

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

Date of report: August 18, 2016

Auditor Information			
Auditor name: Kayleen Murray			
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Email: kmurray.prea@yahoo.com			
Telephone number: 740-317-6630			
Date of facility visit: Click here to enter text.			
Facility Information			
Facility name: OhioLink-Toledo			
Facility physical address: 2012 Madison Avenue Toledo, Ohio 43604			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 419-241-4308			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Lisa Banks			
Number of staff assigned to the facility in the last 12 months: 19			
Designed facility capacity: 64			
Current population of facility: 37			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18 & up			
Name of PREA Compliance Manager: Lisa Banks		Title: Regional Manager	
Email address: lisa.banks@alvis180.org		Telephone number: 419-241-4308	
Agency Information			
Name of agency: Alvis, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2100 Stella Court Columbus, Ohio 43215			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: Denise Robinson		Title: President/CEO	
Email address: denise.robinson@alvis180.org		Telephone number: 614-252-8402	
Agency-Wide PREA Coordinator			
Name: Ramona Swayne		Title: Managing Director	
Email address: ramona.swayne@alvis180.org		Telephone number: 614-252-8402	

AUDIT FINDINGS

NARRATIVE

The PREA audit for OhioLink-Toledo Halfway House was conducted on July 11-12, 2016 in Toledo, Ohio. As part of the Alvis House residential corrections program, the facility focuses on successful transition from correctional supervision to community. The facility emailed the auditor documentation relevant to showing compliance with each of the standards. This documentation included the pre-audit questionnaire, policy and procedure, facility floor plan with camera coverage marked, MOU's, investigation reports, staffing plan, and other PREA forms. The auditor received this information prior to the audit and received additional documentation while conducting the onsite visit.

During the audit, the auditor toured the facility and conducted informal and formal staff and client interviews. It was noted during the tour that multiple PREA audit notices were posted in conspicuous places throughout the facility. The notices included the name and address of the PREA auditor and the date posted was six weeks prior to audit. All client areas including the bathroom has posters which informs clients on the ways in which they can report an allegation; the phone numbers and addresses of agencies they can report including anonymously; and that they can report to any staff member at any time in writing or verbally. Staff post areas have a PREA posters which includes first responder duties and the facility's coordinated response plan.

Four random clients from the two housing units (10% of the population) were interviewed, two from the male housing unit and two from the female housing unit. There were no residents who identified as LGBTI, so a random sample of clients was chosen from the various dorm rooms. Residents were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures and postings, and the zero tolerance policy.

Also interviewed were specialized staff. This staff includes the PREA Coordinator (also Investigator), PREA Compliance Manager (also Investigator), Operations Manager, Program Manager, Human Resource Generalist, Emotional Support Personnel, the local hospitals SANE Coordinator, and the HOPE Center Director. The facility does not provide on-site medical or mental health services. Random staff were questioned about PREA training, how to report, to whom to report, filing reports, investigations, conducting interviews, follow-up and monitoring retaliation, first responder duties, and the facility's coordinated response plan.

After a brief opening with agency staff, the auditor toured the facility. The tour consisted of examining all dorm areas, group rooms, day rooms, bathrooms, operations post, utility areas, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs were also completed. The auditor gave a closeout and shared some of the immediate findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

OhioLink-Toledo is a halfway house located in Toledo, Ohio that serves adult male and female offenders. The facility is a one story building with two trailer annex buildings on the lot. The facility can house up to 64 offenders. To access the facility, one must be buzzed into a lobby area where they will be sign-in by staff. Clients would access the same entrance and be subject to a pat-down which is visible by video surveillance or residents may receive an enhanced pat down (residents receiving an enhanced pat down will be moved to a room where they will strip down to their lowest level of clothing besides their underclothes) which is also visible by video surveillance.

The facility is equipped with 32 surveillance cameras which can record and play back up to 30 days. The cameras are placed strategically throughout the interior and exterior of the building as well as in the annexed trailers. There are also multiple security mirrors to enhance security in vulnerable areas. The facility is divided into two separate sections for the male and female offenders with a shared cafeteria and outside recreation space. The male and female clients are kept separated and are viewed by staff either by escort or on camera when moving from one area to the next. Clients who are unescorted must be buzzed through doors by staff. The facility uses SecurManage system to assist in accountability for conducting four head counts per shift and circulation rounds every 30 minutes, as well as security and perimeter checks throughout the facility. Community Reentry Specialist (CRS) are required to conduct more frequent checks in areas that are considered blind spot areas.

The annexed trailers will house staff offices and group rooms. The office design will include windows in every office or group room to provide clear line of site views. Currently these trailers are not in use. Once all remodeling is complete, clients will access these trailers by staff escort. The trailers will be equipped with cameras on the inside and out to enhance security.

There are several dorms in the two housing units. The female wing has 1 12-bed dorm, 1 8-bed dorm, and several two bed dorm rooms. The male wing has 1 6-bed dorm, 1-5-bed dorm, 1-3bed dorm, and several 2-bed dorms. Clients that have been given a classification of vulnerable or abusive would be housed in one of the two bed rooms closest to the main post area. All rooms are designed to minimize blind spot areas. Transgender or intersex clients would be housed in a two bed dorm that is sectioned off from the other living units. These dorm rooms have access to a single use restroom and shower.

The facility offers several programs designed to successfully reintegrate male and female offenders back into the community. Reentry Services include cognitive behavioral treatment, chemical dependency treatment, workforce development, case management, mentoring, housing assistance, and links to community services and support; the GED Program serves as the first step toward attending college or technical skills training and helping clients achieve financial stability; and the Workforce Development Program provides job readiness training, skills training, job placement assistance, mentoring, and job retention support.

SUMMARY OF AUDIT FINDINGS

OhioLink-Toledo halfway house program has had two PREA allegations during this audit cycle. The allegations were contractor to client sexual harassment and staff-to-client sexual harassment. Both allegations were determined to be substantiated. The substantiated allegation was referred to the Toledo Police Department for criminal investigation. OhioLink staff interviewed indicated that they received formal PREA training during orientation as well as monthly as part of their annual training. Staff on all three shifts including security and program staff were able to discuss their responsibility as a first responder, how to report or respond to an allegation of sexual abuse, sexual harassment, or retaliation.

Staff were sure of their education and training and would be capable to responding to any allegation appropriately. Clients interviews from the facility seemed well versed on their rights under the PREA standards and knew who and how they could report including anonymously. All clients receive information at intake with the phone number and address of inside and outside agencies that could help and knew the location of posters. Services with the Hope Center for victim advocacy services and with St. Vincent Hospital for SANE practitioners are in place.

Overall, the auditor was left with the impression that the agency as a whole and the facility specifically take PREA compliance seriously. The agency has implemented policies and practices that allow facility leadership to provide their staff with training and equipment that ensures the safety of all clients.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

OhioLink-Toledo adheres to the Alvis House agency zero tolerance policy. The policy outlines the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The agency’s Managing Director serves as the agency wide PREA Coordinator and reports to the agency’s President/CEO. The auditor spoke with the PREA Coordinator concerning her authority to develop, implement, and oversee the agency’s efforts to comply with PREA standards. During the interview, it was clear that the PREA Coordinator has sufficient time and authority to implement the agency’s policies and practices in an effort to obtain and maintain compliance.

At the OhioLink-Toledo facility, the Regional Director serves as the facility PREA manager. The Regional Director would report any PREA related issues to the Coordinator. During the interview, the Regional Director noted that she has sufficient time and authority to implement all policies and practices related to obtain and maintaining compliance with PREA standards.

Review:
Policy and procedure
Interview with PREA Coordinator/Managing Director
Interview with PREA Manager/Regional Director
Past Interview with President/CEO

Standard 115.212 Contracting with other entities for the confinement of residents

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

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N/A: The PREA Coordinator reports that the facility is operated by a private agency and does not contract with other agencies for offender placement

Standard 115.213 Supervision and monitoring

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The agency has a policy requiring each facility complete a staffing plan that provides for adequate levels of staffing and where appropriate video monitoring equipment to protect clients against sexual misconduct. The staffing plan reviews the physical elements of the building including the placement of cameras and identified blind spot areas; plans for prevention and detection including coverage of blind spot areas, requiring staff to have blinds or doors open when clients are in the office, and proper placement of SecurManage scan tags to ensure CRS staff are conducting proper and timely tours throughout the facility; and ensuring proper staff to clients ratios and that staff have been properly trained on the PREA standards. The plan also reviews the number and types of allegations during that year and ensures all recommendations have been implemented.

The facility has a total of 32 cameras (internally and externally) that aid in the supervision of clients. The cameras record to a digital server and are capable of a thirty day play back. A Community Reentry Specialist (CRS) is at the main post 24 hours a day. This staff member will monitor cameras, complete pat downs on clients entering the building, sign clients in and out of the building, and grant access to visitors who must be buzzing into the facility and sign-in. Clients have supervised access to a rec yard area and male and female clients have separate rec yard time. CRS staff complete four house checks per shift and a walkthrough every 30 minutes.

The plan is required to be reviewed annually.

During the most recent review, the PREA Coordinator along with the Regional Director and Operations Manager completed a walkthrough of the facility and discussed areas of concern and implemented a plan of action to correct all deficiencies. The facility has installed 16 new cameras and updated their floor plans.

There have been no reports of deviations to the staffing plan.

- Review:
- Policy and procedure
 - Facility tour
 - Staffing plan
 - Floor plan with identified blind spots
 - Interview with PREA Coordinator
 - Interview with Regional Director
 - Interview with Operations Manger

Standard 115.215 Limits to cross-gender viewing and searches

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

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Per agency policy, the facility does not permit body cavity or strip searches. The facility houses both male and female clients and has trained female staff on how to properly pat down a male client. Male staff members are not permitted to pat down female clients. The

facility conducts enhanced pat downs (striped to the lowest layer of clothing excluding underclothes). All pat downs including the enhanced pat downs are completed in camera view. All employees are trained on the proper techniques to an enhanced pat down during orientation and can watch a video on Alvis Houses' You Tube channel for a refresher at any time.

The facility allows for clients to shower, perform bodily functions, and dress in areas not viewable to staff. The male bathroom has separate areas for showering and using the toilet. The main door the restroom is open but the toilets have individual stalls and doors while the shower area has a curtain to block off the area as well as individual shower curtains for each shower stall. The urinals do not have a door or curtain blocking this area. The female restroom has two toilets with stall walls and doors and a shower curtain to cover the shower area. The three shower stalls also have individual shower curtains. Staff performing security checks announce themselves before entering the toilet or shower area. The facility has not had an incident of incidental viewing.

The facility has not housed a transgender or intersex client but has housed safely a cross dressing client. The facility is equipped with four rooms in two group clusters that can house two clients and have a single use restroom next door. These rooms are near the main post and offer a more secure environment for housing transgender or intersex clients safely. The agency has a policy for professional, respectful transgender/intersex client pat downs. All staff members are trained during orientation at Alvis House's live academy where staff will practice appropriate pat downs, cross-gender pat downs, and transgender/intersex pat downs on manikins.

During interviews with staff, all indicate that they have been trained properly on how to conduct a variety of pat downs and have viewed the training video posted on the You Tube Channel. The staff members felt comfortable with their training and no issues have been reported concerning the pat down process.

During interviews with clients, the auditor noted that all clients reported that the pat downs were conducted professionally and respectfully. At no time did a resident complain that they were uncomfortable in a sexualized way during a pat down.

Review:
Policy and procedure
Facility tour
Interview with Operations Manager
Interview with random staff
Interview with random clients

RECOMMENDATION:

The auditor recommended that the facility install a curtain to block off the area in the male restroom where the urinals are located. During the tour it was noted that there were spots inside the restroom and just outside the door where it was possible to view a client using the urinal.

FACILITY RESPONSE:

The facility has installed a shower rod with curtain in order to offer privacy to clients using the urinal. The curtain was installed and a picture notification was sent to the auditor two days after the completion of the audit.

Review:
Photo

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

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

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

The agency has a policy that calls for the reasonable accommodations for clients that allow for them to be able to benefit from program

services. These services are for clients who may have a physical, mental, or cognitive disability or for clients who may be limited English proficient. The facility works with community partners to address specific individual needs so that clients can benefit from all aspects of the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The facility staff are instructed to ensure that all aspects of PREA are communicated to all clients regardless of mental, physical, or cognitive disability or language barrier. If there is not a qualified staff member to assist the client, a community partner will be contracted to aid the client in understanding agency rules, PREA, and other regulations. At no time will another client be used for interpretive services unless a delay in services would compromise the client's safety, the performance of first responder duties, or an investigation.

The facility does not currently house any client needing these services.

Review:
Policy and procedure
Interview with random staff
Interview with Regional Director

Standard 115.217 Hiring and promotion decisions

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

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Alvis House has a policy that prohibits any of the facilities it operates to hire or promote staff (including contractors and volunteers) that have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility, nor will they hire or promote anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse in the community. The facility conducts a NCIC/NLETS background check on all employees and volunteers. A report is generated every month from payroll and any employee who has a five year anniversary that month will receive a background check. A random review of 10 employee files shows that all employee background checks are up to date. The agency documents all contact with previous employers.

The employee application requires all applicants to reveal if they have been convicted of sexual abuse in a prison, jail, lockup, or community confinement facility or convicted of engaging or attempting to engage in sexual activity in the community by force (over or implied) or coercion, or if the victim did not consent or was unable to consent; and if they have been civilly or administratively adjudicated to have engaged in the above activity.

The agency also has a PREA acknowledgement form that all staff sign. The form reviews the agency's zero tolerance policy and all expectations under the PREA guidelines including the continuing affirmative duty to report any allegation against the employee.

Employees who would like to move up within the agency will have to submit a letter of interest to the HR Department. The HR Department will assess the eligibility of the employee by reviewing performance appraisals, disciplinary records, and personnel action reports. Employees who have a disciplinary report that includes a substantiated allegation of sexual harassment will not be considered for the position.

The auditor reviewed 10 random employee files. The review included onboarding documentation, employment application, reference checks/verification, interview forms, disciplinary records, training records, background checks, employee handbook, code of conduct/ethics acknowledgement, and promotions.

The auditor interviewed the Human Resource Generalist concerning their method for ensuring all employees receive their initial and five year background checks, the process for promotions, and the onboarding process. It was noted by the auditor that while the HR Department completes reference checks for all candidates for employment, the agency did not document whether they contacted past institutional

employers for information on substantiated allegations of sexual abuse or if the employee resigned during a pending investigation of an allegation of sexual abuse. The HR Generalist confirmed that at this time the agency is not complying with this part of the standard.

Review:
Policy and procedure
Employee ethics acknowledgement
Employee files
Onboarding documentation
Interview with HR Generalist

RECOMMENDATION:

The auditor recommended that the HR Department include on its reference check/verification form a section for ensuring the applicant does not have a substantiated allegation of sexual abuse or resigned during an investigation for allegation of sexual abuse.

FACILITY RESPONSE:

The Human Resource Department developed language to include on the employment check/verification form which included ensuring that past employers did not report a substantiated allegation of sexual abuse or a resignation during an investigation of sexual abuse.

Auditor approved the language and it has been added to the verification form.

Review:
Reference check/verification form

Standard 115.218 Upgrades to facilities and technologies

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

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 is currently experiencing tremendous growth. The Regional Director reports needing to add two trailers adjacent to the facility to use for programing and staff offices. The trailers have cameras both inside and outside for added security measures. Clients will need staff to open the door in order to access the trailers and will be under the direct supervision of staff while in the trailers. The trailers are a temporary arrangement until a larger facility can be secured.

The Regional Director and the Operations Manager discussed the search for a new facility with the auditor. They reviewed the process for including or excluding a building during the search which included identifying blind spot areas, having clear lines of site in offices and group rooms, and ways in which staffing and electronic monitoring could help in the prevention, detection, and responding to sexual abuse and sexual harassment.

Review:
Facility tour
Floor plans
Interview with PREA Coordinator
Interview with Regional Director
Interview with Operations Manager

Standard 115.221 Evidence protocol and forensic medical examinations

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

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The facility conducts administrative investigations into allegations of sexual abuse and sexual harassment. If at any time during the investigation the incident appears to be criminal in nature, the PREA investigator will refer the case to the legal authority for a criminal investigation. The facility has documented attempts to enter into an agreement with the Toledo Police Department as they have the legal authority to investigate criminal conduct at the facility. At this time the facility has not received a response from the police department.

The facility will use St. Vincent’s Hospital in Toledo if a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) is needed. The hospital will provide these services to any client experiencing sexual abuse or sexual assault free of charge. Karen Peckingspaugh, Director of Forensic Program stated that the hospital would provide a SAFE or SANE practitioner, emotional supportive services, and mental health services free of charge to victims of sexual abuse.

The facility has a signed MOU with the H.O.P.E. Center to provide advocate services, emotional support, crisis intervention, and follow up services. Deborah Stoll, Director of Rape Crisis Services, verified that the H.O.P.E. center would provide those services and provide a hotline number and address for clients to report sexual abuse or sexual harassment. The services are offered free of charge. The H.O.P.E. center has a partnership with St. Vincent’s Hospital and would work in conjunction with the SANE or SAFE practitioner.

The facility has a trained emotional supportive person on staff to provide services such as accompany and support the victim through the forensic medical examination process and investigatory interviews at the request of the victim.

Review:

- Policy and procedure
- MOU with H.O.P.E. Center
- Request for MOU with Toledo Police Department
- Emotional support person certificate
- Phone interview with Director of Forensic Programs
- Phone interview with Director of Rape Crisis Services
- Interview with PREA Coordinator

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

The agency has a policy that regulates an administrative investigation of all allegations of sexual abuse and sexual harassment. The policy ensures that any allegation that appears to be criminal in nature is referred to the legal authority in charge of conducting a criminal investigation. The facility has not been able to secure a MOU with Toledo Police Department, however, this is the agency who has the legal

PREA Audit Report

authority to conduct such investigation. The agency has posted its policy concerning conducting an administrative and criminal investigation on its website (<https://alvis180.org>). During this audit cycle, the facility has had two reported allegations. The facility received allegations of staff to client sexual harassment and contractor to client sexual harassment. Both allegations were administratively investigated by a trained investigator and one allegation was referred to the Toledo Police Department at the request of the victim.

Allegation #1: This was a client self-report to staff that while being transported to a job interview contract personnel made some sexual comments to her. The administrative investigator interviewed the victim, a witness, and the alleged abuser. It was determined that there was enough evidence to substantiate this allegation. The victim in this case was offered and received supportive services from the HOPE Center. The Regional Director spoke with the victim about pressing charges to which she agreed. This investigation is now in the hands of the Toledo Police Department. The Regional Director maintains contact with the police and has kept the victim updated as to the status of the case.

Allegation #2: This allegation was a third party report by another client who witnessed an inappropriate sexual conversation between a client and a staff member. The administrative investigator interviewed the alleged victim, witnesses, and the alleged abuser. The alleged abuser denied the allegation; however, there were several other reports as well as phone documentation discovered during the investigation. The allegation was determined to be substantiated but no criminal activity took place.

The auditor reviewed the case files for both of the allegations and spoke with the administrative investigator. The investigator follows PREA standards and agency policy in determining which allegation should be referred for criminal investigation. The victim who pressed charges is no longer at the facility but keeps in contact for regular updates. The staff member was terminated from the facility and the contract personnel is no longer allowed to work with clients or allowed on OhioLink-Toledo property.

Review:
Policy and procedure
Agency website
Investigation reports
Interview with PREA Investigator
Interview with PREA Coordinator
Interview with Human Resource Generalist

Standard 115.231 Employee training

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

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All employees complete orientation training during their onboarding at Alvis House. This training includes PREA related topics. During this training staff are trained in a room that replicates a facility setting. Their staff are able to learn how to detect blind spot areas; conduct pat downs, enhanced pat downs, and transgender/intersex pat downs; and complete searches. The classroom part of the training includes:

Gender specific training
Code of ethics
PREA assessment and the use of screening information
Resident reporting
Boundaries
PREA compliance for HR operations
Investigations
First responder duties/coordinated response plan
Client rights under the PREA guidelines
PREA policies

Rights and responsibilities for incidents of sexual abuse, assault, harassment, and retaliation
Symptoms of abuse
LGBTI populations
Community based resources
Allegation outcome reporting
Victim medical/mental health care

In addition to orientation training on PREA topics, employees participate in monthly training which will cover a PREA related topic. The training coordinator in conjunction with the PREA Coordinator ensures that the required PREA topics in standard 115.231 are covered and that each employee signs verification of such training. All training is tracked and a copy is kept in the employees file.

Review:
Employee files
Training room tour
Training curriculum
Staff rosters
Interview with Training Coordinator
Interview with PREA Coordinator
Interview with random staff

Standard 115.232 Volunteer and contractor training

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

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The agency requires all contractors and volunteers to participate in training before having contact with clients. The training is conducted by the PREA Coordinator and includes review of the agency's zero tolerance policy, how to prevent, detect, and respond to allegations of sexual abuse and sexual harassment, documentation of allegations, client care, code of ethics, and rules of conduct. All contractors and volunteers are required to sign verification of training.

At the time of the audit, there were no contractors or volunteers in the facility.

Review:
Policy and procedure
Contractor/volunteer sign-in sheet
Contractor/volunteer zero tolerance acknowledgement form
Contractor/volunteer code of ethics acknowledgement form
Training curriculum
Interview with PREA Coordinator

Standard 115.233 Resident education

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

- Does Not Meet Standard (requires corrective action)

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All residents receive information at intake on the facility's zero tolerance policy. This information is reviewed with the client to ensure that each client knows how to report incidents or suspicions of sexual abuse or sexual harassment; their right to be free from sexual abuse, sexual harassment, and retaliation; and how to keep themselves safe while in the facility. If a resident is limited in English proficiency or another disability that prevents, normal communication, the facility will work with outside agencies to ensure each client can benefit from the agency's efforts to prevent, detect, report, and respond to allegations of sexual abuse and sexual harassment.

At intake clients will receive brochures and other documentation that provides phone numbers and addresses to reporting and supportive agencies. This information is also documented throughout the facilities on posters located in conspicuous places. A more formal client education concerning their rights and responsibilities under the PREA standards is given by the PREA Coordinator.

The facility provided the auditor with the documentation that is given to clients, and noted the posters located throughout the facilities.

In total, 4 clients (2 male and 2 females- 10% of the current population) were interviewed by the auditor. The clients acknowledged receiving PREA education training and informational brochures from the facility. Clients stated that their case manager also reviewed PREA related information with them. All clients reported feeling safe in the facility and comfortable enough with staff to report an allegation if necessary (during this audit cycle, there was a third party client report to staff and a direct client report to staff). Clients were aware of the PREA postings and the free phone available if they needed to contact a hotline or other supportive services.

Review:

Policy and procedure
Client education curriculum
Client education roster
Client PREA brochure
PREA posters
Client support documentation
Facility tour
Interview with random clients
Interview with PREA Coordinator

Standard 115.234 Specialized training: Investigations

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

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

The agency has a policy concerning specialized training for PREA administrative investigators. All criminal investigations are referred to the local legal authority for investigation. The facility's Regional Director as well as the PREA Coordinator have received appropriate training on how to conduct an administrative investigation. The training curriculum was developed by the Moss Group. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity Warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative or criminal investigation referral.

The facility offers refresher investigator training annually.

Review:

- Policy and procedure
- Administrative investigator training curriculum
- Administrative investigator refresher training curriculum
- Administrative investigator training certificate
- Interview with Regional Director
- Interview with PREA Coordinator

Standard 115.235 Specialized training: Medical and mental health care

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

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

The facility does not offer onsite medical or mental health treatment. All clients requesting these services would be referred to community resources. Medical services would be provided to clients by St. Vincent’s Hospital. The hospital is staffed with SAFE and SANE practitioners that offer services free of charge. Mental health or victim advocate services would be provided by the HOPE Center.

St. Vincent’s Hospital has collaborated with the HOPE Center and together the agencies have comprehensive education and training deal with victims of sexual abuse or assault.

Review:

- Policy and procedure
- MOU with HOPE Center
- Phone interview with Director of Forensic Programs
- Phone interview with Director of Rape Crisis Services

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

All clients are screened within 72 hours from intake to assess their risk of vulnerability or abusiveness. The screening tool used includes all required criteria per the standard to accurately assess the client’s risk. The screening is completed with the client’s case manager and a rescreen is completed before the client reaches 30 days in the facility. Case managers have been trained on how to complete the assessment appropriately. Client’s assessments are referred to the clinician for further review and/or classification if a client answers in the affirmative

to any of the questions. The clinician also reviews assessments for accuracy. Per policy, a client cannot be disciplined for refusing to answers assessment questions.

Interviews with clients confirmed that they received an assessment at intake and a rescreening at a later date.

Interviews with staff confirmed they understood how to use the screening tool and kept all information confidential.

- Review:
- Policy and procedure
 - PREA initial risk assessment
 - PREA rescreen risk assessment
 - Interview with case manager
 - Interview with random clients

Standard 115.242 Use of screening information

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

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

All clients who receive a classification as vulnerable based on their PREA screening assessment will be housed in a two bed room closest to the main post. Staff would be aware of their status and ensure the safety and security of the client without knowing details of the assessment.

Besides housing, the information obtained in the assessment may be included in the client’s individual case plan. The client and the case manager would create goals to work on while in treatment or the case manager may make community referrals for treatment.

The facility has housed a cross-dressing client in the past. The client’s views to his own safety as well as the safety and security were taken into account during issues of housing, work, and dress. The client and staff were able to develop an appropriate plan and understanding concerning these issues.

During the interview, the Regional Director was able to clearly discuss the facility’s plan to keep potential victims away from potential abusers during work, education, or program assignments. At this time, the facility does not have a client with a victim or abuser classification.

- Review:
- PREA assessment
 - Interview with case manager
 - Interview with Regional Director

Standard 115.251 Resident reporting

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

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

The clients at OhioLink-Toledo have multiple ways of reporting sexual abuse or sexual harassment. Posters throughout the facility indicate how clients can report to OhioLink staff as well as how to report to an outside agency. Interviews with the clients indicate that they are aware of all means of reporting and that they could report anonymously. They received the information at intake, during orientation training, and in case manager meetings.

The facility a free phone located in the lounge area to allow for free calls to the reporting entities. Residents are allowed to have cell phones in the facility which they can use to make a report.

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

The facility has received a client report of staff to client sexual harassment and a client report of contractor to client sexual harassment. This is evidence that clients are receiving the information and feel safe enough to report sexual harassment to facility staff.

- Review:
- PREA postings
 - PREA brochure
 - Client PREA education curriculum
 - Facility tour
 - Interview with random clients
 - Investigation reports
 - Interview with random staff
 - Interview with PREA Coordinator

Standard 115.252 Exhaustion of administrative remedies

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

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

Alvis House has a grievance policy which does not assess a time limit for filing a grievance alleging sexual abuse or sexual harassment. The agency will respond to a grievance within 2 working days and has several levels of appeals. Should staff need more time to investigate or respond to the client, staff will notify the client of the extension and provide a date a decision will be made. Clients are informed that they are not required to use the grievance system in order to make an allegation of sexual abuse and sexual harassment, and that there are no time limits to reporting. Clients are also notified that third party sources can assist in the grievance process and that they can file a sexual abuse or sexual harassment grievance on behalf of another client. Grievance forms are posted in the client lounge and can be returned to any staff member or to a locked communications box.

During random client interviews, each responded that they were informed of the grievance process at intake. The grievance policy is also outlined in the client handbook which each client has verified they received at intake. No client interviewed has used the grievance system to report an allegation of sexual abuse or sexual harassment. The auditor discussed with the residents response times to any type of grievance and those who have filed various grievance received a response from the agency within the specified time limit.

The facility's Regional Director reviewed the grievance process with the auditor and the various levels of appeals available to clients. Clients who allege substantial risk of imminent sexual abuse will be immediately protected. The victim can be moved to another room or facility or the abuser can be moved to another room or facility. Agency practice is to place any staff member who is the subject of a sexual abuse or sexual harassment allegation on administrative leave.

Review:
Policy and procedure
Interview with random clients
Interview with Regional Director

Standard 115.253 Resident access to outside confidential support services

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

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

The facility has a MOU with HOPE Center to provide victim advocate services or emotional support services related to sexual abuse. The HOPE Center has provided clients with their address and hotline number in order to obtain these services or make a sexual abuse or sexual harassment report.

The facility informs clients the limits of confidentiality when using these services during orientation group.

Interviews with clients indicate that they have received the phone number and address of the HOPE Center and understand that reporting an allegation to the center could result in a mandatory reporting of the allegation. The address and phone number to the HOPE Center is also on posters located throughout the facility.

Review:
MOU with the HOPE Center
Facility tour
Interview with random clients
Interview with Regional Director

Standard 115.254 Third-party reporting

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

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

corrective actions taken by the facility.

The agency has posted on its website (<https://alvis180.org>) ways that anyone can report sexual abuse or sexual harassment on behalf of a resident. Residents are also educated that they can report to family members who can then make a third party report. This information is also on posters located in the visitation room.

The facility has not had an outside party third party report. There was a client third party report allegation during this audit cycle.

Review:

Agency website

Facility tour

Investigation reports

Interviews with random clients

Standard 115.261 Staff and agency reporting duties

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

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

The agency has a policy that requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third party and anonymous reports. The staff have been give instruction on how to document the report in the SecurManage system, which limits access to that information, and to only share that information with staff in order to make treatment, investigation, or other security decisions. All allegations of sexual abuse or harassment are referred to the Regional Director and PREA Coordinator for investigation.

Staff interviewed, including line staff and facility leadership, understood their duty to report and were trained appropriately on the agency's PREA reporting policies. Staff indicated that they would have no trouble reporting any allegation or suspicion of sexual abuse, sexual harassment, or retaliation even if it was against another staff member.

All staff members who have licensure are required to inform clients of their status and the limits of confidentiality. These staff members maintain their duty report any allegation made to them.

The facility does not accept any client that is under the age of 18 and does not have a duty to report to child protective services. The facility would make a report to adult protective services if the alleged victim was classified as a vulnerable adult.

The two allegations the facility received this audit cycle were reported to staff who immediately reported the allegation to their supervisor and made appropriate documentation in the SecurManage data system.

Review:

Policy and procedure

Employee training curriculum

Investigation reports

Interviews with random staff

Interview with Regional Director

Interview with PREA Coordinator

Standard 115.262 Agency protection duties

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

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

The facility has a plan to protect clients from imminent sexual abuse. The facility has several dorm units that a client can be moved to in order to facilitate protection. If necessary, Alvis House has several facilities throughout Ohio. The facility could utilize one of the other facilities if necessary to protect a client from imminent sexual abuse. The agency has a practice of placing a staff member on administrative leave if they are the subject of a sexual abuse or sexual harassment investigation.

An interview with the Regional Director and Operations Manager discussed the process for ensuring client safety and making a move to another facility if necessary. The facility has not had to remove a client due to risk of imminent sexual abuse, but has placed a staff member on administrative leave during the sexual harassment investigation this audit cycle. The contract personnel that was the subject of a sexual harassment investigation was not permitted to return to the building or have other contact with any client.

The auditor was left with the impression from the interviews with clients and staff that client safety was paramount to the staff and that any necessary changes that would not jeopardize the safety and security of the facility would be made.

Review:

Investigation reports

Interview with Regional Director

Interview with Operations Manager

Interview with PREA Coordinator

Interview with Human Resource Generalist

Standard 115.263 Reporting to other confinement facilities

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

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

The agency has a policy that requires the Regional Director to report to the head of another facility any allegation made against that facility within 72 hours of receiving the allegation. The Regional Director is responsible for documenting the report and making notification of such report to the PREA Coordinator. Should a report be made to the facility that a client at another facility is making an allegation toward someone in their agency; the Regional Manager shall ensure that the allegation is fully investigated.

An interview with the Regional Director indicated that the facility has not received a report from another institution nor have they received an allegation that the Regional Director to relay to the head of another facility.

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

Standard 115.264 Staff first responder duties

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

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

The agency has a policy requiring all staff be trained on first responder duties. The duties vary from non-security staff to security staff. All staff are supplied the required first responder training. The facility has a detailed sexual abuse, assault, harassment response procedure for any incident of sexual abuse. This plan is posted at the staff main post. The response procedure includes where to place an alleged abuser when separating from the victim so that the abuser cannot destroy any evidence, preserving evidence until the local legal authority can collect the evidence, requesting that the alleged victim not do anything to destroy evidence including washing, brushing teeth changing clothes, performing bodily functions, smoking, drinking, or eating, reporting allegation to the local authorities and to the facility PREA Compliance Manger or the manager on call and the PREA Coordinator.

Non-security staff are required per policy to contact a security staff member and make a request that the alleged victim not take any action that could destroy evidence.

During staff interviews, both security and non-security staff have acknowledged their training of the first responder duties. The staff was able to specifically identify the steps they are to take as a security or non-security staff and knew the location of the sexual abuse, assault harassment response procedure.

The facility has not had an incident of sexual abuse during this audit cycle.

Review:
Policy and procedure
Facility tour
Sexual abuse, assault, harassment response procedure posting
Interview with random staff
Interview with Regional Director
Interview with PREA Coordinator

Standard 115.265 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has developed a Sexual Abuse, Assault, Harassment Response Procedure for any incident of sexual abuse. The plan list the required steps in a flow chart and is posted at the security posts. The steps listed are specific and detailed enough for staff to follow in the event of a sexual abuse/sexual assault incident and includes phone numbers. The list starts with the first responder duties and refers the staff member to call the local authorities and the PREA Compliance Manager or Manager on Call as well as the PREA Coordinator.

The Regional Director (the administrative investigator) will follow up with the local authorities until completion of the investigation. An administrative investigation will not take place until after the criminal investigation is completed or in conjunction with the local legal authority.

The staff will offer the victim access to a forensic medical exam at St. Vincent’s Hospital, victim advocate services from the Hope Center, and if the advocate services are not readily available a qualified staff member who has been trained as an emotional support person will assist. The advocate will accompany the victim to the medical exam and any investigative interviews. In cases of sexual assault or sexual abuse, the victim’s mental health will be evaluated by the agency clinician within 48 hours of alleged abuse. The clinician will update the PREA Coordinator on the victim’s status every 24 hours until ending monitoring is appropriate.

The Regional Director or designee will be responsible for the 90 day retaliation monitoring.

- Review:
Policy and procedure
Sexual abuse, assault, harassment response procedure
Interview with PREA Coordinator
Interview with Regional Director
Interview with staff

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

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

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

N/A: The PREA Coordinator reports that the facility does not have a union nor does it enter into any contracts with employees.

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a policy designed to protect clients and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation from other clients or staff. The protection measures include bed moves, dorm moves, facility moves, and administrative leaves for staff. Should a client or staff member make a request, an emotional support person will be available for services.

The Regional Director or designee would be responsible for monitoring the conduct, and treatment of clients or staff who report sexual abuse. The monitoring of clients who report abuse would also include periodic status checks and client disciplinary records, housing, program changes, or negative performance reviews or reassignments of staff. The monitoring would continue past 90 days if a need is indicated. Monitoring would cease if the allegation has been determined to be unfounded.

There have been no allegations of sexual abuse during this audit cycle or a need for retaliation monitoring.

The auditor was able to interview the Regional Director to confirm the retaliation monitoring process and the measures the facility would employ to ensure that a client or staff member would be protected from retaliation.

Review:
Policy and procedure
Retaliation monitoring form
Interview with Regional Director
Interview with PREA Coordinator

Standard 115.271 Criminal and administrative agency investigations

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

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

The facility conducts administrative investigations but does not conduct criminal investigations. Criminal investigations would be completed by City of Toledo Police Department. The facility has completed two administrative investigations for sexual harassment with one allegations being referred to the local legal authority for criminal investigation at the request of the victim who wished to press charges for sexual harassment against contract personnel.

The facility has a trained administrative investigator and the PREA Coordinator is a trained investigator as well. The Regional Director currently handles all administrative investigations. The Regional Director's training was developed by the Moss Group. The agency facilitates a refresher training for all agency administrative investigators each year.

The auditor sat with the PREA Coordinator and the PREA Investigator to review the process for how the investigator completes an investigation. The investigator discussed the review of any camera footage if available, interviewing the alleged victim, witness, and abuser, and review if there has been previous complains made against the suspected abuser. At no time does the investigator use status as a client or staff member to determine credibility. The facility does not use a polygraph examination as part of an administrative investigation. All allegations will receive an administrative investigation regardless of whether the alleged victim or abuse is no longer employed or in the control of the agency.

All allegations are documented on the facility's SecurManage Database System. The report is comprehensive in the information it collects from the beginning to the disposition of the allegation. If a Sexual Abuse Review Team meeting and retaliation monitoring are necessary,

the investigator will denote the time of the SART meeting and who is responsible for retaliation monitoring.

The PREA Coordinator confirmed the retention schedule of for as long as the person is incarcerated or employed with the agency plus five years. The Program Manager is responsible for maintaining contact with the legal local authority when the investigation has been referred for criminal investigation.

Review:

Policy and procedure

Investigation reports

Administrative investigator training certificate

Interview with PREA Coordinator

Interview with Administrative Investigator

Standard 115.272 Evidentiary standard for administrative investigations

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

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

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

The auditor reviewed the two allegations with the administrative investigators to ensure that the evidentiary standard of preponderance of evidence was used in each case. The contractor to client allegation was confirmed by witnesses which was enough evidence to substantiated the allegation. The staff to client allegation did not have a cooperative victim, but witness statements as well as phone evidence was used to substantiate the allegation.

The PREA Coordinator reviews all investigations to ensure that the proper determination was met based on the preponderance of evidence criteria.

Review:

Policy and procedure

Investigation reports

Interview with Administrative Investigator

Interview with PREA Coordinator

Standard 115.273 Reporting to residents

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

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

Alvis House policy requires client notification to any client that alleges sexual abuse or sexual harassment whether that allegation has been determined to be substantiated, unsubstantiated, or unfounded. In reviewing the administrative investigation reports, clients who made an allegation were notified in writing the outcome of the investigation.

The alleged victim in the allegation will receive notification on the disposition and if applicable, notify the client if the staff member is no longer posted within the facility; the staff member has been indicted on a charge related to the sexual abuse within the facility; or if the staff member has been convicted on a charge related to sexual abuse within the facility. If the abuser is another client, the facility will notify the alleged victim if the abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the abuser has been convicted on charges related to sexual abuse within the facility. The client will sign the document and been given a copy.

Should the client be released from the facility before the report is made, every effort is made to notify the client.

The client who requested to press charges for sexual harassment against her abuser is no longer at the facility; however, the Regional Director maintains contact with the client in order to provide updates on the criminal investigation.

Review:
Policy and procedure
Investigation reports
Client notifications
Interview with Regional Director

Standard 115.276 Disciplinary sanctions for staff

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

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

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

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

The substantiated staff-to-client sexual harassment allegation resulted in the staff member being terminated for violations to the agency’s Zero Tolerance Policy. The facility has not had a case of staff to client sexual abuse.

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

and employees found to have engaged in sexual abuse will be immediately terminated and law enforcement would be notified.

Review:

Policy and procedure

Employee handbook

Investigation reports

Interview with random staff

Interview with PREA Coordinator

Interview with Human Resource Generalist

Standard 115.277 Corrective action for contractors and volunteers

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

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

All contractors and volunteers are made aware of the agency's zero tolerance policy toward sexual abuse and sexual harassment. Each must participate in PREA training where they will be taught how to prevent, detect, respond, and report sexual harassment and sexual abuse.

An allegation during this audit cycle included an allegation against a contractor. The contractor was not allowed on OhioLink property or allowed to work with clients during the investigation. The allegation was substantiated and the contractor's services were terminated. The victim went on to press charges.

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

Review:

Policy and procedure

Contractor training verification

Investigation report

Interview with PREA Coordinator

Standard 115.278 Disciplinary sanctions for residents

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

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

The facility has an appropriate policy that disciplines clients for a substantiated allegation of sexual abuse or sexual harassment or for a criminal finding of guilt for sexual abuse or harassment. The facility has not had an allegation of client on client sexual abuse or sexual harassment, not have they had a guilty finding in a criminal investigation of client on client sexual abuse or sexual harassment during this audit cycle.

The client handbook clearly defines the agency's rule violations and the possible sanctions. Each client is given a handbook at intake and staff reviews the handbook, specifically the disciplinary policies, with each client.

During client interviews, all clients stated that they received a handbook at intake and that staff reviewed the disciplinary policies with them. Each client was able to identify the sanctions that accompany a substantiated allegation of sexual abuse or sexual harassment or a criminal finding of guilt.

Review:
Policy and procedure
Client handbook
Interviews with random clients
Interview with PREA Coordinator

Standard 115.282 Access to emergency medical and mental health services

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

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

After an incident of sexual abuse or sexual assault, victims are offered unimpeded access to emergency medical treatment and crisis intervention services. These services would be provided by qualified practitioners who would determine the appropriate scope of services. Medical services would be provided by St. Vincent's Hospital and mental health, crisis intervention, or advocacy services would be provided by the HOPE Center. Clients would be given timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. All services are offered free of charge to clients.

The victim's mental health will be evaluated by the agency clinician within 48 hours of alleged abuse. The clinician will update the PREA Coordinator on the victim's status every 24 hours until ending monitoring is appropriate.

Alvis House staff are trained on the appropriate response to an incident of sexual abuse or sexual assault during monthly staff meetings. A review of first responder duties as well as the Sexual Abuse, Assault, Harassment Response Procedure is conducted during one of these meetings.

A review of allegation investigations shows that staff offer clients the opportunity to receive medical and mental health care if appropriate. During one of the investigations, a clients was offered and accepted counseling services provided by the HOPE Center. The client was not charged for these services.

Review:
Policy and procedure
Sexual Abuse, Assault, Harassment Response Procedure
Training roster
Investigation reports
Interview with PREA Coordinator
Interview with Regional Director

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

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

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

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

Staff are trained on the Sexual Abuse, Assault, Harassment Response Procedure. This plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. Ongoing medical and mental health care will be at the discretion of the medical provider and is again at no cost to the resident.

A review of allegation investigations shows that staff offer clients the opportunity to receive medical and mental health care if appropriate. During one of the investigations, a clients was offered and accepted counseling services provided by the HOPE Center. The client was not charged for these services. These services are offered to all victims.

The PREA initial screening and rescreening along with other intake documentation are reviewed to determine if a client has abused others while in a correctional setting. If a client indicates or has a report that indicates that he has in fact abused another client while in a correctional setting, the agency’s clinician would meet with the client to determine if additional treatment or a referral for community treatment is necessary.

- Review:
- Policy and procedure
 - Sexual Abuse, Assault, Harassment Response Procedure
 - MOU with HOPE Center
 - Training roster
 - Investigation report
 - Interview with Regional Director
 - Interview with random staff

Standard 115.286 Sexual abuse incident reviews

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

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

corrective actions taken by the facility.

Alvis house has an agency policy on a review of all substantiated or unsubstantiated allegations of sexual abuse within 30 days of the conclusion of the investigation. The review team includes the PREA Coordinator, Facility Manager, Facility Director, Vice President of Agency Programs, CQI Director, Clinical staff, and any other staff member deemed necessary.

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

OhioLink-Toledo has no allegations of sexual abuse or sexual assault that would require a SART review during this audit cycle. The auditor review the paper work and process of a SART review with the Regional Director and the PREA Coordinator. The Coordinator would ensure that any recommendations were implemented by the Regional Director.

Review:

Policy and procedure

SART review forms

Investigation reports

Interview with PREA Coordinator

Interview with Regional Director

Standard 115.287 Data collection

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

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

The facility directors are responsible for collecting the data for every allegation of sexual abuse and sexual harassment at the facility for each calendar year. The facility is using the Department of Justice Survey of Sexual Violence IV as the collection instrument. The information from this report is aggregated and listed in the agency's annual PREA report and the report is posted on the facility's website.

The PREA Coordinator reports the records retention schedule for information collected is ten years.

The Justice Department has not requested this information from the agency.

Review:

Policy and procedure

Annual PREA report

Agency website

Survey of Sexual Violence IV report

Interview with PREA Coordinator

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The agency has a policy requiring the PREA Coordinator to publish an annual PREA report. The report contains details on how the facility assess and improves the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report identifies problem areas and corrective action along with the corrections from prior years. The report also includes an assessment of the agency’s progress in addressing sexual abuse.

A review of the report shows the facility documented the required information as well as a comparison to last year’s allegation demographics and corrective actions. The report list the ways the agency has addressed issues and its overall progress toward addressing sexual abuse.

The report is posted on the agency’s website (<https://alvis180.org>) and includes reports from previous years. The report does not include any identifying information that could jeopardize the safety and security of the facility.

Review:
Policy and procedure
Annual PREA report
Interview with PREA Coordinator

Standard 115.289 Data storage, publication, and destruction

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

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

The PREA Coordinator is responsible for the collection and secure retention of all data collected pursuant to standard 115.287. The data collected will be retained to 10 years. The Coordinator takes all collected information from each facility under the Alvis House Inc. umbrella and creates an annual report which is published on the agency’s website (<https://avis108.org>) after approval from the agency’s President/CEO.

The report does not contain any information that could identify anyone personally or contain any information that could jeopardize the safety and security of the facilities.

Review:
Policy and procedure
Annual PREA report
Agency website
Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Kayleen Murray_____

August 18, 2016_____

Auditor Signature

Date