

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 16, 2017

Auditor Information			
Auditor name: Mable P. Wheeler			
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Email: wheeler 5p@hotmail.com			
Telephone number: 478-737-2171			
Date of facility visit: July 25, 2017			
Facility Information			
Facility name: Hocking Valley Community Residential Center			
Facility physical address: 111 West Twenty-Nine Drive, Nelsonvile, Ohio			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 740-753-4400			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Kent Butler			
Number of staff assigned to the facility in the last 12 months: 24			
Designed facility capacity: 25			
Current population of facility: 14			
Facility security levels/inmate custody levels: Non Secure Facility; No levels			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Neil Sommers		Title: Program/PREA Coordinator	
Email address: HV_Nmer@seovec.org		Telephone number: 740-753-4400	
Agency Information			
Name of agency: Hocking Valley Community Residential Center			
Governing authority or parent agency: <i>(if applicable)</i> NA			
Physical address: 111 West Twenty-Nine Drive			
Mailing address: <i>(if different from above)</i> Same			
Telephone number: 740-753-4400			
Agency Chief Executive Officer			
Name: Kent Butler		Title: Executive Director	
Email address: HV_Kbutler@seovec.org		Telephone number: 740-753-4400	
Agency-Wide PREA Coordinator			
Name: Neil Sommers		Title: Program/PREA Coordinator	
Email address: HV_Nsommer@seovec.org		Telephone number: 740-753-4400	

AUDIT FINDINGS

NARRATIVE

Hocking Valley Community Residential Center (HVCRC) is a 25 bed staff-secure residential facility for low-risk felony male juveniles from 12 to 18 years of age. Located in Athens County in the city of Nelsonville, Ohio, HVCRC is governed by a board of juvenile court judges from twelve neighboring counties in Southeastern Ohio and funded by the Ohio Department of Youth Services (ODYS). HVCRC has a designed capacity for 45 residents; however, the facility is licensed for 25 residents. Over the past 12 months, the average daily resident population has been 19.25 and the average length of stay for youth is approximately 205 days.

HVCRC employs 25 full-time staff and has zero volunteers. There is a full-time registered nurse to address resident's routine medical needs while physician's care is provided by a local clinic. Thirteen direct care staff and four supervisors provide constant monitoring of residents and group intervention. There are two counselors and a clinical service coordinator to provide individual, group and family counseling.

HVCRC's mission is to provide a safe environment where youth will receive positive rehabilitation that allows them to become productive citizens upon return to the community. The program is family-centered with services provided not only at the facility, but also in the home community. Services include: parenting classes; individual and group counseling; cognitive behavioral therapy based group sessions; drug and alcohol group sessions; individualized educational programming; victims awareness; anger management; life skills; community service; and healthy recreation options. There is transition for reintegration into the community with residents earning off-grounds passes in each level of the program and ending with weekend passes at home with parents.

DESCRIPTION OF FACILITY CHARACTERISTICS

HVCRC grounds consists of a main building, a woodworking shop, a storage building and outside recreational areas. The main building includes; three resident living units (pods); administrative offices; a kitchen/dining area; classrooms; a maintenance bay; a full gymnasium; and a fitness room. Two pods have eight individual sleeping rooms and one pod has nine sleeping rooms. Each pod also has a day room area, a laundry room, a private shower and toilets area. The facility has received technology upgrades since the last audit. Upgrades include additional cameras, dome mirrors and small windows in doors have been replaced with larger windows.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted on June 9, 2017, more than six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the HVCRC's Executive Director. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received well in advance of site visit. The documents, which were uploaded to a UBS flash drive were well organized and easy to navigate.

The on-site audit was conducted July 25, 2017. Shirley Turner, Certified PREA Auditor served as my assistant. After meeting with the facility's management staff and ODYS Central Office staff, a complete tour of the facility was conducted. During the tour, youth were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Observation of the surveillance system monitors revealed cameras do not capture showers, toilets or inside resident's rooms.

During the one-day on-site visit, 14 staff including those from all three shifts were interviewed. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities. Each of the four current residents were also interviewed. Residents were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides. Secondary documentation was thoroughly reviewed.

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 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.

HVCRC meets the requirements of this standard based upon the following evidence:

HVCRC policy 5C establishes a zero tolerance toward all forms of sexual abuse, sexual assault, or sexual harassment between youth on youth, and staff, volunteers and contractors on youth. It outlines how HVCRC will implement its approach to preventing, detecting and responding to sexual abuse or sexual harassment. It includes definitions of prohibited behaviors; includes sanctions for those found to have participated in such behaviors.

HVCRC is a stand-alone facility governed by a board of juvenile court judges from twelve neighboring counties and does not operate any other facilities, therefore there is only the requirement to have a PREA Coordinator. (3.1) HVCRC designates an upper-level staff with sufficient time and authority to develop, implement, and oversee the agency’s efforts to comply with the PREA standards within the facility. The facility’s Program Coordinator serves as the PREA Coordinator. An interview with the PREA Coordinator revealed he has sufficient time to oversee the facility’s PREA compliance efforts and to perform his other duties.

The facility’s organizational chart reveals PREA Coordinator report to the facility’s Executive Director.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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The standard is not applicable; HVCRC is a stand-alone facility governed by juvenile court judges from twelve neighboring counties and does not contract for confinement of its residents.

Standard 115.313 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

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HVCRC Policy 3C- It is the policy of Hocking Valley Community Residential Center (HVCRC) to provide that the staffing Pattern concentrates staff when most youth are in the facility. Juvenile Caseworkers/Staffing Plan requires the development of a staffing plan which mandates a 1:8 staff to resident ratio during waking hours and a 1:16 staff to resident ratio during sleeping hours. The staffing plan is based upon the facility’s licensed capacity of 25 residents; however, the average daily resident population since August 2012 has been 19.25. The facility documents deviations from the staffing plan and the reason for the deviation on the Shift Supervisor’s Report. The facility’s staffing plan and documentation of the annual review of the staffing plan were reviewed and found to be in compliance with this standard.

3.1.b. At least one (1) male staff member will be scheduled at all times to meet the gender Specific criteria.

B.1.c. Staffing patterns shall also reflect additional staff for appropriate security and control during times of Special need (i.e. transports medical emergencies, etc.).

The PREA Coordinator/Designee will conduct and document all unannounced inspections of occupied areas of the building to identify and deter staff sexual abuse and sexual harassment. Unannounced inspections occur during all shifts and staff are prohibited from alerting other staff members that an inspection is occurring. Auditor was provided documentation of unannounced rounds. An interview with Facility Director confirm that unannounced rounds are performed on all 3 shifts.

HVCRC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and harassment.

Standard 115.315 Limits to cross-gender viewing and searches

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

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HVCRC Policy 5C Part 3 Section A states the search consist only of wand searches and room searches and are to be conducted in a manner causing the least amount of indignity and embarrassment to the youth. All staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Frisk, or "pat-down", searches are prohibited by all staff. Strip searches are prohibited by all staff. Body cavity searches require the Executive Director's approval. A body cavity search should only be conducted in exigent circumstances. Once approval has been acquired from the Executive Director, staff should follow all applicable instructions. The resident must be transported to a licensed medical facility for examination by a licensed medical professional. Staff shall remain with youth at all times during search by medical professional. Any required searches of youth are conducted by the local police department.

Hocking Valley Community Residential Center has not completed a request for a body cavity search during this audit period which is from August 2014 to August 2017. Interviews with staff and youth confirm compliance with this standard.

Standard 115.316 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.

HVCRC Policy 5C Part 5 Section A-Prohibition of Discrimination on Basis of Disability Regarding Services Provided requires steps to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility’s efforts to prevent, protect and respond to sexual abuse and harassment. This policy also states the facility will not rely on a resident interpreter, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident’s safety. Resident interviews verified the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months.

HVCRC Policy Prohibition of Discrimination on Basis of Disability Regarding Services requires interpreters or other services needed to assist residents with disabilities are conducted either in-house or through an MOU with Athens-Meigs Educational Services. The facility has developed a form to document the need for assistance or interpretation services for residents.

Athens-Meigs ESC agrees to provide interpreters on an as-needed basis to translate educational materials to youth who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric or speech disabilities or otherwise disabled in the event of admission of youth with such a need. MOU was reviewed for compliance.

HVCRC Policy Sexual Abuse/Assault states staff will provide education in a format assessable to all residents including those who may be limited English proficient, deaf, visually impaired or otherwise with a disability, as well as to residents who have limited reading skills.

Staff training logs documented training regarding PREA compliant practices for residents with disabilities.

Standard 115.317 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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Hocking Valley Community Residential Center (HVCRC) will conduct a criminal background check using fingerprint analysis on all potential employees in accordance with state and federal statutes. All applicants and potential new hires are made aware that they will be subject to criminal background and driving record checks.

Names of potential hires and potential contractors who may come in contact with residents are referred to the Program Coordinator for a criminal background investigation pursuant to Ohio Revised Code 2151.86. HVCRC will consult applicable sex offender and child abuse registries for listings regarding potential new hires, potential contractors who may come in contact with residents and internal promotions of current employees.

Criminal record checks will be completed on at least ten (10) percent of all staff annually during the month of July. All staff will have criminal record checks completed every 5 years.

Policy 5C also requires the consideration of any incident of sexual in determining whether to hire or promote anyone or enlist services of any contractor who may have contact with residents. The Human Resource staff interview verified compliance with this standard.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks was one.

Standard 115.318 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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HVCRC Policy 5c part two section B: Any planning of modification or expansion to the facility should take into consideration the effect of the design, acquisition, expansion, or modification upon H.V.C.R.C. 's ability: to protect residents from sexual harm. When installing or updating video monitoring systems or components, electronic, surveillance system, or other monitoring technology, H.V.C.R.C. shall consider how such technology may enhance the ability to protect residents from sexual abuse.

Since 2014 upgrades to the facility include the addition of new cameras, the installation of dome mirrors and the replacement of small door widows with larger windows throughout the facility.

Standard 115.321 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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HVCRC Policy-Sexual Abuse/Assaults requires the Executive Director to refer allegations of sexual abuse to the Nelsonville Police Department for criminal investigations and to the Athens County Children Services. HVCRC has a MOU with the Nelsonville Policy Department in which the Police Chief agrees to follow uniform evidence protocol as set forth in all elements of this standard.

HVCRC will transport sexual abuse victims to the Ohio Health O'Bleness Hospital for forensic examinations. The policy state that forensic examinations are offered at no cost to the victim. Documentation provided indicates medical examiners at the hospital are SAFE certified. For this audit period Hocking Valley Community Residential Center has not had any forensic medical exams.

The facility's PREA Coordinator received PREA Victim's Support training to accompany and support sexual abuse victims through the forensic medical examination process and investigative interviews to provide emotional support.

An MOU with Child Advocacy Center agrees to provide residents of HVCRC confidential emotional support services related to sexual abuse with forensics medical examinations, either performed by Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE), or, when not available, by other qualified medical professionals in the event of a sexual assault.

Standard 115.322 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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HVCRC Policy 5C Part 5 Section A: Sexual Abuse/Assault requires the immediate referrals of all sexual abuse allegations to the Nelsonville Police Department and the Ohio Department of Children Services. An investigation shall be conducted by Nelsonville Police Department and documented whenever sexual abuse, sexual assault, or sexual harassment is alleged, threatened, or occurs. The Nelsonville Police Department shall receive notification of all allegations of sexual abuse and assault. Discipline and/or additional criminal charges for the alleged aggressor may occur pending the results of the investigation.

In the past 12 months, HVCRC has had one allegation of sexual abuse and has not received any allegations that occurred at another facility. The Nelsonville Police Department was immediately notified of the allegation. At time of audit this allegation is currently under investigation. Interviews with the Executive Director and other staff verified their knowledge of the policy's requirements. The facility followed its policy and documentation of the allegation were reviewed and found to be in compliance with this standard.

ODYS website describes the investigative responsibilities for conducting investigations for the facilities it operates and funds. HVCRC website includes its PREA Sexual Abuse/Assault policy which describes how investigative responsibilities are handled for allegations of sexual abuse.

Standard 115.331 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)

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.

HVCRC Policy 5C Part 5 Section A: Sexual Abuse/Assault, the training curriculum, staff training records and staff interviews revealed staff receive PREA training during initial training and annually during refresher training. Specific topics as outlined in the policy and the curriculum are consistent with this standard's requirements and is tailored to the facility's male resident population. All employees are trained as new hires regardless of their previous experience. Employees training records were reviewed and staff interviews verified staff comprehension of their responsibilities relating to PREA standards. Specific topics covered during PREA training are consistent with this requirement of the standard and is tailored to the facilities male resident population.

Standard 115.332 Volunteer and contractor training

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

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HVCRC Policy 5C Part Five Section A: requires all volunteers and indirect contractors who have contact with youth shall be trained on the prevention, detection, reporting, and response to sexual abuse, sexual assault, and sexual harassment as outlined in this policy. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with youth. Contractors whose positions are included in Table of Organization are considered as "Staff" for PREA training requirement purposes. Certificates of completion were reviewed for volunteers and contractors.

Interviews with volunteers and contractors revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment.

Standard 115.333 Resident education

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

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HVCRC Policy-Sexual Abuse/Assault requires residents to receive comprehensive age-appropriate education regarding the facility's zero tolerance policy and how to report sexual abuse and harassment. Residents are provided a handout entitled "What You Should Know about Sexual Abuse/Assault/Harassment" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. The assigned staff advocate reviews the handout with the resident and the resident signs verifying receipt of the

information. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter.

Staff advocates present the PREA information in a manner that is accessible to all residents. If needed, the facility has an agreement with Athens-Meigs Educational Services to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English deficient.

Hocking Valley Community Residential Center has a copy of the Youth Safety- Report Sexual Abuse or Sexual Harassment in Brail. This copy is stored in the PREA Coordinators office.

Standard 115.334 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)

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HVCRC Policy 5C Part 5 Section A: The Nelsonville Police Department and the Ohio Department of Children Services conduct criminal investigations; however, the PREA Coordinators and the Executive Director received specialized training in investigating sexual abuse in a confinement setting. Certificates of completion for the National Institute of Corrections (NIC) online course were reviewed for both PREA Coordinator and Executive Director.

Standard 115.335 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)

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HVCRC Policy 5C Part 5 Section A: Sexual Abuse/Assault requires PREA training and specialized training for medical staff. A certificate documenting the nurse's participation in specialized training for medical and mental health staff offered on-line by the NIC Learning Center was provided and verified during an interview with the nurse. The nurse does not conduct forensic examinations.

Standard 115.341 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)

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HVCRC Policy 5C part 5 section A -Screening for Sexual Aggression requires staff to screen each resident for risk of victimization within 24 hours of arrival at the facility for sexual vulnerabilities or acting out with sexually aggressive behavior. All youth shall be screened utilizing Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing, program, education, and work assignments shall be made accordingly on a case-by-case basis with the goal to keeping all youth safe and free from sexual abuse and sexual assault. Youth identification or status as gay, bisexual, transgender or intersex may not be considered as an indicator of likelihood of being sexually abusive. Documentation and resident interviews revealed that risk screenings are being conducted and resident interviews confirm they are asked if they have ever been sexually abused, whether they identify with being gay, lesbian, bi-sexual, transgender or intersex. The policy mandates that resident’s risk levels are reassessed every 30 days.

Standard 115.342 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)

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HVCRC consists of three pods with single occupancy rooms. Victimization screening information may be used to determine a resident’s room assignment and its proximity to direct care staff to ensure resident’s safety.

HVCRC Policy 5C part five section A: The Placement of Residents in Living Units provides that a resident would only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. During the last 12 months no residents were placed in isolation because of risk of sexual victimization. Random staff interviews indicated that protective measures would be taken immediately and responses included separating residents; development of a safety plan; provision of close staff supervision; increased monitoring; notification of Shift Leader; and document the situation.

The Placement of Residents in Living Units Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in separate housing based solely on such identification or status and the interviews with residents and staff were aligned with the Policy. The interview with the Therapist and the Policy support that program assignments regarding transgender or intersex residents, including program and housing assignments, would be made on a case-by-case basis. The Policy provides that it is prohibited to consider lesbian, gay, bisexual, transgender or intersex identification or status as an indicator of the likelihood of those residents being sexually abusive. Transgender residents are given the opportunity to shower separately from other residents. The facility reported not having any transgender or intersex residents during the twelve-month audit period.

Standard 115.351 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)

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HVCRC Policy 5C part five section A-Sexual Abuse/Assault provides multi-ways for residents to privately report sexual abuse, sexual harassment, retaliation and staff neglect including; telling a staff member; filing a grievance as outlined in the resident’s handbook and placing the grievance form in a designated grievance box in the pod; and calling Athens County Children Services Hotline.

All staff shall privately and immediately report to the Program Coordinator or Executive Director and promptly document on a Documentation of Report of Sexual Assault/ Abuse/Harassment any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual assault, or sexual harassment that occurred in a facility, whether or not it is H.V.C.R.C.; retaliation against youth or staff who have reported such an incident; and any staff neglect on Violation of responsibilities/duties that may have contributed to an incident or retaliation.

Standard 115.352 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)

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HVCRC Policy 5C part 3 section D outlines how the administrative procedure for addressing resident’s grievances regarding sexual abuse or harassment are handled. All elements of this policy comply with this standard. There have been no grievances relating to sexual abuse filed in the past 12 months.

Interviews with staff and resident confirmed knowledge of how the grievance process can be used to report sexual abuse or harassment. During the tour, grievance forms and grievance boxes were observed to be readily available for residents. The residents’ handbook contains relevant information regarding filing grievances.

Standard 115.353 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)

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HVCRC Policy 5C part five section A-Sexual Abuse/Assault ensures residents are provided access to outside confidential support services. The facility has documentation of attempts to obtain a MOU with Athens County Children’s Advocacy Center to provide emotional support during forensic examinations. The Advocacy Center was contacted to verify services provided and confirmed that they have received no calls from residents at HVCRC in the past 12 months. They also described the emotional support and counseling services that they are able to provide to residents who may be victims of sexual abuse.

There is a pre-programmed phone line located in each pod to allow residents unfettered access this service. Resident interviews revealed they are knowledgeable of how to access this service, what services are offered and the mandatory reporting rule that applies when reporting.

Standard 115.354 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.

ODYS’s website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Also, parents receive information regarding third party reporting. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including their parents. Third-party reporting of sexual abuse, sexual assault, and/or sexual harassment can be submitted via a Third Party Reporting form available on the front counter.

Standard 115.361 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.

All HVCRC staff are mandated reporters and are required by HVCRC Policy 5C part five section A- Sexual Abuse/Assault and Ohio State law to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also helped to verify the facility’s compliance with this standard.

An interview with the nurse confirmed her responsibility to inform residents under 18 years old of her duty to report and limitations of confidentiality.

Standard 115.362 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.

HVCRC Policy 5C part 5 section A–Sexual Abuse/Assault requires residents identified as being at risk for sexual victimization to be placed on Protective Watch under direct supervision until the risk is resolved. There were no residents identified as being at risk for sexual abuse in the past 12 months, as revealed in interviews with the Executive Director and random staff.

Medical and behavioral health services staff shall also report sexual abuse or, sexual assault to their designated supervisor as well as the appropriate Children Services Agency as required by mandatory child abuse reporting laws and in accordance with HVCRC Policy 3-JCRF-3D-05. At the initiation of medical and mental health services, youth shall be informed of the staff’s duty to report and the limitations of confidentiality.

Standard 115.363 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.

HVCRC Policy 5C part five section A-Sexual Abuse/Assault requires the Executive Director to notify the head of another facility upon receiving an allegation that a resident was sexually abused while confined at another facility. An investigation shall be conducted by Nelsonville Police Department and documented whenever sexual abuse, sexual assault, or sexual harassment is alleged, threatened, or occurs. The Nelsonville Police Department shall receive notification of all allegations of sexual abuse and assault. Discipline and/or additional criminal charges for the alleged aggressor may occur pending the results of the investigation. During the past 12 months, there were no allegations of sexual abuse received by Hocking Valley Community Residential Center while in confined to another facility. There have been no allegations of sexual abuse received by Hocking Valley Community Residential Center from other facilities in the past 12 months.

Standard 115.364 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.

HVCRC Policy 5C part five section A ensures the treatment of youth who allege sexual assault or rape is considered a medical emergency. Staff shall follow the agency's written plan to coordinate actions taken in response to an incident of sexual abuse and sexual assault among staff first responders, medical and behavioral health services providers, investigators and the Executive Director.

The first responder, the staff member who first becomes aware of the incident shall take immediate action to protect the victim by physically separating the victim and the aggressor. The staff member shall notify his/her immediate supervisor who shall notify the Program Coordinator and Executive Director. Facts regarding the incident shall be reported in writing without unsubstantiated conclusions, opinions, or accusations. The youth should be viewed as priority and should be given immediate privacy.

In order to preserve and protect any possible evidence, staff shall call 9-1-1 to request emergency squad transport of the youth to O' Bienes Hospital in Athens, Ohio, and law enforcement for investigation of the incident, and secure the crime scene. Only a SANE (Sexual Assault Nurse Examiner) or SAFE (Sexual Assault Forensic Examiner) or emergency physician should perform an examination on the youth. O'Bienes Memorial Hospital staffs the emergency room with such qualified professionals. The Youth Specialist Supervisor shall notify the receiving medical facility, provide information pertaining to the youth 's reason for transport and impending arrival time.

All medical treatment shall be at no cost to the youth.

If the alleged assault occurred within seventy-two (72) hours the alleged victim and aggressor shall be advised by staff not to shower, change clothes, urinate, defecate, drink, eat or otherwise clean themselves, or if the abuse or assault was oral, to not drink or brush their teeth, or otherwise take any action that could damage or destroy evidence. The staff member accompanying the youth should be the same gender to prevent further trauma (depending on the circumstances of the sexual assault) . The Youth Specialist supervisor shall be responsible for notifying the youth 's committing court ODYS, and

youth's parents/guardians. The Youth Specialist Supervisor shall report the alleged incident to the Children Services Agency of the youth 's home county and Athens County Children Services.

The staff member who first became aware of the alleged incident shall complete the "PREA Incident- Initial Contact Checklist" no later than the end of the next The Youth Specialist Supervisor shall complete the "PREA Incident - Supervisor Checklist" no later than the end of the next working day and forward the form to Program Coordinator.

There was no allegations of sexual abuse during the past 12 months.

Standard 115.365 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.

HVCRC has a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. Interviews with the Executive Director and other staff revealed that they are knowledgeable of their duties in response to a sexual assault.

Standard 115.366 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.

This standard is not applicable. HVCRC does not maintain any collective bargaining agreements.

Standard 115.367 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.

HVRC Policy 5C part five Section A-Sexual Abuse/Assault designates the Program Coordinator the responsibility of monitoring of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. There were no incidents of retaliation in the past 12 months.

Standard 115.368 Post-allegation protective custody

- 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.

HVCRC Policy 5C part two Section C ensures that Hocking Valley Community Residential Center does not have segregated housing; however, restricting a resident to his single room may be used as a last measure to keep a resident who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. No residents have alleged sexual abuse in the past 12 months.

Standard 115.371 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.

Hocking Valley Community Residential Center does not conduct its own investigations on sexual assault/abuse allegations.

HVCRC Policy-Sexual Abuse/Assault requires the Executive Director to report allegations of sexual abuse to the Nelsonville Police Department and the Ohio Department of Children Services for investigations. There have been no investigations of alleged resident sexual abuse in the facility that were investigated in the past 12 months.

Standard 115.372 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.

HVCRC Policy 5C part five section A dictates that HVCRC does not conduct administrative or criminal investigations, therefore imposing a standard of preponderance of evidence or lower standards of proof for determining if allegations are substantiated does not apply.

Standard 115.373 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.

HVCRC Policy 5C part five Section A states relevant information will be requested from the investigative agency in order to inform the resident of the results. The policy requires following an investigation, the resident who made the allegation be informed as to whether an allegation proves substantiated, unsubstantiated or unfounded.

There were one criminal investigation during the past 12 month. This case is currently under investigation. Therefore, no notices have been sent.

The PREA Coordinator's interview revealed he is knowledgeable of the reporting process.

Following a resident's allegation a staff member or another resident committed sexual abuse against a resident, the agency will subsequently inform the resident (unless the agency has determined the allegation is unfounded) of the status of the staff member or other resident.

Standard 115.376 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.

HVCRC Policy 5C part one section C-Probationary Term/Demotions and Terminations requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or sexual harassment policies. The policy also mandates the violation be reported to law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility’s sexual abuse or harassment policies.

Standard 115.377 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.

HVCRC Policy 5C part one section G-Screening and Selection requires volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents to be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. This was verified during an interview with the Executive Director. There have been no volunteers or contractors reported in the past 12 months.

Contractors and volunteers acknowledge receipt of the PREA training. During the past 12 months, there have been no contractors or volunteers who have been reported for a violation of PREA policies. A review of documentation, and interviews conducted with the Administrator, a contractor and a volunteer confirmed that the PREA training occurs. The volunteers and contractors are aware of the zero-tolerance policies and how to report allegations of sexual abuse and sexual harassments of residents.

Standard 115.378 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.

HVCRC Policy 5C part three section C mandates any resident found in violation of the facility's zero tolerance policy against sexual abuse, assault, or harassment will result in consequences up to and including issuance of a behavior report.

Hocking Valley Community Residential Center has had no threats of sexual abuse during this audit period.

Hocking Valley Community Residential Center has had one allegation that is still pending. Nelsonville Police Department is currently investigating the allegation.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- 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.

HVCRC Policy 5C part five section Juvenile Service-Screening for Sexual Aggression requires residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse to be referred to a licensed counselor to monitor and provide services on an on-going basis. Referrals for follow-up are documented on the residents Risk of Victimization Screening form. Staff interviews verified compliance with this standard. Medical/mental health staff obtain informed consent from residents 18 years of age.

Standard 115.382 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.

HVCRC Policy 5C part four section C- Sexual Abuse/Assault requires staff to call 911 for emergency transport of the victim to the Ohio Health O'Bleness Hospital for a forensic examination at no cost to the victim. Staff are required to document the response and timeliness of emergency medical treatment and access to crisis intervention services for victims of sexual abuse. There have been no victims of sexual abuse in the past 12 months; however, the nurse's interview verified that documentation would be recorded on the Medical Care Form. Random staff interviews revealed victims who allege sexual abuse would be taken to on-duty medical staff. However, if medical staff is not on duty steps would be taken to protect the victim and medical staff would be notified.

Standard 115.383 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.

H.V.C.R.C. Policy 5C part four section health care-shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

HVCRC Policy-Sexual Abuse/Assault requires immediate and follow-up treatment for victims of sexual abuse. Initially, victims of sexual abuse will be transported to the Ohio Health O’Bleness Hospital where he will receive treatment and where physical evidence can be gathered by certified SAFE medical examiner. There have been no sexual assault victims in the past 12 months; however, if needed, procedures are in place as verified during staff interviews.

Standard 115.386 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.

HVCRC Policy 5C part five section A –requires a review of every sexual abuse allegation at the conclusion of the investigation within 30 days. The facility has a sexual abuse and review form in place to document such reviews.

Hocking Valley Community Residential Center has had one criminal or administrative investigation of sexual abuse in the past 12 months. Nelsonville Police department currently has an open investigation into the allegation.

Standard 115.387 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.

HVCRC Policy 5C part five section A -has developed a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. The facility’s PREA Coordinator is responsible for collecting all data relating to PREA. The facility was not required to complete the Survey of Sexual Abuse Violence conducted by the U.S. Department of Justice in 2012. A review of the annual report revealed it was completed correctly according to this standard.

Standard 115.388 Data review for corrective action

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

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

The facility’s annual report contains no data since there were no sexual abuse allegations within the past 12 months and a review of data was documented to improve the effectiveness of its prevention, protection and response policies, practices and training.

Standard 115.389 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.

HVCRC Policy 5C part one section E addresses this standard. The Policy and reviewed practices provides that the incident-based and aggregate data and other related documents are securely retained. The Policy also provides for the required data to be maintained for at least 10 years after the date of its initial collection unless a state, federal or local law requires. A review of facility’s website reveals the aggregated sexual abuse data is readily available and all personal identifiers have been removed.

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.

Mable P. Wheeler

August 16, 2017

Auditor Signature

Date