

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

☐ Interim ☒ Final

Date of Report December 12, 2017

Auditor Information

Name: Kayleen Murray	Email: kmurray.prea@yahoo.com
Company Name: Click or tap here to enter text.	
Mailing Address: P.O. Box 2400	City, State, Zip: Wintersville, Ohio 43953
Telephone: 740-317-6630	Date of Facility Visit: July 17-18 & Sept. 14, 2017

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.	
Telephone: Click or tap here to enter text.		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Click or tap here to enter text.			
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Click or tap here to enter text.	Title: 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.	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Email: heatherharris@fccbcf.org		Telephone: 614-525-4600	
Facility Characteristics			
Designated Facility Capacity: 215		Current Population of Facility: 193	
Number of residents admitted to facility during the past 12 months			529
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			510
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			508
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			508
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population: 18-59	<input checked="" type="checkbox"/> Adults Click or tap here to enter text.	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			88
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			69
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:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		3	
Number of Open Bay/Dorm Housing Units:		2	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Central control room located next to the lobby, separating the secured area from the non-secured area of the building. Cameras are on each housing unit but not inside each cell. Cameras are located on both recreation yards, perimeter of building, programming areas, and common areas such as the cafeteria and foyer. Video retention depends on each camera but is typically 28 days.			
Medical			
Type of Medical Facility:		1 Full time Nurse	
Forensic sexual assault medical exams are conducted at:		Ohio State University Medical Center	

Audit Findings

Audit Narrative

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 audit for Franklin County Community Based Correctional Facility was conducted on July 17-18, 2017 and September 14, 2017 in Columbus, Ohio. Franklin County opened in October of 1993 and continues to provide a secure treatment environment for male and female felony offenders. The facility provided the auditor with an email that contained relevant documentation to indicate compliance with the PREA standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, and MOU's were included in the documentation. The auditor had ample time to review the documentation before the onsite audit.

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

Fifteen male residents and five female residents from the various housing units were interviewed including one resident that requested to speak with the auditor. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The resident who requested to speak with the auditor wanted information about a prior allegation and retaliation charge. One resident who identified as being gay was interviewed. The resident who identified as being gay was also questioned on his concern for the housing unit or dorm and if it is a dorm selected based on sexual orientation.

The auditor also interviewed specialized staff. This staff includes the Interim Executive Director (September 14, 2017 interview), PREA Coordinator (Assistance Director), Senior Operations Manager, Senior Program Manager, Intake Resident Advisor, Clinical Manager, Human Resource personnel, and Emotional Support personnel. The auditor reviewed Ohio State University Hospital's website for information on their SANE program. The auditor was able to verify services through the organization's website. The facility does have a MOU with Sexual Assault Response Network of Central Ohio (SARNCO) to provide emotional supportive services. The facility will use staff trained emotional support personnel to accompany and support the victim through the forensic medical examination process and investigatory interviews if a SARNCO advocate is not available. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

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

residents have laundry rooms have windows in the door and must have staff provide access to the room. The entrance door to the bathrooms have a window in the door. There are three toilet stalls and one multi-use shower with four showerheads. The facility has half curtains covering two of the toilet stalls. The auditor made a recommendation to have the third stall covered as well. This particular stall can be seen when the bathroom door is opened. The bathroom in K dorm has two toilet stalls with doors, two urinals, and one multi-use shower with four showerheads. A curtain with clear bottom covers the shower area.

The females are housed in a separate wing of the facility. The female wing is housed all on one floor. A staff housing desk is set up at the top of the dayroom area. This unit contains a dayroom, group rooms, exercise equipment, laundry room, and access to the recreation yard. The dorms on the unit do not have doors and there is a camera that can see into these areas. The residents are required to change in the bathroom and be fully dressed in common areas. There are two bathrooms available, both set up with four toilet stalls with either a door or curtain and two individual shower stalls with curtains. The laundry room has windows in the wall and door.

The facility has put in place several strategies to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has placed security mirrors in strategic places to minimize blind spot areas and Franklin County's electronic surveillance program includes 80 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 30 days. Some cameras are omnidirectional. Resident Monitor staff assigned to the main control post view camera footage. Cameras that have views to sensitive areas cannot be seen by cross-gender staff and only have live views. These recordings are stored on a server with only administrative access. Resident Monitor staff are required to conduct four security checks per shift and circulations throughout the day. Identified blind spot areas have increased circulation.

Franklin County Community Based Correctional Facility has had three (3) PREA allegations during the reporting period. The allegations were all administratively investigated. The facility has referred allegations to the Franklin County Sheriff's Department for any activity that appears to be criminal. The auditor was able to interview a resident who filed an allegation of sexual harassment, but was then accused of retaliation due to investigation determination.

The resident who made an allegation spoke with the auditor and had several concerns about how the process was conducted by staff, the determination of retaliation by the alleged victims behavior, and that the alleged victim was still housed in the same room as the alleged abuser. The auditor spoke with the Assistant Director, the Senior Operations Manager, and the Senior Program Manager. The auditor did not have any issues with how the administrative investigation was conducted or the allegation determination. The auditor voiced her concerns with the facility management not moving either the abuser or victim during or after the investigation, especially since there was a charge of retaliation. The Assistant Director was not of the mind to move the resident because he thought the behavior was manipulative more than an actual need to protect a resident. There was a discussion about the appropriateness of moving residents and conducting retaliation watches. The auditor requested the staff to move either the alleged victim or alleged abuser in this specific situation.

The auditor later received an email from the alleged victim stating that two days after the audit, he was sexually assaulted by the same alleged abuser. The auditor immediately reached out to the facility. The facility had some miscommunication and the alleged victim was not moved out of the room. After receiving notice that an alleged incident of sexual assault occurred, the facility made arrangements for the alleged victim to be removed from the program (a successful completion of program).

The auditor made arrangements to meet with the facility's Director who was off during the initial onsite visit. The auditor was able to discuss with the director some of the concerns noted during the visit and the facts of the second allegation. FCCBCF's PREA Coordinator is new to the position and made it clear to the auditor that he did not want the responsibilities of the job. The coordinator did not understand the intent of the standards and did not make an effort to ensure compliance. This stance was in direct conflict with the facility's Senior Operations Manager and Senior Program Manager. Both of these individuals showed a willingness to not only comply with the PREA standards, but to be proactive in providing policies and practices that go beyond the basic requirements of detection, protection, and responding to allegations of sexual abuse and sexual harassment. The auditor discussed the process of the coordinated response plan and offering advocate and mental health services to victims. The director was very receptive to the feedback and agreed that the PREA Coordinator (who is no longer employed by the agency) did not appropriately address issues and standard requirements. The director is in the process of selecting a new coordinator who will have the buy-in necessary to ensure full compliance. The auditor reassured the director that the actions of the coordinator during the onsite visit did not distract from the auditor's ability to see that the Senior

Number of Standards Not Met:

0

Click or tap here to enter text.

Summary of Corrective Action (if any)

The facility made seven corrective actions based on the PREA interim report. These plans of action have been implemented and staff have been trained on the new policies, procedures, and practices. The auditor was given documentation of the changes and was satisfied that the facility is now meeting the standard. The details of each plan can be found within the specific standards.

The following standards received corrective action: 115.211, 115.215, 115.217, 115.241, 115.262, 115.265, 115.267.

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*)

- 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 OR the response to 115.212(a)-1 is "NO".) ☐ 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 advises that the facility does not contract with other facilities in order to house offenders.

Standard 115.213: Supervision and monitoring

- 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*)

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

The staffing plan was developed with the agency PREA coordinator along with other facility leadership. The team reviews the previous plan and documents ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored. The facility recently had an outside agency assess the safety and security of the facility and ways to address any issues.

There have been no deviations to the staffing plan during this audit cycle.

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

Review:

Policy and Procedure
Facility tour
Staffing plan
Deviation Report
Floor plans with camera placement/security mirrors
Interview with PREA Coordinator
Interview with Resident Advisor
Interview with Senior Operations Manager

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility does not conduct cross-gender strip, pat-down, or body cavity searches of residents except when performed by medical professionals. There is always a female staff member on duty, so no programming or other outside activities have been denied to female residents due to staffing. Pat-downs are completed near a camera view and supervisors will complete reviews in order to ensure proper professional searches are being conducted. All re-entries into the facility are stripped searched by the same sex staff member.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The entrance door to the bathrooms in the male housing units have a window in the door. There are three toilet stalls and one multi-use shower with four showerheads. The facility has half curtains covering two of the toilet stalls. The auditor made a recommendation to have the third stall covered as well. This particular stall can be seen when the bathroom door is opened. The bathroom in K dorm has two toilet stalls with doors, two urinals, and one multi-use shower with four showerheads. The shower area is covered by a curtain with clear bottom. There are two bathrooms available in the female housing unit. Both are set up with four toilet stalls with either a door or curtain and two individual shower stalls with curtains. Residents are required to change in the bathroom and be dressed in all common areas including dorm rooms.

The facility has housed two transgender residents in the past. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. The housing units have several dorms within each unit that are set up where residents who are identified as highly vulnerable or highly abusive or transgender or intersex would be housed and in beds that are easily viewable to staff. The transgender residents were offered showering options such as showering at different time in order to protect privacy and offer safety. The auditor discussed housing and bathroom issues with staff. The staff report that their training prepared them to interact with a transgender client professionally and were able to manage transgender residents appropriately. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status.

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

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, or 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

Instructions for Overall Compliance Determination Narrative

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

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

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

The Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion.

The Human Resource Department conducts referral checks for all new hires.

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

CORRECTIVE ACTION:

During the files review, the auditor noted that the facility was not conducting reference checks on applicants who had previously worked in another institution. The current reference check form only list correctional institution. The auditor informed the facility of the definition of institution as defined by 42 U.S.C. § 1997. The facility's interview questionnaire for applicants does not contain the complete language as found in the standard to ensure that the facility does not employ anyone who has (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution; (2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) been civilly or administratively adjudicated to have engaged in the activity described in (2).

Review:

Policy and procedure

Employee files

On boarding documentation

Interview with Human Resources staff

FACILITY RESPONSE:

The facility has not acquired a new building, nor is it planning any substantial expansion or modification of the existing facility.

The facility constantly reviews the facility's needs to its video monitoring system. This includes taking into consideration how such technology may enhance its ability to protect residents from sexual abuse. The facility recently received a technology grant from the Bureau of Community Sanctions for new hand held radios.

Facility management and the PREA Coordinator review the staffing plan annually in order to assess the effectiveness of the facility's security program and if improvements in the electronic monitoring could help in the prevention, detection, and responding to sexual abuse and sexual harassment. The PREA Coordinator will continue to monitor and request additional resources as needs arise.

Review:

Policy and procedure

Interview with Senior Operations Manager

Interview with PREA Coordinator

Interview with Operations Supervisor

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)

- 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☐ 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 trained investigators to conduct administrative sexual abuse investigations. The Franklin County Sheriff's Office is responsible for conducting criminal investigations. The agency and the Sheriff's Office have a signed MOU outlining the responsibilities of each agency should an allegation of sexual abuse or sexual harassment lead to a criminal investigation referral.

The facility will use Ohio State University Hospital to provide a Sexual Assault Nurse Examiner when possible or a qualified medical practitioner for any resident who is a victim of sexual abuse. The auditor confirmed that any resident taken to this hospital would be treated by a certified SANE nurse or qualified medical practitioner. The services provided by the hospital would be at no cost to the resident.

The facility has a MOU with Sexual Assault Response Network of Central Ohio (SARNCO) to provide a victim advocate to any victim of sexual abuse.

These services will be provided to the resident at no cost. The services were confirmed with the agency.

Review:

Policy and Procedure
MOU with Franklin County Sheriff's Office
MOU with SARNCO
Interview with Administrative Investigators
Interview with PREA Coordinator
Ohio State University Hospital website
Interview with Clinical Manager

Standard 115.222: Policies to ensure referrals of allegations for investigations

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The agency has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Franklin County Sheriff's Office. The facility has referred one allegation of staff sexual misconduct to the Franklin County's Sheriff's office for a criminal investigation.

The facility conducted nine investigations during this audit cycle:

Investigation #1: A resident made a sexual harassment allegation against another resident. The allegation was administratively investigated and determined to be substantiated. There was no criminal activity so no referral for a criminal investigation was necessary.

Investigation #2: A resident made a sexual harassment allegation against another resident. The allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity so no referral for a criminal investigation was necessary.

Investigation #3: A resident made a sexual abuse allegation against another resident. The allegation was administratively investigated and determined to be substantiated. There was no criminal activity so no referral for a criminal investigation was necessary.

Investigation #4: A resident made a sexual harassment allegation against another resident. This allegation was administratively investigated and determined to be substantiated. There was no criminal activity involved so the incident was not referred to the Franklin County Sheriff's Office.

Investigation #5: A resident made sexual abuse allegation against another resident. This allegation was administratively investigated and determined to be substantiated. There was no criminal activity involved so the incident was not referred to the Franklin County Sheriff's Office.

Investigation #6: A resident made a sexual abuse allegation against another resident. The allegation was administratively investigated and determined to be substantiated. There was no criminal activity so no referral for criminal investigation was made.

Investigation #7: A resident made a sexual abuse allegation against another resident. The allegation was administratively investigated and determined to be substantiated. There was no criminal activity so no referral for criminal investigation was made.

Investigation #8: A resident made a sexual abuse allegation against a staff member. Because criminal activity was apparent, the facility made a referral to the Franklin County Sheriff's Office for a criminal investigation. The allegation was criminally investigated by Franklin County Sheriff's Office and determined to be substantiated. The staff member was prosecuted and found guilty of a felony 3 sexual battery charge.

Investigation #9: A resident made a sexual harassment allegation against another resident. The allegation was administratively investigated and determined to be unsubstantiated. There was no criminal activity so no referral for criminal investigation was made.

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

Review:

Policy and procedure

PREA Audit Report

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Facility Name – double click to change

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

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The agency has trained all staff on the PREA required topics. The agency has in-service training annually to ensure all staff know the proper way to prevent, detect, report, and respond to any allegations of sexual abuse or sexual harassment. Staff also receive refresher training every other year that includes a review of Franklin County policies and procedures, staff duties and responsibilities, and the first responder coordinated response plan. All staff receive gender specific training.

During staff interviews, all staff were able to discuss the various PREA related training they received at orientation or during

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The facility completes PREA training for all volunteers that have contact with residents. This training includes their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and reporting policies. The auditor was able to speak to maintenance contractor during the audit. The contractors were able to confirm the training they received on PREA. The facility maintains documentation of the training curriculum and sign-in sheets verifying the training received.

Review:

Policy and procedure

Contract/volunteer training

Contractor/volunteer zero tolerance acknowledgement

Interview with Senior Operations Manager

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

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

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

Review:

Policy and procedure

Resident training curriculum

Resident handbook

PREA postings

Facility tour

Interview with residents

Interview with Senior Operations Manager

Interview with Clinical Manager

Interview with Intake Resident Advisor

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 have received 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

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

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 medical staff at the facility 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? ☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No
- 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 for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] ☒ 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*)

- 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

Instructions for Overall Compliance Determination Narrative

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All residents are screened for risk of vulnerability or abusiveness at intake. The screening tool used included all required criteria in order to accurately assess the resident's risk. The case manager will complete the initial screening and rescreen. The policy does not allow for a resident to be disciplined for refusing to answer or for not disclosing complete information in response to questions on the resident's mental health, sexuality, or previous victimization.

The auditor reviewed several initial screening and rescreening to ensure that they were completed within the specified time frame and that all required criteria was used in the screening. All residents get a 30-day rescreen and a rescreen will also be completed if the facility receives any additional new information or if a PREA allegation occurred regardless of the time frame.

Should a classification of potential victim or potential abuser be made during the screening, appropriate staff would be notified and accommodations if necessary would be made. Should a resident need additional services, the clinical manager would complete an assessment and make a referral for additional services.

Quality assurance checks are completed by the Clinical Manager to ensure screenings are completed appropriately.

CORRECTIVE ACTION:

While conducting interviews with random residents, it was reported to the auditor that some case managers are handing the assessment form to the resident to complete verses affirmatively asking the assessment questions.

The current set up for the screening has the screener ask the resident if he/she is perceived by others as being gay, lesbian, transgender, or gender non-conforming. F.A.Q. dated October 21, 2016, clarifies that the perception determination is based on the screeners perception of the resident.

Review:

- Policy and procedure
- Initial PREA assessment screen
- PREA assessment rescreen
- Interview with case manager
- Interview with residents
- Interview with Clinical Manager
- Interview with PREA Coordinator
- Interview with Senior Operations Manager

FACILITY RESPONSE:

All case managers have been retained on the proper way to conduct a PREA risk screening assessment. The case managers will ask the resident the questions versus just handing the resident the assessment tool to complete on their own. The case manager has also been trained on using their perception on determining perceived LGBTI status.

Standard 115.242: Use of screening information

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

115.242 (a)

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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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All residents receive a classification based upon their PREA screening information. Classifications include none, potential victim and potential abuser. A resident's classification will be documented but no staff member will be able to see the screening form or answers. Any resident who is classified as potentially vulnerable or potentially abusive will be housed in a designated bed that is easily viewable by staff.

All residents with a classification may have it addressed with treatment goals. These residents work with their case manager to work on the issues underlining their classification and residents can also be referred to individual counseling if necessary.

The facility has a plan for housing a transgender or intersex resident safely which include opportunities to shower separately and make housing and program assignments with a transgender or intersex resident's own views taken into consideration. The agency has developed a team that will address placement issues for any transgender/intersex resident housed with agency. These determinations are made on a case-by-case basis. The facility has housed two transgender residents in the past without

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

The facility has facility phones with the reporting numbers available to residents. This allows residents to make toll free reports and/or anonymous reports to an outside agency.

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

The auditor interview random residents who were able to describe the various ways that they could report and allegation including anonymously and directly to any staff member. The residents felt comfortable enough to report any problem directly to staff feeling confident that staff would address the situation appropriately.

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

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*)
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The facility has a MOU with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide emotional support to any resident who is a victim of sexual abuse. The facility provides the phone number and address of this agency to residents as well as train them during orientation of the limitations to confidentiality and mandatory reporting.

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

The facility has not had a third party report.

Review:

Policy and procedure

Franklin County website (www.fccbcf.org)

PREA postings

Facility tour

Interview with Administrative Investigators

Interviews with random residents

Investigation reports

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

Investigation reports
Interview with random staff
Interview with Administrative Investigators
Interview with Case Managers
Interview with Clinical Manager
Interview with Senior Operations Manager

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*)
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Franklin County has several ways in which to protect residents from sexual abuse, sexual harassment, and retaliation. The facility can move residents to different dorms or beds as well as move staff to a different wing in the building or placing them administrative leave during the course of an investigation or after to prevent retaliation.

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

The facility administratively investigated an allegation of resident on resident sexual harassment between roommates. The allegation was determined to be unsubstantiated. The auditor was able to interview with alleged victim during the onsite visit. The alleged victim reported that he still felt threatened by the alleged abuser and when he tried to bring the situation up in group, he was charged with retaliation. The alleged victim and abuser were roommates at the time of the allegation but facility management did not separate them during or after the allegation. The auditor spoke with facility management during the audit about concerns for resident protection during and after allegations. The PREA Coordinator was worried that residents would

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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Upon receiving an allegation that a resident was sexually abused while confined at another corrections facility, the Executive Director shall notify in writing the head of the facility or appropriate central office of the agency where the alleged abuse occurred and inform the PREA Coordinator. The policy requires notification within 72 hours.

Interviews with the Agency's PREA Coordinator and Senior Operations Manager confirmed this practice.

The facility has not received a report from another confinement facility, nor have they reported to another facility a report of sexual abuse or sexual harassment.

Review:

Policy and procedure

Interview with Executive Director

Interview with PREA Coordinator

Interview with Senior Operations Manager

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

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.

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

During staff interviews, staff knew and could articulate the coordinated response plan. All staff knew the entire plan and did not differentiate between security and non-security tasks. Staff was able to disclose the location of the plan.

CORRECTIVE ACTION:

After the facility's initial onsite visit, the auditor was notified that there was a report of an alleged sexual assault. Due this particular resident filing a previous allegation, the facility made arrangements for the resident to be removed from the facility in order to ensure the resident would not be assaulted again and be able to get treatment. The facility staff did not follow the coordinated response plan as outline. The facility needs to develop a plan that enables staff to know and follow proper protocol following a report of sexual abuse.

Review:

Policy and procedure
Coordinated response plan
Sexual Abuse First Responder Checklist
First Responder flow chart

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

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

The auditor interviewed a resident who had reported an allegation of sexual abuse. The allegation was determined to be unsubstantiated. The resident complained that staff disciplined him for retaliation against the alleged abuser and that the staff did not remove him or the alleged victim from the same dorm room. The staff did not place the victim on retaliation watch. After the onsite visit, the auditor received an email from this resident alleging sexual abuse from the same abuser.

CORRECTIVE ACTION:

The facility has a duty to ensure that residents are not subject to retaliation during sexual abuse allegations unless the allegation was determined to be unfounded. The facility did not make necessary housing changes during the initial allegation or after the incident of retaliation. The auditor spoke with management staff during the onsite visit about the importance of protecting residents.

Review:

Policy and procedure

Training records

Interview with Case Manager

Interview with Operations Supervisor

Interview with PREA Coordinator

Interview with random staff

Interview with random residents

Interview with Senior Operations Manager

Interview with Senior Program Manager

Interview with Director

Email from alleged victim

FACILITY RESPONSE:

The facility has assigned the PREA Coordinator as the retaliation monitor and to complete status checks on alleged resident victims of sexual abuse. All allegations will be assessed by the PREA Coordinator to ensure alleged victims are not subject to continued abuse or harassment by making housing changes when necessary. All allegations of sexual abuse or sexual harassment that are determined to be substantiated or unsubstantiated will have a 90 day retaliation watch. Since the interim report was received by the facility, there has been on sexual harassment allegation. The PREA Coordinator made the determination to move the alleged abuser and complete the required 90 day retaliation watch. No other issues were reported once the alleged abuser was moved to a different room.

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

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

recommendation to the PREA Coordinator. The PREA Coordinator determines the outcome of the investigation.

The investigators written report includes whether staff actions or failures to act contribute to the abuse and a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigator would work closely with the sheriff's office should the facility have an allegation that needed criminal referral. The administrative investigator would report the outcome of the investigation to the resident.

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

Review:
Policy and Procedure
Interview with Administrative Investigators
Review of investigation reports

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The PREA Coordinator makes the final determination of investigation outcome.

Review:
Policy and Procedure

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

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

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

All residents who alleged some type of PREA allegation during this audit cycle received a notice of investigation outcome and signed that they had received such notice.

Review:

Policy and procedure

Review outcome notice

Interview with PREA Coordinator

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.

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

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

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

The facility did an administrative investigation into staff sexual misconduct during this audit cycle. The administrative investigation resulted in a determination of substantiated and the allegation was referred to the Franklin County Sheriff's Office for a criminal investigation. The sheriff's brought charges against the staff member who was subsequently found guilty. The staff member was terminated.

Review:

Policy and procedure

Employee handbook

Interview with Human Resource staff

Interview with Administrative Investigators

Interview with random staff members

Interview with PREA Coordinator

Interview with Senior Operations Manager

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

115.278 (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

115.78 (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)

- 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

- 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.

Policy indicates the types of service offered free of charge to an alleged victim of sexual assault. It is documented which types of services were rendered and or declined by the alleged victim on the first responder form. Residents are offered timely information about and timely access to sexually transmitted infection prophylaxis and emergency contraception.

If services are necessary, the Clinical Manager will provide appropriate referrals to community resources and notify the case manager assigned to the resident. The scope of services provided will be determined by the licensed practitioner.

Staff have been notified of the facility's plan on providing services after a sexual abuse/assault incident. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical or mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

First Responder forms indicate if services were offered and accepted or declined.

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

Review:
Policy and procedure
Coordinated Plan

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.

This facility offers community medical and counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility. This treatment includes testing for sexually transmitted disease. Treatment is offered to all known residents on resident abusers within in 60 days of learning such history. All treatment offered is free of charge.

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

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

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

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

The Clinical Manager has confirmed the process and practice of how staff will provide unimpeded access to necessary emergency and/or ongoing medical and mental health services.

Review:

Policy and procedure

Coordinated response plan

PREA initial assessments

Interview with Clinical Manager

Interview with Senior Operation Manager

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.

Franklin County has an agency policy on a review of all substantiated or unsubstantiated allegations of sexual abuse within 30 days of the conclusion of the investigation. The review team includes administrative staff and any other employee deemed appropriate.

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

Franklin County CBCF conducted SART reviews on allegations of sexual abuse during this audit cycle. The team reviewed the cases and made determinations on policy or practice changes when necessary. Interview with PREA Coordinator and Senior Operations Manager indicates that all executive approved recommendations will be implemented the facility will document implementation or the reason for not implementing.

A later interview with the Director reviewed the teams process for making changes when necessary after any allegation.

Review:

Policy and procedure

Sexual Abuse Case Review report

Interview with PREA Coordinator

Interview with Senior Operations Manager

Interview with Senior Program Manager

Interview with Director

Standard 115.287: Data collection

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

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

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

The facility's PREA Coordinator collects the data and completes the Survey of Sexual Victimization.

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

Review:

Policy and procedure

SSV-4

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)

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.

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

The aggregated information from the facility was posted on its website.

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

Review:

Policy and procedure

PREA annual report

Franklin County CBCF website

Interview with PREA Coordinator

☐ **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.

This is the facility's second PREA audit. The auditor was able to review all areas of the facility, requested documentation to ensure compliance, and a private area to interview residents and staff. The facility posted the auditor's email and mailing address to staff and resident with instructions on how to contact the auditor privately before the onsite visit. The date of the visit was also on the posting. The auditor did not have a resident or staff member who requested to speak with the auditor during the onsite visit.

The auditor was able to review documentation from the last year and when requested, information from the prior three years in order to ensure the facility has maintained compliance for the entire three years.

The agency has an appropriate audit schedule to ensure the facility is audited every three years as required by the standard. All final report from the facility is posted on the agency website.

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, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Kayleen Murray

December 22, 2017

Auditor Signature

Date

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

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