and procedure

Facility tour

Camera views

Training video

Body scanner

Training sign-in sheets

Training curriculum

Interviews with residents

Interviews with staff

Interview with PREA Coordinator

Interview with Intake Coordinator

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

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Facility policy requires the facility provide all residents equal opportunities to benefit from all aspects of the program. When a language barrier or disability exists, the facility will take appropriate steps to ensure that these residents have an equal opportunity to participate or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility is not allowed to rely on resident interpreters, readers, or other type of resident assistance except in emergency circumstance where the resident safety is in jeopardy. Such circumstances will be documented in the resident's file and in the investigation report.

The Intake Coordinator reports that upon intake he will receive information on residents and if additional resources or auxiliary aids are necessary for a resident to be able to fully participate in the program and/or benefit from the facility's zero tolerance policies. He will then work with the PREA Coordinator to obtain the necessary resources. He states that residents watch a PREA education video produced by *Just Detention* which is available in English and Spanish and receive written information in the resident's handbook and PREA brochure on how to report incidents of sexual abuse and sexual harassment and the free medical and mental health services available. The written material is also available in Spanish.

He reports that he will verbally review the handbook and PREA material with the residents as a part of the intake process. He will work with residents one-on-one if there are literacy or cognitive issues.

The facility did not have a resident that has a physical, mental, or cognitive disability or identified as limited English proficient during the onsite visit. The PREA Coordinator reports that the facility has recently housed a resident that had limited vision. The facility partnered with Ohioans with Disabilities to provide services to the resident. The auditor was able to

review documentation, including progress reports, for this resident. The resident met with their case manager weekly (more if needed) and reported feeling included in all groups and was able to fully participate in the program.

Review:

Policy and procedure

PREA education curriculum

Interview with Intake Coordinator

Interview with residents

Interview with PREA Coordinator

Progress reports

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.

The facility has a policy that prohibits the hiring or promotion of anyone who may have contact with residents and will not enlist the services of any contact how may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the previously described activities

WORTH is a public facility and must comply with Ohio House Bill 56 which prohibits the facility from asking for information about an applicant's felony convictions at the time the application is submitted to the public employer. The facility will question the applicant's fitness for the position and any prior incidents of sexual misconduct as described above during the interview. The auditor was able to confirm this practice of asking self-reporting question during job interviewed when reviewing employee files.

The facility will ensure that applicants that have engaged in sexual misconduct are not hired by the facility by conducting criminal background checks and contacting all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse.

The HR Generalist reports that she is required to submit a selected applicant's information to the Allen County Sheriff's Office for a criminal background check. The policy requires all employees who have contact with residents to have a background check at hire and then again every five years thereafter. The facility documents the date of the next required background check on the employee's annual performance evaluation form. During annual evaluation, the staff will have an updated background check, if due.

Contactors and volunteers who have contact with the residents must also have a criminal background check. The checks are required before the volunteer or contractor has contact with the residents and they will have an updated background check every five years.

The HR Generalist reports that applicants are required to document all previous institutional employers. She will contact those employers and inquire about any substantiated allegations of sexual abuse or sexual harassment or if the applicant resigned during a pending investigation into sexual abuse or sexual harassment. The auditor was able to confirm this practice during employee file reviews. All employees who have previously worked in institutions had an email as documentation of referral request.

Policy places a continued affirmative duty to disclose any type of sexual misconduct whether in the community or at the facility. The policy considers material omissions regarding sexual misconduct, or the provision of materially false information ground for termination.

Policy states that for all open positions, the facility will post a "Position Vacancy Form" in a prominent place in the administrative area. Staff who are interested can place a bid for that position. The Executive Director will consider a person's skills, experience, education, and past evaluations as part of the review process. Staff who have been disciplined for sexual misconduct will not be considered. Staff members who meet the minimum qualification, will be interviewed for the position.

The HR Generalist states that she will post the job opening in a highly visible area within the administrative office. All bids will be turned into the Executive Director who will review the employee's personnel files, which includes a review of any disciplinary action, and ensure the person meets the minimum qualifications for the position. If there are no bids or no employee is qualified for the position, the facility will open the job pool to the public.

The auditor reviewed five (5) employee files during the onsite visit. The files of employee's who have been promoted and/or disciplined were reviewed. There were no employees promoted who had a disqualifying disciplinary action.

The HR Generalist reports that she will report, unless prohibited, any requested information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Review:

Policy and procedure

Employee files

Background checks

Interview forms
Promotions
Disciplinary action
Reference checks
Interview with HR Generalist

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

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 not designed or acquired a new facility and is not planning any substantial expansion or modification to the existing facility. The Executive Director reports that should the facility obtain a new facility or substantially change the current facility, the PREA Coordinator will assess how the design, acquisition, expansion, or modification will affect the facility's ability to protect residents for sexual abuse or sexual harassment.

The Executive Director reports that the facility has increased the number of cameras by ten (10) since the last audit in 2017. The facility has also increased the DVR drive to be able to retrieve camera footage for up to 3-4 months. This improvement has significantly reduced the number of blind spot areas in the facility. The facility has also implemented the use of a body scanner for searches. The body scanner has limited the number of strip searches the facility conducts. This has lessened the possible trauma to residents who have previously experienced sexual abuse.

The Executive Director reports that he will continue to address electronic monitoring needs as the budget allows.

Review:
Facility tour
Interview with Executive Director

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*)

Instructions for Overall Compliance Determination Narrative

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Facility policy requires an administrative and/or criminal investigation into all allegations of sexual abuse and sexual harassment. Allegations will be administratively investigated by a trained investigator. Any allegation of sexual abuse that involves potentially criminal behavior will be turned over to the Allen County Sheriff Office for a criminal investigation.

The facility has a Memorandum of Understanding (MOU) with the Allen County Sheriff's Office to conduct criminal investigations. The MOU request the office to use a uniform evidence protocol 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.

The facility has not had an allegation within the past twelve months that required a criminal investigation by the Allen County Sheriff's Office.

The facility has three trained administrative investigators. The facility provided the auditor with training completion certificates for each of the investigators.

The facility has a MOU with St. Rita's Mercy Health to provide responsive services to residents at the WORTH Center who report being sexually abused/assaulted while at the facility. The hospital will provide confidential medical services related to any allegation of sexual abuse or sexual assault. The services include:

- A forensic medical exam where evidentiary or medically appropriate
- A forensic medical exam conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE)
- If a SAFE or SANE is unavailable, the exam will be performed by another qualified medical practitioner
- Treatment and/or referrals will be provided to the resident for access to pregnancy tests, when applicable, timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate
- Evidence collected will be preserved and turned over to the Allen County Sheriff's Office
- Collaborate with the Crime Victim Services Rape Crisis Services Center for advocate services

The auditor reviewed St. Rita's website to confirm the services of a SANE practitioner and advocate services that would be provided by partnering agency. St. Rita's has a SANE nurse on staff 24 hours a day 7 days a week. These nurses have been trained in providing compassionate, confidential, and specialized care in forensic nursing and crisis intervention clinical. Crime Victim Services works with the hospital and would provide an advocate to offer emotional support, crisis intervention, and follow up services.

The facility has an MOU with Crime Victim Services Rape Crisis Services Center to provide responsive services to residents who report being sexually abused or assaulted. The services provided include:

- Accompany and support a victim of sexual violence through the forensic examination process
- Accompany and support a victim of sexual violence through investigatory interviews at the hospital and facility
- Provide emotional support
- Provide crisis intervention
- Provide referrals for resources
- Provide follow-up services
- Make available a crisis number (free of charge) for residents or third parties to report an incident of sexual violence anonymously
- Make available an email address for residents and third parties to report an incident of sexual violence

The director at Crime Victim Services Rape Crisis Service Center confirmed the MOU and the services the center would provide to resident victims of sexual abuse. The director reports the services would be offered free of charge.

The PREA Coordinator reports that the facility would make every effort to use the advocate services provided by the Rape Crisis Services Center before offering the emotional supportive services available through staff. The facility has two licensed counselors that have been trained to provide emotional supportive services to sexual abuse or sexual harassment victims at the request of the resident.

The facility did not have a client in need of advocate services or emotional support services during this audit cycle.

Review:

Policy and procedure

MOU with Allen County Sheriff's Office

MOU with St. Rita's Mercy Medical Center

MOU with Crime Victim Services Rape Crisis Services Center

Email with Director

Interview with PREA Coordinator

Administrative Investigator training certificate

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 requires an administrative and/or criminal investigation into all allegations of sexual abuse and sexual harassment. Allegations will be administratively investigated by a trained investigator. Any allegation of sexual abuse that involves potentially criminal behavior will be turned over to the Allen County Sheriff Office for a criminal investigation. The facility has post its investigatory policy on its website, <https://www.worthcenter.org/prea.html>.

The facility has had seven allegations.

Investigation #1: A resident made a verbal report to staff that another resident was making inappropriate comments and gestures. The facility conducted an administrative investigation into the allegation. The investigator interviewed the victim, witnesses, alleged abuser, and

staff, as well as viewing video evidence. The allegation was determined to be unsubstantiated based on the lack of evidence or confirmation from witnesses.

Investigation #2: A resident made a verbal report that two residents were in the same shower. The staff member when to the bathroom to investigate the allegation but did not find two residents in the same shower stall. The residents were separate after they came out of the sower. The allegation was reported to an administrative investigator who interviewed the witness and the residents accused of showering together. The administrative investigator determined that the incident was consensual sexual contact and would be addressed according to agency policy.

Investigation #3: A resident made a verbal report that another resident touched her inappropriately and made sexual comments that made the resident feel uncomfortable. The residents were separated and the incident was reported to an administrative investigator. The administrative investigator reviewed camera footage and interviewed the victim and abuser. The camera footage confirmed that the was touched inappropriately and the resident admitted to the behavior including making sexual comments. The allegation was determined to be substantiated and the resident was terminated from the facility. No referral for a criminal investigation was made due to no criminal behavior taking place.

Investigation #4/5: The facility was contacted by a Probation Officer concerning a former resident reporting that two staff members had sexual relationships with residents. The allegations were reported to an administrative investigator. Residents involved in the allegation (witnesses or victims) had to be interviewed outside the facility as they had been previously discharged. The administrative investigators also reviewed camera footage and resident phone calls. No information collected could confirm an inappropriate relationship of any kind had taken place. All information reported was based on rumors and all residents involved denied the allegation. The allegation against both staff member was determined to be unfounded.

Investigation #6: Staff reported information that two residents were having a sexual relationship. An administrative investigation was conducted to ensure that no resident was pressured into having a relationship. The administrative investigator interviewed both residents and both admitted to having a consensual relationship. The behavior is not PREA sexual harassment or sexual abuse but is against facility rules. Both residents were disciplined according to agency policy.

Investigation #7: Resident made a verbal report to staff that another resident was making sexual comments and gestures towards him. There was a staff witness to some of the comments and the abuser acknowledged making the comments but that he was joking. The allegation was determined to be substantiated. No referral for a criminal investigation was made due to no criminal behavior taking place.

Review:
Policy and procedure
Facility website

Investigation report
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.

The facility has a policy that requires all staff who may have contact with residents to be trained on:

- The facility's zero tolerance policy for sexual abuse and sexual harassment
- How to fulfill their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, reporting, and response policies

- The resident's rights to be free from sexual abuse and sexual harassment
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamics of sexual abuse and sexual harassment in confinement
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

The policy requires the facility to provide such training to employees on a biannual basis and provide refresher training on the off year. All new hires will be provided this training within one year of service.

The facility provided the auditor with the training curriculum (power point presentation and videos) the facility uses to train staff on the requirements of standard 115.231. The training is more than sufficient enough to meet the standard. The training is mandatory for all staff and is facilitated by the PREA Coordinator.

The facility also provides training during onboarding that includes:

- PREA risk assessment tool
- Searches
- Personnel policies
- Case manager handbook
- Resident handbook
- Demonstrating professional behavior

Along with the training curriculum, the facility provided the auditor with the sign-in sheets for all PREA related trainings. Because the facility has both male and female residents, staff are required to have gender specific training for both genders. In addition to the sign-in sheets, the auditor reviewed employee files to verify the onboarding training and policies and procedures through signed and dated acknowledgments.

The auditor was able to interview treatment, security, and management staff during the onsite visit. All interviewed staff were questioned on the training they received during onboarding and annually concerning PREA. All staff were capable of describing first responder duties, policies and protocols for managing transgender/intersex residents, reporting obligations, boundaries and keeping residents safe from retaliation.

Review:

Policy and procedure

Training curriculum

Sign-in sheets
Employee 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

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.

Police states that all volunteers and contract personnel will receive orientation appropriate to their assignments and additional training as needed. All volunteers and contractors who have contact with residents will be notified of the facility's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. The level and type of training provided to volunteers and contractors will be based on the services they provide and the level of contact they will have with residents. All volunteers and contractors will sign verification that they understand the training that they have received regarding the PREA policies.

The facility provided the auditor with the volunteer and contractor training video. The video was produced by the Ohio Department of Rehabilitation and Corrections. The video provides information on how to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment.

After receiving training, the volunteer or contractor will sign verification that they have received and understand their responsibilities under the zero tolerance policies.

During the onsite visit, the auditor spoke to a volunteer teacher with the Aspire program. The volunteer was able to speak to her training and states that the PREA Coordinator provided her the training and reviewed the content in the video with her. She states that she participated in the refresher training provided to staff in January of 2020. She reports knowing how to report allegations and suspicions of sexual abuse and sexual harassment.

Review:

Policy and procedure

Training video

Training acknowledgement

Interview with volunteer

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

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 by policy to provide each resident with education on the facility's policy and procedures regarding sexual abuse, sexual harassment, and their right to be free from retaliation for reporting such incidents. During intake, each resident will receive information explaining the facility's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, to be free retaliation for reporting such incidents, and regarding facility policy and procedures for responding to such incidents.

The facility will provide resident education in formats accessible to all residents including those who are limited English proficient, or otherwise disabled as well as resident who have limited reading skills (see standard 115.216). The information provided to the residents will also be continuous and readily available or visible through posters, pamphlets, and resident handbook.

Residents are required to sign acknowledgement of receiving education and written materials.

The facility provided the auditor with the resident education video and written information provided to residents, including a resident handbook. The video provides general information regarding the rights under the PREA standards. The video was produced by *Just Detention International*. After watching the video, residents will be provided the written information and given facility specific information regarding their rights and services provided.

The written information includes:

- Ways to report allegations
- Internal and external reporting contact information
- Ways to prevent sexual abuse
- Services offered free of charge
- What to do if you were abused
- What happens after a report of sexual abuse or sexual harassment
- What is considered sexual abuse or sexual harassment
- Making false allegations
- Third-party reporting options
- Rules/sanctions
- Grievances/complaints

The Intake Coordinator is responsible for providing PREA education to all residents at intake. The coordinator reports that he will first ensure that the residents are able to read, write, and

understand the information. If the resident cannot or is limited English proficient, he will work with the Clinical Services Manager to obtain assistance for the resident. If the resident needs more assistance than is available at the facility, the Clinical Services Manager will coordinate with community partners to provide assistance to the resident.

The coordinator reports that he verbally reviews with the residents how to report allegations, including anonymously and through a third party; what behaviors can be considered sexual abuse or sexual harassment; disciplinary actions and sanctions; false reporting; confidentiality, mandated reporting, and informed consent; and services that are provided free of charge.

The auditor interviewed sixteen (16) residents during the onsite visit and witnessed a new intake watching the PREA education video. The residents were questioned on the information they received concerning PREA during intake. When questioned on the PREA education provided by the facility, the residents interviewed stated they received information concerning PREA during arrival from the RSS staff, during the initial assessment conducted by intake staff, and during orientation group. The residents were able to list their reporting options and understood that they had the ability to report anonymously. When questioned on available services, the residents understood the availability of outside services free of charge. The residents report that the orientation instructor insures they have required information and know the location of PREA posters.

The residents also spoke of being paired with a “big brother” or “big sister” at intake. This resident assists the new intake with getting acclimated with the facility. The “big brother” or “big sister” is given a check list of facility rules and expectations to review with the new intake. The residents state that this was extremely helpful in helping them understand the resident handbook and how to contact staff (grievances/complaints) for concerns the resident may have throughout their stay.

Ten resident files were reviewed by the auditor. The auditor was able to verify residents’ acknowledgement of receiving PREA information during intake.

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.

Review:

- Policy and procedure
- PREA education video
- PREA brochure
- Resident handbook
- Resident PREA acknowledgements
- Resident file
- PREA posters
- Interview with residents
- Interview with Intake Coordinator

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 staff who conduct administrative investigations to receive specialized PREA investigation training prior to conducting an investigation. The training 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 facility provided the auditor with the training completion certificate for three staff members. The staff received training provided by the Moss Group, Inc. The auditor has the training curriculum (power point presentation) provided by the Moss Group, Inc. The training is sufficient enough to cover the requirements by this standard.

The auditor interviewed all three investigators during the onsite visit. The investigators discussed the techniques learned from the training including understanding the spectrum of trauma as it related to resident victims, collaborating with other investigators, providing justifications of investigation outcomes, and preserving evidence for collection. The investigators report that if an allegation involves a staff member and appears to be criminal, they would not interview the staff member, but wait until a criminal investigation was complete before conducting an administrative investigation.

Review:

Moss Group, Inc. training curriculum

Training certificates

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 will ensure that all medical and mental health care staff are trained regarding the facility's policies and procedures on sexual abuse and sexual harassment. The specialized training for medical and mental health care workers will include:

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

The policy requires the medical and mental health personnel to also receive required employee training as described in standard 115.231.

The facility has a contract nurse that provides triage services to the residents. Should a resident be in need of a medical forensic exam, the resident would be transported to St. Rita's Mercy Medical Center for such exam.

The facility has two staff members that offer mental health services. These staff members have completed both specialized mental health training and WORTH Center employee training. The specialized training was presented by the National Institute of Corrections (NIC).

The facility provided the auditor with the appropriate training certificate for medical and mental health staff.

Review:

Policy and procedure
Training certificates

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

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 all residents to receive a PREA risk screening within 72 hours of their arrival to the facility. The screening will assess the residents risk of being sexually abused by other residents or sexual abusive towards other residents. The assessment will be conducted using an objective screening instrument which will consider, at a minimum, the following criteria:

- 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 for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Policy requires a reassessment of the resident's risk for victimization or abusiveness to be completed within 30 days of the resident's arrival to the facility. The facility will also conduct a reassessment if it receives additional relevant information, a request, or an incident of sexual abuse. The information collection from the assessment will only be disclosed to relevant personnel to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The facility uses the same assessment tool for the initial and rescreening assessment of risk. The tool collects the information requested by this standard.

The auditor interviewed the Intake Coordinator who conducts the initial risk assessments upon a resident's arrival. The coordinator reports to the auditor that he will take the resident into a private office and conduct an interview. He states that before he conducts the risk assessment, he will make the resident feel comfortable by explaining the purpose of the assessment and why it is important to be honest in answering questions. He states that he has been trained on how to complete and score the assessment. He reports that if a resident is assessed as being vulnerable or abusive he will contact the Clinical Services Manager so appropriate accommodations to ensure safety can be made. He reports that no resident has refused to answer the risk assessment questions.

The case managers are responsible for conducting the 30-reassessment or reassessments due to referral, request, sexual abuse incident, or receiving additional relevant information. The auditor interviewed several case managers during the onsite visit. The case managers report that they have been trained on how to conduct and score the assessment. They will review the initial assessment and address any concerns the resident may have about their safety. They will review the information reported at intake with other collateral information the facility has about the resident. If necessary, they can override the initial assessment classification. They report that all residents get a reassessment prior the resident's 30-day mark. They will meet with the resident to assess any changes in the resident's perception of safety, any new information received since the initial assessment, and/or any incidents of sexual abuse.

The Clinical Services Manager conducts a quality assurance check on initial and reassessments. He stated that he reviews all assessments for timeliness and accuracy.

The auditor interviewed sixteen (16) residents. The residents interviewed stated that they have received the initial and reassessment (if the resident has been at the facility for more than 30-days) screenings. The resident state that they received the assessment during the intake process along with several other intake assessments. They report being told that the assessment was a safety evaluation and that they would not be disciplined for not answering questions about their sexual identity or gender status. The residents who were at the facility for more than 30-days report receiving another assessment by their case manager. The residents state that the case manager reiterated the purpose of the assessment and address any concerns they may have about their safety and confidentiality.

The facility uses CorrectTech resident data management system. The web-based data management system is used to complete the assessments. The system allows for limitations on who can review this information.

The auditor was able to review initial and reassessments. The assessments reviewed were completed within the required initial and reassessment time period.

Review:

Policy and procedure

Risk assessments

Interview with Intake Coordinator

Interview with case managers

Interview with residents

Interview with Clinical Services Manager

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 requires the center to use information obtained from the risk screening be used to make decision on the resident’s housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The types of assignments are made on a case-by-case basis.

The Intake Coordinator reports that after completing a risk assessment, or if a resident voices his/her own concerns for their safety, he will contact the Clinical Services Supervisor so that the facility can develop a safety plan for the resident. The safety plan includes:

- Resident’s view of his/her safety
- Risk assessment classification
- Separate shower consideration
- Male/female housing unit consideration

- Opposite gender searches
- Opposite gender clothing/grooming items
- Special programming considerations

After the plan identifies the areas where accommodations need to be addressed, the plan documents how the facility will provide housing (unit, dorm, bed), programming (education, groups, work), and mental health referral.

The PREA Coordinator states that he will work with both programming and security staff to develop an appropriate plan to keep residents safe. The facility has rooms and/or beds identified that are to be used to house residents identified as either high risk for vulnerability or abusiveness. Those of opposite classification will not be placed in the same dorm or in the same program groups. Staff may be aware of a resident's classification in order to provide a safer environment, but will not be aware of the details of the resident's risk assessment.

The Clinical Supervisor states that residents who have identified as having previous sexual abuse during risk screening will be referred to the counselor for services should they wish to address the past trauma. The residents can also be referred to various treatment groups offered by the facility to address any underlying issues to their risk classification.

Policy states in deciding whether to assign a transgender or intersex resident to the male or female housing unit and other programming assignments the facility will consider on a case-by-case basis whether a placement will ensure the resident's health and safety and whether the placement would present management or security problems. The facility will not place a resident in the male or female housing unit on the sole basis of the resident genitalia unless such placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such resident.

The facility is required to consider the transgender/intersex resident's view of their own safety when making housing decisions.

The PREA Coordinator and other staff interviewed state that the facility has never housed a transgender resident. The facility does have a safety plan in place should a transgender or intersex resident be sentenced to the facility. The Intake Coordinator states that he will inform the PREA Coordinator and facility administration of the possible placement. The administrative team will meet with the resident and complete the safety plan. The plan would identify the resident's concerns, and the accommodations made to keep the resident safe. The accommodations would include allowing the resident to shower privately and placed in a dorm bed that was in clear view of security staff.

Review:

Policy and procedure

Safety plan form

Interview with Intake Coordinator

Interview with PREA Coordinator (Clinical Supervisor)

Interview with staff

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.

The residents at WORTH Center are able to report sexual abuse and sexual harassment without fear of retaliation. The policy states that all residents will be able to privately report sexual abuse and sexual harassment without fear of retaliation by other residents or staff. The facility must provide multiple ways for resident reporting including internally, externally, anonymously, verbally, in writing, or through a third party.

The facility informs the resident during intake and continually provides the reporting information in the resident handbook, the reporting options and contact information. Policy requires the facility to provide at least one way to report sexual abuse or sexual harassment to a public or private entity that is not a part of WORTH Center and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to the PREA Coordinator, allowing the resident to remain anonymous. The residents can use the following methods to report allegations of sexual abuse, sexual harassment, or retaliation:

- Verbally to any staff member
- In writing to any staff member
- Anonymously
- Calling the WORTH Center toll-free reporting line
- Emailing the WORTH Center reporting line
- External reporting toll-free hotline number (Crime Victims Rape Crisis Services)
- External reporting email (Crime Victims Rape Crisis Services)
- Allen County Sheriff's Office (free from resident phones)
- Having a family member report
- Through the kiosk system
- Through resident tablets

The auditor was provided the written material given to the residents. The material provided all reporting options and including the contact information. The auditor was also able to see postings throughout the facility with reporting options and contact information listed during the onsite visit. The facility has telephones, kiosk, and tablets available to the residents so that

they may privately report allegations of sexual harassment, sexual abuse, or retaliation. The residents are told in written material that they can report allegations to any staff member verbally or in writing. The residents are informed that they do not need a formal system to report allegation and that the facility does not impose a time limit on reporting.

The auditor tested the internal phone and email system post onsite visit.

The auditor interviewed sixteen (16) residents from both the male and female housing units. The auditor questioned the residents on how they were able to report allegations of sexual abuse, sexual harassment, or retaliation. The residents report that they are given handbooks at intake along with a PREA brochure/pamphlet which contains the reporting information. The residents report that the information is on the tablets available to all residents and on the kiosks located in the dayrooms. The residents report understanding that they could report verbally or in writing to any staff member. They also report being able to report anonymously through a third party.

The facility had several allegations reported to staff verbally by a resident. The allegations were reported to administrative investigators by that staff member.

The staff are informed at onboarding training and during annual training that they are mandated reporters and must report all allegations, regardless of how they were reported, or suspicions of sexual abuse and sexual harassment. The staff are able to directly and privately report allegations or suspicions to the PREA Coordinator or administrative investigator.

Staff interviewed stated that they understood their responsibility to report all reported allegations of sexual abuse and sexual harassment to their immediate supervisor. When questioned about private reporting, the staff state that the facility is small enough to have direct access to the PREA Coordinator or an administrative investigation that they could privately report allegations.

Review:

Policy and procedure

Resident handbook

PREA posters

PREA brochure

Reporting numbers

Interviews with staff

Interviews with residents

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 system for its residents; however, due to the length of time a resident is housed at the facility (a maximum of 180 days), the facility does not address allegations of sexual abuse through the grievance system. The facility has an investigation policy that all allegations will be processed and addressed (see standard 115.251 and 115.271).

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

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Facility policy requires the facility to provide residents access to outside emotional support services. The facility will provide the residents with the mailing address and telephone number, including toll-free hotline numbers where available. Residents will be allowed to privately contact the agency to allow for confidential communication. Prior to providing the resident contact, the resident will be made aware of a staff member's mandatory reporting obligation and the extent to which communication will be monitored.

The facility provided the auditor with brochures given to the residents during intake. The brochure provides the name, contact numbers, and mailing address of local, state, and national rape crisis organizations. The Intake Coordinator informs the residents that communication between these organizations will be provided in the most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters.

The facility provides the toll-free hotline number and address for the Crime Victims Rape Crisis Services Center. The facility has a MOU with this agency to provide this information to the residents. This information is listed in the resident handbook, PREA brochure received at intake, and on PREA posters throughout the facility.

*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.

For the WORTH Center residents, the local rape crisis agency is the Crime Victims Rape Crisis Services Center.

Review:

Policy and procedure

Resident handbook

PREA brochure

PREA posters

MOU

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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Policy requires the facility to provide information on how to report incidents of sexual abuse or sexual harassment on behalf of a resident. The information on how to report will be made available on the facility's website and on posters located in the facility lobby. All third party allegations of sexual abuse, sexual harassment, or retaliation for reports of sexual abuse or sexual harassment will be administratively and/or criminally investigated.

The auditor reviewed the agency's website, <https://www.worthcenter.org/prea.html>, and reviewed the posted information on how a third party could report an allegation of sexual abuse or sexual harassment. The auditor was also able to view this information on posters in the main lobby during the onsite visit. The information includes:

- Calling WORTH Center reporting line
- Emailing WORTH Center reporting line
- Contacting outside reporting agency via phone or email

The facility has had one allegation reported from a third-party that involved two staff members. The allegation was administratively investigated and determined to be unfounded.

Review:

Policy and procedure

Facility website

Investigation report

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

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Policy states that all staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, retaliation against residents or staff who have reported any such incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff members will report to supervisory staff who will forward the report to the Executive Director. Staff are not allowed to reveal any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigative, and other security and management decisions.

All staff, including medical and mental health staff, are considered mandatory reporters and as such are required to report sexual abuse. Medical and mental health staff will inform the residents of their duty to report and the limitations of confidentiality at the initiation of services.

Staff who wish to report privately can report knowledge, suspicions, or information regarding sexual abuse, sexual harassment, or retaliation directly to the PREA Coordinator or Executive Director.

During staff interviews, they report receiving training during onboarding and during annual training on meeting their obligation to report all knowledge, suspicions, and information on all allegations. All staff were questioned on their comfort level with reporting co-workers on suspicions of boundary crossing or staff sexual misconduct. The staff report that they have no issues with reporting staff to their supervisor. A few staff state that depending on the circumstances, they will address staff directly if they witness "red flag" behavior. Staff state that during annual training, the PREA Coordinator address what things can be considered "red flag" behavior and how ethic's violations/boundary crossing behavior can be precursors to staff sexual misconduct. Staff felt very strongly that the PREA Coordinator understands the spirit and intent of the PREA standards and that the training they received has prepared them to appropriately handle an allegation/incident.

The facility had one allegation referred by a staff member who reported based upon information found in a letter that belonged to a resident.

The facility provided the auditor with the training curriculum and sign-in sheets. The training is a power presentation that is facilitated by the PREA Coordinator. The training includes information on how to report, who to report to, and what should be reported. The training identified red flag behavior and instructions for informing residents of their duty to report all knowledge, suspicions, and information of sexual abuse and sexual harassment.

The auditor reviewed five (5) employee files. The files contained documentation on the type of information employees receive on the facility's zero tolerance policies. Staff are required to sign and date and acknowledgement of receiving this information which includes:

- Zero tolerance acknowledgment
- Demonstrating professional behavior
- Employee handbook
- Personnel policies
- Continued affirmation

The clinical staff with licensure report that all clients sign documentation concerning informed consent before meeting with any mental health or medical staff.

The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that

the PREA Coordinator report all allegations to the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.

No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender 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 states that if the facility receives information alleging a resident is in substantial risk of imminent sexual abuse, the resident will be placed in administrative segregation for his/her own safety. The facility will provide an initial response to the risk within 48 hours and will issue a final decision within 5 calendar days. The facility will determine if the resident is in substantial risk of imminent sexual abuse and will document the action taken in response to the report.

The PREA Coordinator reports that the facility has several ways to protect residents at risk for sexual abuse and to prevent retaliation. The protection measures include, but are not limited to, dorm moves, placing residents in administrative segregation, allowing residents to sleep in group rooms in clear site of staff, and close observation.

The Executive Director reports that should an allegation of sexual abuse be against a staff member, the facility would place that staff member on administrative leave. Depending upon the severity of the allegation, the facility can also assign the staff member to work inside central control. This eliminates the staff members direct contact with residents. The Director states that the type of protection measures used will depend upon the circumstances of the allegation.

During one of the allegations of sexual harassment report. The staff members placed the resident in the group room to sleep until the allegation could be addressed by the administrative investigator and PREA Coordinator the next day. The resident reported feeling safe with the protection measures the staff put in place. All investigation reports reviewed state that once an allegation is reported, the alleged abuser or both residents have been placed in administrative segregation until the investigation is complete. Staff members have been placed on administrative leave.

The facility will err on the side of safety when it comes to ensuring the safety of all residents. Staff are trained on how to deploy appropriate protection measures for situations of possible abuse, bullying, or retaliation.

The facility has not received a report that any resident was at risk for imminent abuse.

Review:

Policy and procedure

Investigation report

Interview with PREA Coordinator

Interview with Executive Director

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.

The facility is required by policy to notify other confinement facilities of any allegation of sexual abuse that allegedly occurred in their facility. After the facility receives notice that a resident was sexually abused or sexually harassed while confined at another facility, the Executive Director will notify the head of the other facility or appropriate central office of the agency where the abuse occurred no later than 72 hours after receiving the allegation.

The facility will maintain documentation that the notification was sent.

The Executive Director reports that the facility did not report an allegation of sexual abuse or sexual harassment to another confinement facility. He states that residents are asked about any previous sexual abuse in confinement settings during the initial risk assessment and again during the reassessment.

The Executive Director reports that the facility did not receive an allegation of sexual abuse or sexual harassment from another facility. He states that any allegation received through this channel will be sent to an administrative investigator and the PREA Coordinator. He states that all allegations regardless of how reported, will be administrative and/or criminally investigated.

Review:
Policy and procedure
Interview with Executive Director

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.

The facility has a plan in place that dictates how staff are to respond to incidents of sexual abuse. The plan states that upon learning of an allegation that is resident was sexually abused the first security staff member to respond is required to:

- Separating the alleged victim and abuser
- Preserving and protecting any crime scene until appropriate steps can be taken by local law enforcement to collect any evidence
- If the abuse occurred within a time period that still allows for the collection of physical evidence, staff request/ensure that the victim and abuser not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
- If the first staff member is not a Resident Advisor, the staff shall notify the Resident Supervisor on duty

The security and non-security staff are trained on the facility's first responder plan. The duties are reviewed with staff during onboarding and annual training. The auditor was provided the training and the sign-in sheets.

The auditor interviewed security and non-security staff on the responsibilities they are required to complete after an allegation or incident of sexual abuse. All staff members were capable to reciting the first responder duties of:

- Separating the victim and abuser
- Protecting the scene
- Ensuring/requesting no physical evidence be destroyed by the abuser/victim

The staff members that upon hearing any allegation, depending upon the specific set of circumstances, they immediately find a way to separate the victim and alleged abuser. They state the facility has never had a sexual assault incident or an incident of sexual abuse where the first responder plan has been fully enacted.

The facility has not had an allegation of sexual abuse or sexual harassment during this audit cycle that required protection of a crime scene, calls to medical personnel. The facility has separated the alleged abuser from the victim during all investigations.

Review:

Policy and procedure

First responder plan

Training curriculum
Training sign-in sheets
Investigation report
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.

Policy requires the facility to have a coordinated response plan that coordinates actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual assault or abuse. The coordinated response plan states:

- Security staff responder will implement the first responder duties (standard 115.264)
- In instances of emergency medical conditions, the medical staff will be notified and if medical staff is not on site, the shift manager will utilize the medical protocol manual until emergency personnel arrive. The shift manager will request that the resident be transported to St. Rita's Medical Center. Any evidence collected will be preserved and turned over to the sheriff department as part of the criminal investigation

- A staff member will accompany the resident to the hospital to ensure that a forensic exam is conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The resident will be informed by the shift manager of his/her ability to have a victim advocate from the Rape Crisis Center accompany them throughout the investigatory process
- The staff member who accompanies the resident to the hospital will report hourly to a member of the Administrative Team as to the status of the resident
- The Director of Operations and Security will call the Allen County Sheriff Department to report and request a criminal investigation. The Director of Operations and Security will contact the other members of the Administrative Team to request an emergency meeting at the facility
- The incident report as well as any other documentation acquired will be given to the PREA Coordinator to include in the Administrative Investigation
- The PREA Coordinator will contact the Rape Crisis Center to coordinate available services for immediate needs as well as follow up needs
- The PREA Coordinator will mobilize staff mental health practitioners for de-escalation of residents and staff
- The PREA Coordinator will work in conjunction with the staff member at the hospital to ensure that the alleged victim will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Treatment services will be provided to the victim without cost and whether or not she/he names the abuser or cooperates with the investigation arising out of the incident
- Upon return from the hospital the alleged victim will also be offered continuous counseling services off site at no cost to them
- The alleged abuser and any other residents affected by the incident will be offered counseling services
- For at least 90 days following the incident, the conduct and treatment of all residents/staff involved will be monitored by the PREA Coordinator, case manager, and resident supervisory staff

The coordinated response plan is posted in locations available to staff.

Review:

Policy and procedure

Coordinated response plan

First responder plan

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 reports that the facility does not have a union and does not enter into contracts with employees. The facility is an “at will” employer. Employees are notified of the facility’s “at will” status in the employee handbook. The auditor was given an employee handbook for review.

Review:
Employee handbook
Interview Executive Director

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

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 states that all residents and staff of the WORTH Center have the ability to report sexual abuse and sexual harassment or cooperate in an investigation into sexual abuse or sexual harassment without the fear of retaliation. The PREA Coordinator is responsible for monitoring residents and staff who report sexual abuse or cooperate in investigation into sexual abuse to ensure retaliation is not being conducted.

For at least 90 days following the incident, the conduct and treatment of all residents/staff involved will be monitored. Resident victims/witnesses will also receive periodic status checks. The checks include:

- Resident incident reports
- Housing or programming changes
- Progress reports
- Behavioral observations
- Rule violations

Monitoring of staff who report sexual abuse or cooperate in an investigation into sexual abuse include:

- Changes in performance
- Absenteeism
- Punctuality
- Significant change in mood
- Increased report writing

Should the facility suspect retaliation against a resident or staff member, changes will be made in order to protect those involved. The protection measures can include changes in dorm rooms, cleaning duties, programming, dining, recreation, and/or bathroom assignment.

Retaliation monitoring can continue past 90-days if the situation warrants.

The facility is required to provide counseling services to residents or staff who fear retaliation. The counseling services will be provided at no cost to the resident or staff member.

The PREA Coordinator states the he will meet with any staff or resident that reported or cooperated in an investigation into sexual abuse or sexual harassment. He states that he will document those meetings in progress reports. He states that other staff members are made aware to watch for behavioral changes or disciplinary issues and to report those immediately. He reports that at any time retaliation is suspected, the facility will immediately put into action protection measures. He states that it is the facility's practice to immediately separate a victim and alleged abuser. The PREA Coordinator reports that he is also responsible for conducting periodic status checks. The information collected during those checks is documented.

The alleged victim and abuser were separated for every allegation of sexual abuse or sexual harassment and monitoring of the victim was put into place. No retaliation was reported.

The policy allows for monitoring to end if the allegation was determined to be unfounded.

Review:

Policy and procedure

Investigation report

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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Facility policy requires an administrative and/or a criminal investigation for all allegations of sexual abuse and sexual harassment. The facility will ensure that administrative investigations are conducted by properly trained individuals. The administrative investigators are 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

Should there also be a criminal investigation, the policy requires the facility to:

- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The Program Director will be responsible for keeping records of these referrals and the outcomes of police investigations
- Document referral and outcome data in the annual report, compiled by the PREA Coordinator

The facility had one investigation during the past twelve months. The auditor reviewed the investigation report. The report captured the following information:

- Alleged victim's name
- Alleged abuser's name
- Alleged abuser's status (resident or staff)
- Date and time of incident
- Date and time of report
- How allegation was reported
- Type of allegation
- Witnesses
- Statements

- Video evidence
- Protection measures
- Determination

The policy does not allow for the termination of an investigation if the alleged abuser is no longer at the facility.

The facility did not have any allegations that needed to be referred to the Allen County Sheriff's Office for a criminal investigation. The facility will cooperate with the sheriff's office and remain informed about the progress of the criminal investigation. See standard 115.222 for details of each investigation.

The auditor questioned all three administrative investigators on the investigation initiation process, investigation techniques, investigating allegations referred by a third party or confinement facility, credibility assessments, and referrals for criminal investigation. The investigators report that all understand how to conduct trauma informed care interviews; collect circumstantial and physical evidence; use collateral information to make credibility assessments; and review past reports and behavioral observations.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution. When asked how the facility assist in criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the police department will collect the physical evidence. DNA collection from any alleged victim will be collected at St. Rita's Mercy Hospital.

The PREA Coordinator will collect all documentation and evidence relevant to the investigation and store in a secure location for as long as the person is employed or incarcerated plus five years.

Review:

Policy and procedure

Administrative investigator training certificate

Investigation report

Interview with administrative investigators

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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Policy does not allow for a standard higher than preponderance of the evidence will be used to determine whether allegations of sexual abuse or sexual harassment are substantiated. Preponderance of the evidence is measured as 51%.

The auditor interviewed the administrative investigators on the standard of proof used to substantiate an allegation. The investigators all report a standard of 51%.

The auditor reviewed all allegations the facility had and verified the standard used to make a determination.

Review:

Policy and procedure

Investigation report

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 all residents who make sexual abuse allegations the outcome of the investigation. If there was a criminal investigation, the facility will request information from the Allen County Sheriff's Office, and provide the information to the PREA Coordinator to that the resident can be informed of the investigation outcome.

Notifications for substantiated and unsubstantiated allegations will include:

- 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 facility requires notification be sent to each resident victim at the conclusion of each investigation. The notification included all the required reporting information. The resident is required to sign acknowledgement of receiving notification.

The PREA Coordinator reports that he is responsible for providing resident with outcome notification.

Review:

Policy and procedure
Allegation notification
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*)

Instructions for Overall Compliance Determination Narrative

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Policy states that all employees violating the facility's policies of sexual abuse or sexual harassment will be subject to disciplinary sanctions up to and including termination at the discretion of the Executive Director. Disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commiserate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories.

Termination will be the presumptive sanction for staff who have engaged in sexual abuse. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility outlines the disciplinary policy and procedures in the employee handbook. The auditor was given a copy of the employee handbook for review. The handbook prohibits staff from sexually abusing and harassing residents or retaliating against staff and resident who participate in sexual abuse or harassment investigations. The handbook states that violations to facility policies can include discipline up to and including termination. Staff sign acknowledgment of receiving a copy of the handbook.

During staff interviews, staff acknowledged they received a copy of the employee handbook and agency zero tolerance policy during staff orientation. They understood that termination would likely result for substantiated allegations of sexual abuse and/or sexual harassment.

The auditor was able to review disciplinary action taken against staff members. The form includes:

- Date of violation
- Location of incident
- Description of violation
- Policy violated
- Action taken
 - Instruction and cautioned
 - Written reprimand
 - Letter of administrative leave

The auditor discussed the disciplinary procedures with the Executive Director and the HR Generalist. The HR Generalist reports that all disciplinary action is decided by the Executive Director. She states that documentation of staff disciplinary action is kept in the employee files. The auditor was able to review employee files during the onsite visit. Files that contained disciplinary action were as described by policy.

The Executive Director reports that staff accused of sexual abuse will be placed on administrative leave during the investigation. If the allegation is determined to be substantiated, the facility will terminate the staff members employment.

The facility did not have any founded allegations against a staff member.

Review:

Policy and procedure

Employee handbook

Employee files

Interview with HR Generalist

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

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 states that any contractor or volunteer who engages in sexual harassment or sexual abuse will be removed from the facility, prohibited any further access, and reported to law enforcement and licensing bodies unless the activity was clearly not criminal. The facility will contact the contracting agency for substantiated allegations.

The PREA Coordinator reports that the facility has not had an allegation of sexual abuse or sexual harassment against a contractor or volunteer.

Review:

Policy and procedure

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

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 subjects disciplinary action against any resident who has been found to have engaged in resident-to-resident sexual abuse or resident-to-resident sexual harassment. Disciplinary sanctions will be on a case-by-case basis and will take into consideration the resident's mental disabilities or mental illness, disciplinary history, and the crime committed. Termination from program is the presumptive sanction for substantiated allegations of sexual abuse. If the resident is not terminated, the facility will offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motives for the abuse.

Consensual sexual activity between residents, while prohibited by facility rules, does not constitute sexual abuse, unless coercion was used. The facility will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The PREA Coordinator reports that any resident found to have substantially sexually abused another resident will be terminated from the program and returned to the county jail until they can be returned to their home county. All other types of violations would be subject to discipline according to the disciplinary sanctions laid out in the handbook.

The auditor interviewed sixteen (16) residents during the onsite visit. The residents that were interviewed stated that they received a handbook at intake and that the Intake Coordinator reviewed the disciplinary policies with them. When questioned about sanctions for violating PREA policies, the residents report that they would be terminated from the program for any violations to the zero tolerance policies.

The facility warns residents in the handbook and in the PREA brochure against making patently false allegations of sexual harassment and sexual abuse.

The auditor reviewed resident files. The files contained signed acknowledgements of receiving a resident handbook, watching the PREA education video, and understanding the zero tolerance policies.

The facility had two substantiated sexual harassment allegations that involved resident abusers. The abusers were disciplined according to agency policy. The facility also had two allegations that resulted in residents being disciplined for consensual sexual conduct with another resident.

Review:

Policy and procedure

Resident handbook

Interview with PREA Coordinator

Interview with residents

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

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.

WORTH Center policy states that resident victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services and will be offered continuous mental health counseling. All services will be consistent with the community level of care at no cost to the victim. Policy requires the services to be provided whether or not the victim names the abuser or cooperates in the investigation arising out of the incident.

The services provided would include:

- Forensic medical exam by a SAFE or SANE
- Offered a victim advocate or emotional support services
- Crisis intervention
- Hospital accompaniment
- Pregnancy testing
- Time information about and timely access to emergency contraception
- Time and comprehensive information about and timely access to all lawful pregnancy related medical services
- Sexually transmitted infections prophylaxis

The PREA Coordinator reports that while the facility has contract medical staff, all residents experiencing incidents of sexual abuse will receive treatment from St. Rita's Mercy Medical Center. The hospital has partners with the Crime Victim Services Rape Crisis Services Center who will provide advocate services. The facility has mental health on staff that has the ability to provide appropriate services. Should the resident request, mental health services can be provided by a community provider. The coordinator reports the length and scope of services with be determined by the provider.

The director of Crime Victim Services Rape Crisis Service Center confirms the partnership with St. Rita's Mercy Medical Center and the services that would be provided to a resident victim of sexual abuse free of charge.

The facility has not had a substantiated allegation of sexual abuse and has not referred a resident for medical or mental health services due to sexual abuse this audit cycle.

Review:

Policy and procedure

MOU

Interview with PREA Coordinator

Email from Director

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.

The policy requires the facility provides community medical and mental health counseling services for residents who have been sexual abused in a jail, lockup, or juvenile facility. 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 test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered test for sexual transmitted infections as medically appropriate.

Policy also requires the facility to provide a mental health evaluation for all known resident-on-resident abusers as soon as possible but within 60-days upon learning of such abuse history. The Clinical Services Manager will ensure the resident is offered treatment when deemed appropriate by mental health practitioners.

The PREA Coordinator reports that while the facility has contract medical staff, all residents experiencing incidents of sexual abuse will receive treatment from St. Rita's Mercy Medical

Center. The hospital has partners with the Crime Victim Services Rape Crisis Services Center who will provide advocate services. The facility has mental health on staff that has the ability to provide appropriate services. Should the resident request, mental health services can be provided by a community provider. The coordinator reports the length and scope of services with be determined by the provider.

The PREA Coordinator reports that the facility has not housed a known resident-on-resident abuser.

The facility has not had a substantiated allegation of sexual abuse and has not referred a resident for medical or mental health services due to sexual abuse this audit cycle.

Review:

Policy and procedure

MOU

Interview with PREA Coordinator

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 requires an administrative review at the conclusion of the investigation. The review will take place within 30 days of the conclusion on all investigation of sexual abuse that have been determined to be unsubstantiated or substantiated. The review is required to include an analysis of:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Whether the allegation or incident was motivated by:
 - Race
 - Ethnicity
 - Gender identity
 - Sexual orientation
 - LGBTI status or perceived status
 - Gang affiliation
 - Other group dynamics
- Assess staffing levels
- Assess video technology and blind spot areas in the facility

The report of the review will include any findings inclusive of recommendations for improvement, changes to existing policies and procedures, and changes to resident supervision. The facility will document its reasons for not implementing recommendations.

The facility's SART members include the Executive Director, Deputy Director, Clinical Services Manager, administrative investigator, and any other staff as needed.

The facility had one allegation of sexual abuse and sexual harassment that was determined to be unsubstantiated. The members of the team met to review the incident and subsequent investigation. The auditor was able to review the report for the allegation. The report includes all required areas of review. The team did not identify any policy, facility, or staffing vulnerabilities that would lead to a change in policies, procedures, or practices.

The auditor interview the SART members. The team states that in addition to addressing the items listed on the report form, they will assess any previous allegations, victim care, risk screening, and retaliation monitoring.

The PREA Coordinator reports that should the team make a recommendation, the administrative staff member in charge of that department would be responsible for implementing the change and he would ensure that the recommendation was implemented or document the reason for not implementing the changes.

Review:

Policy and procedure

SART incident report

Interview with PREA Coordinator

Interview with SART members

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 policy requires the facility to collect accurate, uniform data for every allegation of sexual abuse and review such data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data collected will 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.

The facility provided the auditor with the agency's data collection instrument. The form was developed by the Bureau of Community Sanctions. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes data on:

- 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 information on the form is aggregated and listed in the facility's annual report. The report is posted on the facility's website, <https://www.worthcenter.org/prea.html>. The auditor accessed the facility's website and reviewed the 2019 annual report.

The PREA Coordinator reports that the facility has not had a request from the Department of Justice to provide this information.

Review

Policy and procedure

PREA annual report FY 2019

Facility 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 policy requires the facility to review the data collected in standard 115.287 to assess and improve the effectiveness of the facility's prevention, detection, and response policies, 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
- A comparison of the current year's data and corrective actions with those from prior years
- Assessment of the facility's progress in addressing sexual abuse

The annual report will be approved by the Executive Director and posted to the facility's website. The annual report is not allowed to include personal identifiers or other information that would jeopardize the safety and security of the facility.

The auditor accessed the website and reviewed the agency's annual report. The report contains aggregated data on the number of reported allegations, identified problem areas, corrective actions, and the facility's progress in addressing sexual abuse.

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.

RECOMMENDATION:

The auditor contacted the PREA Coordinator and discussed the information contained in the annual report. The auditor recommended making some changes to the report so that the reader will get a better picture of how the facility identified problem areas and implemented corrective actions.

FACILITY RESPONSE:

The PREA Coordinator updated the annual report and resubmitted with recommendations implemented. This includes updates to training/education to staff and residents and assessing the effectiveness of the training/education; updating supportive training (communication, crisis management, manipulation); and installing a camera in the facility van used for resident transports.

Review:

Policy and procedure
Facility website
PREA annual report

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 requires that the data collected in standard 115.287 to be securely retained for at least ten years after the date of the initial collection. This information includes investigation reports and related documentation, annual report data, and tracking documents and outcome measures.

The PREA Coordinator reports he will collect and securely retain this information for ten years. He states that he collects the information in order to develop an annual report and make the information available to the public through the facility'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.

Review:

Policy and procedure

Facility website

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 facility post the final audit report for its facility on the facility's website, <https://www.worthcenter.org/prea.html>. The auditor reviewed the website to confirm the facility has posted the final report from the previous cycle's audit. The facility is a single facility and is required to have their audit completed during year one of each cycle. The facility has complied with that requirement since the 2014 start date.

The auditor was given full access to the facility during the onsite visit. Facility management escorted the auditor on a tour of the facility and opened every door for the auditor. The auditor viewed all housing units, dorms, group rooms, classrooms, lounge areas, recreation areas, dining hall, kitchen, staff offices, central control, bathroom, intake area, clinic, storage room, maintenance areas, and perimeter areas.

The auditor reviewed employee files, resident files, investigations, and camera views while onsite. This was in addition to the documentation provided to the auditor prior to the onsite visit.

The facility sent the auditor photographic evidence of the audit notice posting that was time stamped January 9, 2020. The notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for residents, staff, and visitors. The auditor did not receive any correspondence from a staff or resident. No staff or resident requested to speak to the auditor 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 published on its website, <https://www.worthcenter.org/prea.html>, the final audit report for the facility from 2017. The auditor reviewed the website and verified that the report was posted.

The PREA Coordinator reports understanding the requirement to have the facility's audit during year one of each cycle. The coordinator also understands that the final audit report is required to be posted within 90-days of receiving the report. In the state of Ohio, the final audit report of any facility housing Ohio Department of Rehabilitation and Corrections offenders must also have their final audit report posted on that agency's website, <https://www.drc.ohio.gov/prea>.

Review:

Facility website

ODRC website

Interview with PREA Coordinator

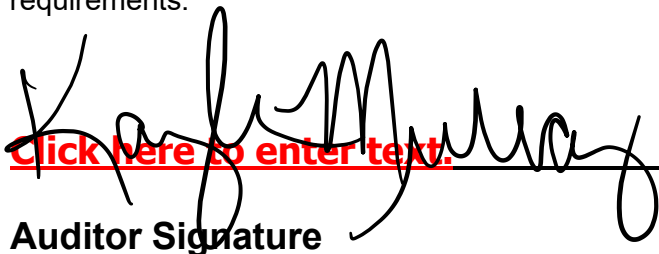
AUDITOR CERTIFICATION

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.


Auditor Signature

July 20, 2020

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.