

PREA AUDIT: Auditor's Summary Report

JUVENILE FACILITIES



Name of Facility: Hocking Valley Community Residential Center			
Physical Address: 111 West Twenty-Nine Drive, Nelsonville, Ohio 45764			
Date report submitted: July 9, 2014			
Auditor information: Flora Boyd			
Address: 5 Rosemount Court, Blythewood, South Carolina 29016			
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Telephone number: 803-312-5199			
Date of facility visit: June 16-17, 2014			
Facility Information			
Facility Mailing Address: (if different from above) Same as Above			
Telephone Number: 740-753-4400			
The Facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: N/A	Title:	N/A	
Email Address: N/A	Telephone Number:	N/A	
Agency Information			
Name of Agency: Hocking Valley Community Residential Center			
Governing Authority or Parent Agency: (if applicable) Executive Board of Hocking Valley Community Residential Center			
Physical Address: 111 West Twenty-Nine Drive, Nelsonville, Ohio 45764			
Mailing Address: (if different from above) Same as Above			
Telephone Number: 740-753-4400			
Agency Chief Executive Officer			
Name: Tammy Bauman	Title:	Executive Director	
Email Address: hv_tbauman@seove.org	Telephone Number:	740-753-4400 ext. 235	
Agency Wide PREA Coordinator:			
Name: Duane Nakanishi	Title:	Program Coordinator	
Email Address: hv_dnakanish@seovec.org	Telephone Number:	740-753-4400 ext. 204	

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 12.6 and the average length of stay for youth is approximately 6 ½ months.

HVCRC employs 33 full-time staff and has seven 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 is equipped with a surveillance monitoring system with 38 surveillance cameras throughout the facility.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on May 2, 2014, 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 on May 16, 2014. The documents, which were uploaded to a UBS flash drive were well organized and easy to navigate. The initial review revealed the need for corrective action in regard to some policies and procedures not sufficiently

addressing standards and for documentation that was not provided. After discussing noted concerns with the HVCRCs management team, steps were taken to address each policy concern and required documentation was also provided. Specific actions taken to correct deficiencies are summarized in this report under the related standard.

The on-site audit was conducted June 16-17, 2014. 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.

Over the two-day on-site visit, 13 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. Five of the eight 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: **0**

Number of standards met: 38

Number of standards not met: **0**

Number of standards Not Applicable: **3**

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 comments:

The initial review of HVCRC Policy-Sexual Abuse and Assault revealed the policy did not address sanctions for residents. To be in compliance with this standard corrective action was taken by adding sanctions for residents to the policy.

The policy outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The policy also provides strategies and responses for reducing and preventing sexual abuse and harassment.

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. 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.

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)
- ☒ Non- Applicable Standard

Auditor comments:

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)

Auditor comments:

HVCRC Policy-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 12.6. 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.

HVCRC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and harassment. Documentation of a recent \$175,503 request to upgrade some cameras to high definition and to add more cameras throughout the facility was provided as an example of how adjustments are determined in an effort to prevent sexual abuse and harassment.

Due to a misinterpretation of this standard’s requirement for intermediate or upper level staff to conduct unannounced rounds, there was no documentation of such rounds. Corrective action was taken to ensure the Executive Director or the Program Coordinator/PREA Coordinator conduct and document their unannounced rounds. Since the on-site audit, documentation reviewed over a three week period revealed unannounced rounds on all shifts and in all areas of the facility are being conducted.

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)

Auditor comments:

HVCRC Policy-Control of Contraband did not address cross-gender pat searches because they are not conducted at the facility; however, corrective action was taken to add a statement that frisk or pat-down searches are prohibited by all staff and that searches will only consist of wand searches and room searches.

Body cavity searches require the Executive Director’s authorization and must be conducted by licensed medical personnel in a medical establishment. This was verified during interviews with residents. There were no pat-down searches conducted by any staff during the past 12 months.

HVCRC Policy-Juvenile Movement states residents perform bodily functions and shower privately except in exigent circumstances or when viewing is incidental to routine room checks. The policy requires female staff, volunteers and contractors entering the housing unit to announce themselves. Resident interviews verified this is done on a consistent bases.

HVCRC Policy-Contraband Control prohibits the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status and staff interviews verified compliance. Staff training records and staff interviews confirmed that all direct care staff received training on cross-gender pat searches and searches of transgender and intersex residents.

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 comments:

HVCRC Policy-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 jeopardies 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 either in-house or through a MOU with Athens-Meigs Educational Services. The facility has developed a form to document the need for assistance or interpretation services for residents.

HVCRC Policy Sexual Abuse/Assault states staff will provide all residents 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)

Auditor comments:

Initial review of HVCRC-Policy Criminal Records Check revealed that the policy did not specifically require a background check or consulting with child abuse registries before enlisting services of any contractor who has contact with residents. Corrective action was taken to ensure that all elements of this standard were addressed in the facility's policy.

A review of staff files revealed the three staff hired during the past 12 months had documented criminal background checks and the questions regarding past conduct were asked and responded to during the interview process. Additionally, the two contracts for service providers, who have contact with residents had documented criminal background checks.

According to HVCRC Policy-Criminal Records Checks and based upon reviewed documentation, background checks are conducted every five years. Applicants are required to sign acknowledging material omission regarding misconduct, or false information are grounds for termination.

Standard 115.318- Upgrades to Facilities and Technology

- 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 comments:

HVCRC has not acquired any new facilities since August 20, 2012. Documentation of a recent \$175,503 request to upgrade some cameras to high definition and to add cameras throughout the facility was provided as an example of how adjustments are determined in an effort to prevent sexual abuse and harassment.

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)

Auditor comments:

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 Ohio Department of Children Services. HVCRC has a MOU with the Nelsonville Police 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 was amended to specifically state that forensic examinations are offered at no cost to the victim. Documentation provided indicates medical examiners at the hospital are SAFE certified.

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.

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)

Auditor comments:

HVCRC Policy-Sexual Abuse/Assault requires the immediate referrals of all sexual abuse allegations to the Nelsonville Police Department and the Ohio Department of Children Services. In the past 12 months, HVCRC has had no allegations of sexual abuse and has not received any allegations that occurred at another facility. Interviews with the Executive Director and other staff verified their knowledge of the policy's requirements.

ODYS's website describes the investigative responsibilities for conducting investigations for the facilities it operates and funds. HVCRC is in the process of setting up a website which will include its Sexual Abuse/Assault policy which describes how investigative responsibilities are handled for allegations of sexual abuse.

Standard 115.331- Employees 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 comments:

HVCRC Policy-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.

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)

Auditor comments:

HVCRC Policy-Sexual Abuse/Assault requires volunteers and contractors who have contact with residents to receive PREA training on the prevention, detection, reporting and response to sexual abuse, assault or sexual harassment. Initial review of volunteer training records revealed volunteers were given a brochure about PREA and asked to sign acknowledging their understanding of what the brochure contained regarding PREA. Corrective action was taken and the volunteers took the National Institute of Corrections (NIC) Learning Center online three-hour training program or they were provided with the same training provided to staff. Certificates of completion or training rosters were provided to document their training. An interview with a volunteer revealed she is knowledgeable concerning her 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)

Auditor comments:

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.

Standard 115.334- Specialized Training: Investigation

- 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 comments:

The Nelsonville Police Department and the Ohio Department of Children Services conduct criminal investigations; however, the PREA Coordinators and the Executive Director have both had specialized training in investigating sexual abuse in a confinement setting. Documentation of this training was reviewed and is in compliance with the requirements this standard.

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)

Auditor comments:

HVCRC Policy –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- Obtaining information from 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 comments:

HVCRC Policy-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. Documentation and resident interviews revealed that risk screenings are being conducted however staff and resident interviews indicated they were not asked whether they identify with being gay, bi-sexual, transgender or intersex. Corrective action was taken immediately to update the risk of victimization screening form to ensure residents are asked the question so the response is not solely based upon the interviewer’s perception. Documentation confirming use of the revised screening form has been verified. The policy mandates that resident’s risk levels are reassessed every 30 days.

Standard 115.342- Placement of Residents in housing, bed, program, education and work Assignments.

- 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 comments:

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-Sexual Abuse/Assault was amended to preclude gay, bi-sexual, transgender and intersex residents being placed in a particular housing and resident's identification with being LGBTI may not be considered as an indicator of the likelihood of the resident being sexually abusive. Staff interviews also verified compliance with this standard.

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)

Auditor comments:

HVCRC Policy-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.

During the tour of the facility, I asked a resident to show me how he would call the hotline number to report a sexual abuse. The resident retrieved a laminated business card from his room and walked over to the direct care staff and handed the card to her. One side of the card read, "I need to place a call to the hotline number" and it had two toll-free numbers on the card. The other side of the card instructed staff not to ask any questions and proceed to an office location and dial the number for the resident. The direct care staff followed the instructions and escorted the resident to an office where she picked up the phone and asked the resident which of the two numbers he wanted her to call.

This procedure was put into place as an attempt to provide residents unfettered access to report sexual abuse to an outside entity privately. Corrective action was taken by installing a dedicated pre-programmed telephone line to the Athens County Children Services in each housing pod. Pictures documenting the installation of the phones and resident education rosters documenting a session where residents received information regarding the new procedure for calling the hotline. The education session also provided information regarding the services provided.

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)

Auditor comments:

HVCRC Policy-Grievance Procedures 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 or sexual harassment filed in the past 12 months. Staff and resident interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse or harassment.

Standard 115. 353- Resident Access to Outside Support Services and Legal Representation

- 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 comments:

HVCRC Policy-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. After corrective action was taken, there is a pre-programmed phone line located in each pod to allow residents unfettered access this service.

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 comments:

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.

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 comments:

All HVCRC staff are mandated reporters and are required by HVCRC Policy- 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 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 comments:

HVCRC Policy –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.

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 comments:

HVCRC Policy-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. During the past 12 months, there were no allegations received that a resident was abused while confined to another facility nor were there allegations of sexual abuse received by HVCRC from other facilities.

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 comments:

HVCRC Policy-Sexual Abuse/Assault requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There were no allegations of sexual abuse during the past 12 months. Random staff interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

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 comments:

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)
- ☒ Non-Applicable Standard

Auditor comments:

NCORC is not a collective bargaining agency.

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 comments:

HVRC Policy-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 comments:

HVCRC does not have isolation rooms 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 comments:

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 Standards 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)
- Non-Applicable Standard

Auditor comments:

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 comments:

There were no criminal or administrative investigations during the past 12 months. Therefore, there have been no notices sent to residents. HVCRC Policy- sexual Abuse/Assault was amended to address the process for notifying residents should the need arise and an allegation proves substantiated, unsubstantiated or unfounded. The PREA Coordinator was interviewed and he was knowledgeable about the reporting process and has developed a form to document reporting this information to residents.

Standard 115. 376- Disciplinary 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 comments:

HVCRC Policy-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 comments:

HVCRC Policy-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.

The initial review of the policy revealed no requirement that contractors and volunteers who engage in sexual abuse are prohibited from contact with residents. Corrective action was taken by amending the policy to require facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers.

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 comments:

HVCRC Policy- Rules of Conduct outlines categories of violations and sanctions that may be imposed if allegations are founded by the facility's disciplinary hearing process. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

Standard 115. 381- Medical and Mental screening; 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 comments:

HVCRC Policy-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 comments:

HVCRC Policy- 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.

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 comments:

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. A follow-up assessment will be conducted by a licensed counselor to determine the impact of the crisis on the victim and the abuser. 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 comments:

HVCRC Policy-Sexual Abuse/Assault requires upper level staff to conduct a sexual assault incident review within 30 days of the conclusion of each investigation. There were no criminal or administrative investigations of sexual abuse in the past 12 months. The facility has developed a review form to be used should such allegations occur.

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 comments:

HVCRC 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 comments:

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 comments:

HVCRC Policy-Sexual Abuse/Assault requires that sexual abuse and sexual harassment data to be collected and securely retained for 10 years according with the facility's records retention policy. HVCRC distributes an annual report of the aggregate data to ODYS and to its 12-member governing body. The aggregated sexual abuse data will be contained on the facility's website once it is fully operational.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.



Auditor's Signature

Date: July 15, 2014