

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

Date of report: August 25, 2017

Auditor Information			
Auditor name: Kayleen Murray			
Address: P.O. Box 2400 Wintersville, Ohio 43953			
Email: kmurray.prea@yahoo.com			
Telephone number: 740-317-6630			
Date of facility visit: June 12-15, 2017			
Facility Information			
Facility name: STAR Community Justice Center			
Facility physical address: 4696 Gallia Pike, Franklin Furnace, Ohio 45629			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 740-345-9026			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Charles Philabaun			
Number of staff assigned to the facility in the last 12 months: 114			
Designed facility capacity: 300			
Current population of facility: 170 males/111 females			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18 and older			
Name of PREA Compliance Manager: Steven McKnight		Title: Operations Director	
Email address: smcknight@startcjc.com		Telephone number: 740-345-9026 x160	
Agency Information			
Name of agency: Click here to enter text.			
Governing authority or parent agency: <i>(if applicable)</i> Ohio Department of Rehabilitation			
Physical address: 770 West Broad Street, Columbus, Ohio 43222			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 614-387-0588			
Agency Chief Executive Officer			
Name: Gary Mohr		Title: Director	
Email address: gary.mohr@odrc.state.oh.us		Telephone number: 614-387-0588	
Agency-Wide PREA Coordinator			
Name: Cynthia Ali		Title: Program Administrator	
Email address: Cynthia.ali@odrc.state.oh.us		Telephone number: 614-728-1494	

AUDIT FINDINGS

NARRATIVE

The PREA audit for STAR Community Justice Center (STARJC) a Community Based Correctional Facility (CBCF) was conducted on June 12-15, 2017. STAR, which stands for Structure, Therapy, Advocacy, and Restoration, offers male and female felony offenders an intensive cognitive-behavioral treatment program in addition to educational, vocational and restorative activities. The facility use a flash storage drive to supply the auditor with documentation relevant to showing compliance with each of the standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, and MOU's were also included with the documentation. The auditor received this information six weeks prior to the audit.

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

Ten female residents for the two female dorms and eighteen male residents from the three male dorms were interviewed (10% of the population was interviewed). Clients were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The facility does not currently house a transgender or intersex resident but has in the past. The resident identified as a female but did not have any physical changes. The facility housed the client in their own room in a male housing unit and male staff completed pat and strip searches. A concern log (log that communicated any issues, problems, or concerns for this specialized client) was completed each week and the facility also offered the client psychological services. Interviews of administrative staff and staff that worked directly with this resident indicated that no issues occurred during the resident's stay.

The auditor also interviewed specialized staff. This staff includes: Executive Director, PREA Coordinator, Investigators, Human Resource Director, Nurse Practitioner, and Emotional Support personnel. The facility is unable to enter into a MOU with a local rape crisis agency due to the agency losing funding and closing down. The facility does have a contract with a licensed psychologist who offers STAR residents a variety of psychological services that include victim advocacy. The facility also has three trained emotional support staff. The facility has a letter from Southern Ohio Medical Center that outlines SANE services that would be provided to any resident of STAR should an incident of sexual assault or sexual abuse occur at the facility. The auditor was able to verify services with a phone interview with facility staff. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The STAR Community Justice Center is a minimum secured facility located in Franklin Furnace, Ohio that serves adult male and female felony offenders. The facility is a campus style setup that has male and female housing units, a cafeteria, education center, administrative building, and a garage/storage area. The facility has a main access point at the administrative building where all visitors must enter. The administrative building also houses the medical center, central control, and visitation/family outreach room. Resident will enter/exit this area through an intake door that connects to the medical area. Resident will receive either a clothed or an unclothed search when entering the facility. The facility staffs three licensed practical nurses to provide medical services to residents; however, they do not provide SANE services. Any resident who experiences an incident of sexual abuse or sexual assault will be taken to Southern Ohio Medical Center.

The facility has three male housing units and two female housing units. The female units do not have male security stationed in the building but males do occasionally enter the unit. A doorbell on the outside of the unit that identifies when a male staff member has entered the building. Each housing unit, male and female has one dorm style room for new intakes that has 12 bunk beds, and twenty-four two-man rooms that house residents based on risk level. All intake dorms in both the male and female housing units have cameras in the dorm. Any resident that may be identified as being vulnerable to abuse or a potential abuser will be housed in a room that is closest to the housing desk. A transgender or intersex resident would be assigned their own room. The segregation cell in the units are located off of the day room (behind the housing desk) and has a window in the door for easy viewing. The window allows for direct views of the bed area but not the sink/toilet combination unit. Each housing unit has a manned housing desk, laundry room, day room, pay phones, four bathrooms, and recreation equipment. Residents are not allowed in their rooms during program hours.

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

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

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

The education building houses rooms for treatment groups, educational services, vocational training, reentry services, and a staff gym. The nineteen classrooms have windows in the doors and security mirrors that enable one to see all areas of the room from the door window. Each room also contains its own single use restroom. The education building is shared by the male and female offenders but have dedicated gender specific rooms on opposite sides of the building. The education center in the building houses an Ohio Means Jobs program designed specifically for STAR residents, two GED classrooms, and one ABLE classroom. Vocational training includes a residential electric class that offers residents who complete this program a certificate from Collins Career Center; a welding class operated by Sioata Career Technical Center, Serve Safe certification, plumbing, and most recently landscaping.

The cafeteria can seat one hundred eighty residents. Residents that are participating in the Serve Safe program are able to work in the kitchen under the direct supervision of kitchen staff. The male residents work in the kitchen during the morning the female residents work in the afternoon. The kitchen has cameras in the front (serving line) and back (cooking areas) as well as in the dining room. All freezers and dry storage areas have windows in the doors for clear line of site views.

STAR's electronic surveillance program includes 234 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 21-28 days. Camera footage viewed by Resident Supervisor staff assigned to central control post only have a live view. Supervisors can review live and recorded footage. Operations specialist staff are required to conduct three head counts daily and have constant circulation throughout the 26-acre campus. A twenty-two foot fence encloses the entire campus.

The facility's goal is to provide programming that reduces residents' risk of reoffending. This programming includes cognitive, education, and vocational programs; cognitive and faith-based services; and gender specific programs.

SUMMARY OF AUDIT FINDINGS

STAR Community Justice Center has had two (2) PREA allegations during the reporting period. One allegation was resident on resident sexual harassment that was administratively investigated and found substantiated. The second allegation was a third party report from another institution. The allegation was administratively investigated and determined to be unfounded. The substantiated allegation did not reach the level of criminal activity and was not turned over to the legal authority for a criminal investigation.

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

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

All MOU's documented the partnership between the facility and the contracting agency concerning services to be provided should there be a need. The auditor was able to review the Southern Ohio Medical Center's agreement with the facility and confirmed the free services the agency would provide to a victim of sexual abuse/assault. The facility has contracted with a licensed psychologist to provide mental health services to residents which includes services for clients who experience sexual abuse or sexual assault.

Overall, the auditor was left with the impression that the leadership and staff of STAR have made implementing the PREA standards a priority and that they have received the necessary training and authority to detect, protect, and respond to any incident of sexual abuse/sexual harassment. Star has implemented the corrective action plans from their previous PREA audit and has maintained those changes. Opportunities to increase the ability to protect and detect sexual abuse and sexual harassment are proactive in nature. Agency leadership has developed policies and practices that shows a commitment to the safety of residents, and provides the necessary support to implement all aspects of the PREA standards.

Number of standards exceeded: 5

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

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

The facility's PREA Coordinator is the facility's Operations Director, and reports directly to the Executive Director. During staff interviews, the PREA coordinator indicated that she has enough time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The Executive Director agreed that the PREA Coordinator has great latitude toward implementing policy and procedure where PREA is concerned.

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

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

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

Standard 115.213 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

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

The facility has a 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 conducts an annual walk through of the facility and documents ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored and the facility has the ability to move staffing from the various housing units to cover other areas when necessary.

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

The auditor has reviewed the agency's written policy concerning what information is to be contained in the staffing plan and the number of staff members required to operate each shift. A review of floor plans, camera placement, and identified blind spot areas was conducted by the auditor prior to the audit and during the walk through. During interviews with facility staff, the auditor was informed how staff placement, security mirrors, required 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 Operations Coordinator

Interview with Program Specialist

Interview with Program Operations Specialist

Standard 115.215 Limits to cross-gender viewing and searches

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

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

The facility does not conduct cross-gender strip, cross-gender pat, or body cavity searches of residents. Residents receiving a strip search will have it conducted with a staff member of the same sex and either in the intake department or in the visitation restroom. The facility always has a male and female operations specialist on duty to conduct same-gender searches.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has four restrooms in each of the housing units for residents to be able to shower and use the toilets. The bathroom is single use with a sink, toilet, urinal, and shower area. The shower is open with a floor to ceiling glass wall partition covering the showerhead area. Residents needing to use the restroom must hang their identification badge on the door. The female dorms do not have male security staff members working the floor. Males who enter into the female housing unit must first ring a doorbell located on the outside of the building to alert female residents that male is coming onto the unit. Female staff member entering onto the male units announce herself when coming onto the unit. During resident interviews, all indicated that staff announce their presence before entering the restroom or dorm areas, and the auditor witnessed this while walking through the facility. The agency has a dress policy that requires residents to be fully dressed in common areas.

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

While the transgender resident was in the facility, facility leadership decided with the resident's input which sex would conduct pat down and strip searches. The resident was comfortable with male staff conducting the searches. The resident did not wear female clothing, underclothing, or have any physical changes and therefore was searched as any other male resident would be searched. During discussions with the PREA Coordinator, Operations Supervisor, and randomly interviewed Operations Specialist, it was clear that the staff did not have specific training on how to conduct transgender or intersex searches.

CORRECTIVE ACTION:

The facility needs to train all staff who perform pat and strip searches on how to conduct these searches in a respectful and professional manner, in the least intrusive manner possible in keeping with security needs.

FACILITY RESPONSE:

The facility used the PREA Resource Center's video "Guidance on Cross-Gender and Transgender Pat Searches" along with facilitated instruction on how to properly and professionally pat and strip search a transgender or intersex resident. The auditor reviewed the video, training material, and sign-in sheets to confirm training.

Review:

Policy and procedure

Staffing plan

Facility tour

Training records

Interview with PREA Coordinator

Interview with Operations Supervisor

Interview with random Operations Specialist staff

Interview with residents

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

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

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

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

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

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

- Review:
- Policy and Procedure
 - Training Curriculum
 - Interpreter service providers list
 - Interview with Intake staff
 - Interview with Program Manager
 - Interview with PREA Coordinator

Standard 115.217 Hiring and promotion decisions

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

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The facility 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 facility 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. The Human Resource Department staff employs the use of a HRIS program to run reports annually which will alert staff on who needs to have a background check completed each year and then will document when the check is complete. All employees are required by policy to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations.

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

Any current employee who wishes to move to a different position must submit a letter of interest to the human resource department. The Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion. No employee who is on probation for any reason will qualify for the promotion.

Applicants are asked during the interview process whether they have ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; have 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 has been civilly or administratively adjudicated to have engaged in the activity described above. The Human Resource Department conducts referral checks for all new hires and specifically documents whether or not a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.

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

Review:
Policy and procedure
Employee files
On boarding documentation
Interview with Director of Human Resources

Standard 115.218 Upgrades to facilities and technologies

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

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The facility has made any substantial expansion or modification to the existing facility. The campus currently used by the facility is however a different facility than where the first PREA audit was conducted. This facility is a former juvenile detention center. The facilities minimally changed to house male and female adult felony offenders. The facility currently has 234 cameras with a 3-4 week playback window. The facility does not have any current plans for design changes or substantial expansion or modification of the current buildings.

An interview with the Agency's Executive Director and the PREA Coordinator indicate that administration continually monitors areas in which electronic surveillance can enhance the facility's ability to prevent or detect sexual abuse and sexual harassment. The facility maintains processes that aid in the overall safety and security of the clients. No electronic surveillance system or other monitoring technology has been changed; however, the facility is planning to update the DVR to the current surveillance system. The facility also plans to implement an electronic resident management system. This system will allow staff to input resident movement and allow for easier monitoring on the whereabouts of all residents at any given time. The estimated install date for this program is in the third quarter of 2017. The facility will address any other monitoring needs to these areas as the budget allows.

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

Standard 115.221 Evidence protocol and forensic medical examinations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The facility will use Southern Ohio Metro Health to provide a Sexual Assault Nurse Examiner for any resident who is a victim of sexual abuse. The auditor reviewed the hospital's MOU and confirmed that any resident taken to this hospital would be treated by a certified SANE nurse. The services provided by the hospital would be at no cost to the resident.

The facility is located in an area that does not have a local rape crisis center. The facility has contracted with a licensed psychologist that offers advocate services to any resident who may experience sexual abuse or sexual assault while at the facility. The facility also has trained emotional support staff members that can provide assistance services. These services will be provided to the resident at no cost. The services were confirmed with the agency.
with the agency.

Review:

Policy and Procedure

Emails to local legal authority

MOU with Southern Ohio Metro Health

Interview with Emotional Support Staff

Interview with PREA Coordinator

Contract with Psychologist

Emotional Support Training Certificate

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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The agency has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Ohio Highway Patrol. The facility has had one allegation of staff-to-resident sexual abuse and one allegation of resident on resident of sexual harassment. The auditor reviewed the investigation documentation along with interviewing the agency's administrative investigator. Neither allegation was criminal in nature and no referral to the legal authority was necessary.

Investigation #1: The facility received a third-party report from another institution that a previous client reported being sexual abused by a staff member when in custody of the facility. An administrative investigation into the allegation determined the allegation to be unfounded. The resident continually changed stories and video evidence could not corroborate any of the versions of the resident allegation.

Investigation #2: The facility received a verbal report from a resident claiming that another resident stuck a pencil into his buttocks (the
PREA Audit Report

resident was clothed at the time). Video evidence corroborated the allegation and the abuser was terminated from the program.

The STAR Community Justice Center'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
STAR CJC website
Investigative Reports
Interview with Administrative Investigator

Standard 115.231 Employee training

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

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The agency has trained all staff on the PREA required topics. The agency holds facilitated training academies in which staff review topics that pertain to the PREA standards. These topics include: unauthorized relationships, communication versus overfamiliarity, cross gender supervision, pat and strip searches, first responder duties, coordinated response plan, and specific STAR policies related to maintain a zero tolerance environment. The agency cross-trains its staff because staff can be required to work or assist in any of the buildings. All staff received gender specific training. New to the STAR academy this year will be trauma informed training.

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

During a review of the training curriculum the auditor noticed that the training omitted (a)(9): How to communicate effectively and professionally with residents, including gay, lesbian, bisexual, transgender, intersex, or gender non-conforming residents.

CORRECTIVE ACTION: The facility's current employee training omits effective communication with LGBTI and gender non-conforming residents.

FACILITY RESPONSE: The facility provided the auditor with an updated training curriculum that included the necessary training piece. The training was conducted at the most recent STAR training academy to all staff. Staff verified the training through sign-in sheets.

Review:
Policy and procedure
Training curriculum
PREA transgender/intersex pad-down search video
Training records
Interview with PREA Coordinator
Interview with Human Resource Director
Interview with Operations Supervisor
Interview with Program Manager
Interview with random staff
Review of updated training curriculum and sign-in sheets

Standard 115.232 Volunteer and contractor training

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

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

The facility ensures that all volunteers and contractors that have direct contact with residents have been informed of the agency's zero tolerance policy on sexual abuse and sexual harassment. The facility will show volunteers and contractors a video that outlines the PREA standards; the responsibilities regarding prevention, detection, and response to sexual harassment or sexual abuse; and reporting obligations.

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

Review:

Policy and procedure

Contract/vendor training acknowledgement

Contractor training video

Interview with PREA Coordinator

Standard 115.233 Resident education

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

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

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

All residents will receive formal PREA education during orientation and receive handouts that include ways to report and reporting phone numbers. This information is also on posters located throughout the facility. During this orientation group, the 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 to call. Postings with PREA related information was located in conspicuous areas throughout the facility.

Review:

PREA Audit Report

Policy and procedure
Resident training curriculum
PREA postings
Facility tour
Interview with residents
Interview with Program Director
Interview with Operations Specialist

Standard 115.234 Specialized training: Investigations

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

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

The facility has a standardized process for administratively investigating any allegations. The agency has two staff members with experience in investigations as their administratively trained investigators. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The training was provided by the Moss Group.

Review:
Policy and procedure
Administrative Investigator training curriculum
Administrative Investigator training certificate
Interview with Administrative Investigator

Standard 115.235 Specialized training: Medical and mental health care

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

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

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

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

Review:
Policy and procedure
Review of Licensed Psychologist contract
Training records
Interview with PREA Coordinator
Interview with nurse practitioner

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

All residents are screened for risk of vulnerability or abusiveness at intake. The screening tool used included all required criteria in order to accurately assess the resident's risk. The PREA screening form is stored electronically and only approved staff have access to the information. Intake Specialist staff will complete the initial assessment with the resident during intake. A resident's case manager will complete a re-screen anytime any additional, relevant information is received, a referral, request, or incident of sexual abuse occurs. The policy does not allow for a resident to be disciplined for refusing to answer or for not disclosing complete information in response to questions on the resident’s mental health, sexuality, or previous victimization.

All staff are training on how to complete the screening tool appropriately. An interview intake and programing confirmed this training on completing the form appropriately and the steps to take should a resident be classified as highly abusive, abuse, highly susceptible, or susceptible. The facility will activate a care and concern log for highly classified residents in order to monitor more closely the day to day activities of these residents. All staff are informed of residents on this list and can communicate the resident’s various activities or concerns in the log. The reasons a resident may be placed on a care and concern list vary and staff are not notified as to the reason.

The Program Director reviews all initial assessments and completes a quality assurance check to ensure residents are classified appropriately. Any necessary re-assessments are also reviewed for quality assurance purposes. All assessments are kept confidentially in a resident’s file with limited access.

Review:
Policy and procedure
Initial PREA assessment screen
PREA assessment rescreen
Interview with Program Director
Interview with Intake Specialist
Interview with residents
Interview with PREA Coordinator
Interview with Program Specialist
Interview with Operations Specialist

Standard 115.242 Use of screening information

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

All residents receive a classification based upon their PREA screening information. Classifications include: none, vulnerable, highly vulnerable, abusive, or highly abusive. A resident's classification will be documented and any resident classified as high will be placed on a care and concern list in order to more closely monitor this resident. These residents will also be housed in a manner which provides a more safe and secure environment.

All residents with a classification have it addressed on their individual program plan. These residents work with their caseworker to work on the issues underlining their classification and also be placed in group programming for these issues. Some programs include: Emotional Regulation, Seeking Safety Techniques, and Dual Diagnosis.

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

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

Interviews with line staff revealed that there were little to no issues while housing the transgender client. Staff reported that it was good to see that the training provided prepared them to appropriately manage and interact with this specialized client.

Review:
Policy and procedure
Facility tour
Initial PREA assessment screening
PREA re-screen assessment
Individual case plan
Staffing plan
Interview with Program Director
Interview with Operations Specialist
Interview with PREA Coordinator
Interview with Executive Director

Standard 115.251 Resident reporting

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

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

Residents at STAR have multiple ways of reporting sexual abuse. Posters throughout the facility indicate how residents can report as well as
PREA Audit Report

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 phones with the reporting numbers unblocked to allow free calls to the reporting entities.

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

One of the allegations reported during this audit cycle was a resident verbal report to a staff member.

Review:

Policy and procedure

PREA postings

PREA brochure

Facility tour

Interview with Program Director

Interview with Operations Specialist

Interview with residents

Standard 115.252 Exhaustion of administrative remedies

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

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

The facility has an administrative procedure for processing resident grievances regarding sexual abuse. The policy allows a resident to submit a grievance on sexual abuse at any time regardless of when the incident is alleged to have occurred. There is no informal grievance process that the resident must attempt before the facility will process the grievance. The resident does not have to try and resolve the issue with the staff member subject to the complaint.

A decision on the merits of the grievance must be made within 90 days and must submit in writing if an extension period is necessary to continue the investigation into the allegation.

The policy allows for third-party assistance to residents requesting an administrative remedy to allegations of sexual abuse. The resident may decline this assistance.

Should a resident file an emergency grievance alleging a substantial risk of sexual abuse, the facility will have an initial response to that request within 24 hours and a final response within five days.

The facility will only discipline resident filing a grievance alleging sexual abuse if that allegation was filed in bad faith.

The facility has not received an allegation of sexual abuse through its grievance system. Residents interviewed that have filed a grievance in other areas stated that they received a response from the facility within 24-48 hours.

Review:

Policy and Procedure

Interview with PREA Coordinator

Interview with random residents

Resident handbook

Standard 115.253 Resident access to outside confidential support services

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

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

The facility has a contract with a licensed psychologist to provide emotional support and advocate services to any resident who is a victim of sexual abuse. The facility provides the phone number and address of agencies to residents as well as train them during orientation of the limitations to confidentiality and mandatory reporting.

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

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

The auditor reviewed Southern Ohio Medical Center's MOU and the services available to any resident who may need emotional support after an incident of sexual assault/abuse. The services included support while in the hospital, during any investigation/questioning, court appearances, and any on-going counseling needs. The review confirmed that the services are free of charge.

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

The facility has had one allegation of sexual abuse that was determined to be unfounded and was not in need of these services.

Review:

Policy and procedure

Contract with licensed psychologist

MOU with Southern Ohio Medical Center

Emotional Support Training Certificate

Interview with PREA Coordinator

PREA postings

Interview with random residents

Standard 115.254 Third-party reporting

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

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

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

The facility has had one third part report from another institution. This report was administratively investigated and determined to be unfounded.

Review:

Policy and procedure

STAR Community Justice Center's website

PREA postings

Facility tour

Interview with Administrative Investigator

Interviews with random residents

Investigation report

Standard 115.261 Staff and agency reporting duties

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

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

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

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

STARs resident-to resident sexual harassment allegation was reported to staff by a resident and that staff member immediately reported the allegation to the supervisor on duty.

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

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

Review:

Policy and procedure

Ohio revised code

Investigation report

Interview with random staff

Interview with Administrative Investigator
Interview with Program Director
Interview with Operations Supervisor

Standard 115.262 Agency protection duties

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

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

STAR has several separate housing units and several dorms within each unit. This allows the facility to move either the alleged victim or the alleged abuser to another dorm or housing unit within the facility. The facility also has segregation cells that can be used to separate the alleged abuser during the course of the investigation. During the interview process, it was very clear that the safety and security of all residents is their primary concern.

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

The facility has conducted one resident-to-resident sexual abuse allegation during the past year. The alleged resident abuser was removed from the dorm area and once the allegation was substantiated, terminated from the facility.

Review:
Policy and procedure
Investigation reports
Interview with PREA Coordinator
Interview with Program Director
Investigation report

Standard 115.263 Reporting to other confinement facilities

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

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

Upon receiving an allegation that a client 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 notify the facility's PREA Coordinator. The policy requires notification within 72 hours.

Interviews with the Agency's PREA Coordinator and the Executive Director confirmed this practice.

The facility has not received any allegation that they had to make a report to another agency. The facility has received a report from another facility that a resident made a report of an allegation while housed at STAR. The allegation information was turned over to the PREA Coordinator/administrative investigator. The staff-to-resident sexual abuse allegation was determined to be unfounded. The administrative investigation showed that the alleged victim continued to change the story and no video evidence of alleged times, dates, or locations could corroborate the allegation.

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

Standard 115.264 Staff first responder duties

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

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

STAR has a policy outlining first responder duties for any allegation of sexual abuse. The policy contains instructions for how to separate the abuser and victim, protect and preserve evidence until it can be collected by appropriate authorities, do not allow the abuser to destroy evidence, request that the victim does not destroy any evidence, and enacting the PREA coordinated response plan. All staff are trained on first responder duties (security and non-security staff). The facility has a PREA kit that contains all necessary materials for preserving evidence and forms along with a coordinated response plan. All staff are trained in the use of the kit and its location.

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

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

Review:
Policy and procedure
Coordinated response plan/first responder duties
Training records
Interviews with random staff

Standard 115.265 Coordinated response

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

- Does Not Meet Standard (requires corrective action)

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

STAR 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.

The facility has a PREA kit that contains materials to protect and preserve a crime scene and also the coordinated response plan. All staff are trained on the plan and the location of the kit.

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 PREA kit and discussed how they learned to use the kit during training.

Review:

Policy and procedure

Coordinated response plan/first responder duties

Interview with random staff

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

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

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

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

Standard 115.267 Agency protection against retaliation

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

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

The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. The facility has assigned the Operations Specialists as the staff responsible for monitoring against retaliation for at least 90 days. In the case of resident victims, a status check is completed by the facility's emotional support person or if necessary the agency's crisis counselor. Residents who need monitored for retaliation will be placed on the care and concern list where any and all staff and document specific day to day activities of these residents.

The facility has the ability to move victim, abuser, or employees in order to protect against retaliation.

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

The facility has not had a case where retaliation monitoring was necessary.

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

Review:

Policy and procedure

Training records

Investigation reports

Interview with Program Director

Interview with PREA Coordinator

Interview with Human Resource Director

Interview with random staff

Interview with random residents

Standard 115.271 Criminal and administrative agency investigations

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

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

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

The agency investigator was interviewed and walked through the process of investigating any PREA related complaint and how this information is used determine whether an allegation is substantiated, unsubstantiated, or unfounded. The investigators collect all relevant information (interviews with staff, victim, witness, and the abuser; review any surveillance information, and make note of any facility issue that could have aided in the allegation) and pass this information along with a recommendation to the PREA Coordinator if the PREA Coordinator who also acts as an investigator is not completing the investigation. The PREA Coordinator determines the outcome of the investigation.

The investigator's 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 administrative investigator will work with the legal authority for any criminal investigation and remain informed about the progress of any referred allegation.

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

Investigation #1: The facility received a third-party report from another institution that a previous client reported being sexual abused by a staff member when in custody of the facility. An administrative investigation into the allegation determined the allegation to be unfounded. The resident continually changed stories and video evidence could not corroborate any of the versions of the resident allegation.

Investigation #2: The facility received a verbal report from a resident claiming that another resident stuck a pencil into his buttocks (the resident was clothed at the time). Video evidence corroborated the allegation and the abuser was terminated from the program.

The auditor discussed with the administrative investigators their assessment for how a case would be determined to be substantiated, unsubstantiated, or unfounded, and their process for referring to legal authority for a criminal investigation. Neither allegation reached the level for criminal investigation referral. The agency does have an MOU with the Sciota County Prosecutor's office who agree to prosecute for any sexual assault cases.

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

Review:

Policy and Procedure

Investigation reports

Interview with Administrative Investigators

MOU with Scioto Prosecutor's office

Standard 115.272 Evidentiary standard for administrative investigations

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

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

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

The auditor reviewed the allegations with the administrative investigator to ensure that the evidentiary standard of preponderance of evidence was used in the case. The staff-to resident allegation had the appropriate determination of unfounded due to changing testimonial evidence and lack of video corroboration. The resident-to resident allegation had the appropriate determination of substantiated due to video evidence.

Review:

Policy and Procedure

Investigation reports

Interview with PREA Coordinator

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

The victim in the resident-to resident sexual harassment allegation was given notification of the substantiated outcome.

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

Standard 115.276 Disciplinary sanctions for staff

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

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

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

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

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

Review:
Policy and procedure
Employee handbook
Code of ethics
Investigation report
Interview with Human Resource Director
Interview with Executive Director
Interview with random staff members
Interview with PREA Coordinator

Standard 115.277 Corrective action for contractors and volunteers

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

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

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

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

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

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

Review:
Policy and procedure
Contractor/vendor acknowledgement form
Contractor/vendor training video
Interview with PREA Coordinator

Standard 115.278 Disciplinary sanctions for residents

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

The resident-to-resident sexual harassment allegation was determined to be founded and the abuser was terminated from the facility.

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

Standard 115.282 Access to emergency medical and mental health services

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

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

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

If services are necessary, the psychologist will provide appropriate referrals to community resources. The scope of services provided will be determined by the licensed practitioner. The facility's nurse practitioner has the ability to test for sexually transmitted infections and pregnancy testing, and any other testing or medical services that cannot be provided at the facility will be offered in the community.

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

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

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

Review:
Policy and procedure
Investigation reports
Interview with PREA Coordinator
Interview with Nurse Practitioner

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

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

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

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

The facility 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.

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

The facility had one report of a client being abused while at another facility. The resident had already received services at the prior placement and did not want any additional counseling services while at STAR.

The PREA Coordinator and nurse practitioner 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
 PREA initial assessments
 Investigation reports
 Interview with nurse practitioner
 Interview with PREA Coordinator

Standard 115.286 Sexual abuse incident reviews

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

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

STAR Community Justice Center 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 personnel, Caseworker, Investigator, and any other employee deemed appropriate.

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

At the conclusion of the investigation, the team reviewed all aspects of the investigation. The team provided the executive director with recommendations that would help with preventing, detecting, and reporting sexual abuse or sexual harassment. Interview with PREA Coordinator and PREA Manager indicates that all executive director approved recommendations will be implemented.

Neither allegation during this audit cycle required a SART review.

Review:
Policy and procedure
Interview with PREA Coordinator
Investigation report
SART review forms

Standard 115.287 Data collection

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

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

STAR 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 send the data to the Bureau of Community Sanctions PREA liaison, and completes the SSV-4 form.

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

Review:
Policy and procedure
PREA data collection and statistical reporting information
SSV-4
Interview with PREA Coordinator

Standard 115.288 Data review for corrective action

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

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

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

The information in the report has been reviewed and approved by the Executive Director.

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

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

Review:
Policy and procedure
PREA annual report
STAR website
Interview with Executive Director
Interview with PREA Coordinator

Standard 115.289 Data storage, publication, and destruction

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

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

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

The aggregated information from STAR 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
STAR website
Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Kayleen Murray

August 27, 2017

Auditor Signature

Date