

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

**Date of report:** April 12, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Kayleen Murray			
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<b>Email:</b> kmurray.prea@yahoo.com			
<b>Telephone number:</b> 740-317-6630			
<b>Date of facility visit:</b> March 20-21, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Fannie M Lewis Community Correction Center			
<b>Facility physical address:</b> 1829 E. 55 <sup>th</sup> Street, Cleveland, Ohio 44115			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 216-881-7882			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<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	
<b>Name of facility's Chief Executive Officer:</b> Sharon Lewis			
<b>Number of staff assigned to the facility in the last 12 months:</b> 48			
<b>Designed facility capacity:</b> 218			
<b>Current population of facility:</b> 147			
<b>Facility security levels/inmate custody levels:</b> minimum			
<b>Age range of the population:</b> 18 and older			
<b>Name of PREA Compliance Manager:</b> Sharon Lewis		<b>Title:</b> Program Manager	
<b>Email address:</b> sharonlewis@orianahouse.org		<b>Telephone number:</b> 330-819-1680	
<b>Agency Information</b>			
<b>Name of agency:</b> Oriana House, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 885 Buchtel, Avenue, Akron, Ohio 44305			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 1501 Akron, Ohio 44309			
<b>Telephone number:</b> 330-535-8116			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> James Lawrence		<b>Title:</b> President and CEO	
<b>Email address:</b> jameslawrence@orianahouse.org		<b>Telephone number:</b> 330-535-8116	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Mary Jones		<b>Title:</b> Vice President of Administration and Legal Counsel	
<b>Email address:</b> maryjones@orianahouse.org		<b>Telephone number:</b> 330-535-8116	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit for Fannie M Lewis Community Corrections and Treatment Center (FMLCCTC) was conducted on March 22-23, 2017 in Cleveland, Ohio. Oriana House was founded in 1981 and has been nationally recognized for community corrections and chemical dependency treatment. The facility uses Power DMS web based compliance system to supply the auditor with documentation relevant to showing compliance with each of the standards. The pre-audit questionnaire, a list of community partners and their phone numbers, floor plans, and MOU's were included in the documentation. The auditor is notified by email that the documentation is available online and is then supplied a unique assess key supplied by Power DMS. The auditor received this information six weeks prior to the audit.

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

Fifteen Random clients from the three housing units were interviewed (10% of the population that was in the building). The auditor also spoke to a self-identified transgender female client. Clients were asked about their experience with PREA education, allegation reporting, communication with staff, safety, restrooms, knock and announcements, grievance procedures, pat downs, PREA brochures/postings, and the zero tolerance policy. The client who identified as being transgender was also questioned on any issues with her housing unit or dorm and if it is a dorm selected because of her gender status.

The auditor also interviewed specialized staff. This staff includes: Executive Vice President of Administrative Services and Business Relations, PREA Coordinator, PREA Compliance Specialist, PREA Manager, Investigators (2), Human Resource Director, and Emotional Support personnel. The auditor made several attempts to speak with Liz Booth the identified contact person for Cleveland Metro Health's SANE program and with Teresa Stafford, the Cleveland Rape Crisis Center's Senior Director of Victim Services and Outreach. The auditor was able to verify services through each of the organizations' websites. 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 housing units, dorms, bathrooms, group areas, operations posts, recreation yards, utility areas, kitchen, and maintenance areas. A review of employee files, training records, PREA acknowledgments, PREA forms, and data logs was also completed. The auditor gave a closeout and shared some the immediate findings.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Fanny M Lewis Community Correction Center is a halfway house located in Cleveland, Ohio that serves adult male and female felony offenders. The facility is a two story brick building including a basement that can house 218 offenders. The facility has two access points, one for male clients and one for female clients. In order to access the secure perimeter of the facility one must report to the male client entrance and be buzzed into the main lobby by staff. Once inside the main lobby, all residents, staff, and/or visitors must be signed in. Residents will receive a pat down that 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 underclothes) which is supervised by two staff of the same sex. Female clients will access the facility through an entrance just off the main entrance and be let into the secure perimeter by staff. Once inside, they will also receive either a pat-down or an enhanced pat-down. Visitors will read and sign an acknowledgment of Oriana House's zero tolerance policy.

The facility has four separate housing units, but is currently only occupying three. The three units are set up based on state or federal referral and a female wing. Each housing unit has a manned housing desk, laundry area, day room, pay phones, recreation area and bathroom. All housing units have cameras in the dayroom and laundry area and security mirrors are located in the back of every dorm room. The bathroom on the units have an open doorway and have toilet stalls with custom made half doors; urinals that sit back and have a partition so that they cannot be viewed from the doorway (on the male units); and shower stalls with curtains for privacy. The shower curtains end about calf length so that staff can easily see the number of residents in each shower. The laundry rooms are located within the restrooms and have a camera that can only view the machines. The facility has identified dorms and beds (easily visible to the housing desk) for residents who have been identified as highly abusive or highly vulnerable for each of the housing units.

The facility has windows in all the doors (group rooms, classrooms, staff offices, kitchen area, and library for clear line of site views into all rooms. These areas also have security mirrors in strategic places to minimize blind spot areas. The facility has several dorm rooms that have fire exits that lead to a hallway that gives access to unsecure outside areas. These doors are equipped with an alarm that will sound if opened and a camera inside the hallway. FMLCCTC's electronic surveillance program includes 28 cameras placed throughout the facility (interior and exterior) that have the capability to record and playback up to 30 days. The cameras located at the main post and housing unit post also record audio. Camera footage is viewed by Resident Supervisor staff assigned to the main control post. Supervisors review live and recorded footage at least one time per week. The Program Administrator, Lead Resident Supervisor, and Program Coordinator have access to the facility camera system on their office desk top computer. Resident supervisor staff also are required to conduct "whereabouts" 3x per shift and 6x per shift for residents who have been classified as highly abusive or highly susceptible until a review can be done by a supervisor team to remove the resident from the increased "whereabouts". During a "where about" staff must document physically seeing each resident. Along with "whereabouts", Resident Supervisor staff circulate throughout the whole facility once every 30 minutes. Identified blind spot areas have increased circulation. The facility has placed surveillance mirrors in most of the rooms in order to capture areas that are not immediately visible when looking through the window, and in the hallways to cover corners and other hidden areas.

The facility's goals are to alleviate jail and prison overcrowding; improving the community integration process for residents; addressing chemical dependency, employment, education, and other issues prior to release; and reducing recidivism by addressing certain behaviors, attitudes, and thought processes. FMLCCTC accomplishes these goals by using programming that has demonstrated the ability to reduce crime.

## SUMMARY OF AUDIT FINDINGS

Fannie M Lewis Community Correction Center has had no (0) PREA allegations during the reporting period.

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

The transgender female client currently housed at FMLCCTC states that the facility has done a great job in considering her views for housing, showering, and program activities. The client feels safe at the facility and is able to identify staff members that she can talk to should any issues arise. Other clients interviewed within the same housing unit have stated that they have not experienced in negative issues with regard to being housed with a transgender client. Clients stated that the facility has taken into account their views of being housed with a client that may identify as LGBTI and that understanding has made them feel more comfortable about their level of safety at the facility.

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

All MOU's documented the partnership between the facility and the contracting agency concerning services to be provided should there be a need. The auditor was able to review the Cleveland Rape Crisis Center's website and confirmed the free services the agencies would provide to a victim of sexual abuse/assault.

Overall, the auditor was left with the impression that the leadership and staff of FMLCCTC have made implementing the PREA standards a priority and that they have received the necessary training and authority to detect, protect, and respond to any incident of sexual abuse/sexual harassment. Oriana House as an agency has reviewed the corrective action plans from other facility's and have implemented positive changes at all facilities. Opportunities to increase the ability to protect and detect sexual abuse and sexual harassment are proactive in nature. Agency leadership has developed policies and practices that shows a commitment to the safety of residents, and provides the necessary support to implement all aspects of the PREA standards.

Number of standards exceeded: 5

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

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

The agency-wide PREA Coordinator is the agency's Vice President of Administration and Legal Counsel, and reports directly to the agency's Executive Vice President of Administrative Services and Business Relations. During staff interviews, the PREA coordinator indicated that she has enough time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The Vice President of Administrative Services and Business Relations agreed that the PREA Coordinator has great latitude toward implementing policy and procedure where PREA is concerned.

The facility's PREA Manager is the agency's Program Manager. The PREA Manager reports directly to the PREA Coordinator on issues pertaining to complying with the PREA standards. She indicates that she has ample time to comply with the PREA standards.

Review:

Policy and Procedure

Interview with PREA Coordinator

Interview with Vice President of Administrative Services and Business Relations

Interview with Program Manager

### 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 advises that the facility is not a public agency and does not contract with other facilities.

### Standard 115.213 Supervision and monitoring

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

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

The staffing plan was developed with the agency PREA coordinator and the facility PREA manager along with other facility leadership. The team conducts an annual walk through of the facility and documents ways the facility can improve its methods of preventing and detecting any incidents of sexual abuse/sexual harassment. Staffing levels are continuously monitored and the facility has the ability to pull from other facilities if necessary to ensure appropriate coverage.

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

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

Review:

- Policy and Procedure
- Facility tour
- Staffing plan
- Deviation Report
- Floor plans with camera placement/security mirrors
- Interview with PREA Coordinator
- Interview with PREA Compliance Specialist
- Interview with Program Administrator
- Interview with Program Manager
- Interview with Program Operations Supervisor

**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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## **corrective actions taken by the facility.**

The facility does not conduct cross-gender strip or cross-gender body cavity searches of residents. Residents receiving an "enhanced pat-down" (stripped down to underclothing) will have two members of the same sex perform this type only. All pat downs are recorded on the facility's video monitoring system. The facility does not allow for a total strip search or a body cavity search. Cross-gender pat-down searches are also not allowed. There is always a female staff member on duty, so no programming or other outside activities have been denied to female residents due to staffing.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility is using three distinct housing units (state offenders, federal offenders, and federal female offenders). There is a restroom in each of the housing units for residents to be able to shower and use the toilets. The bathroom on the female wing consists of four individual shower stalls with shower curtains. The shower curtains have see-through tops and bottoms. There are seven toilet stalls that have half doors. The doors have been modified by facility maintenance and provide enough privacy while allowing for adequate supervision. The bathroom in the state male wing and the federal male wing have a similar set up. These bathrooms include urinal stalls that are not visible to others outside the bathroom. The restrooms allow for privacy while in use however has increased circulations due to it not being easily viewable to staff. During residents' interviews, all indicated that staff announce their presence before entering the restroom or dorm areas, and the auditor witnessed this while walking through the facility. The agency has a dress policy that requires residents to be fully dressed in common areas.

Resident laundry is located inside the restroom area. The laundry has camera coverage but does not allow for shower or toilet views. The auditor viewed camera coverage for assurance.

The facility currently has a transgender female client. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. The housing units have several dorms within each unit are set up where clients who are identified as highly vulnerable or highly abusive or transgender or intersex would be housed and in beds that are easily viewable to staff. A transgender or intersex resident would be offered showering options such as showering at different time in order to protect privacy and offer safety. The policy does not allow staff to physically examine a transgender or intersex resident for the sole purpose of determining genital status. The auditor discussed housing and bathroom issues with the client and staff. The client disclosed that she prefers to be on the male unit and showering during regularly schedule shower times. The client states that she feels safe at the facility and has not had any issues related to her status as transgender. Other clients interviewed stated that they did not have any issue with the transgender client and that there was no trouble on the unit or in the dorm based on her status. Staff interviewed report the experience allows them to put into practice their training and that the necessary adjustments have been made. No other issues have been reported.

Facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation. A Shift Supervisor is required to periodically review pat downs, live or reviewing surveillance video, and provide training/guidance to staff if necessary. Reviews of this training is conducted annually. The current transgender clients was identified as such prior to placement and she decided to be placed in a male dorm with male staff conducting pat-down and enhanced pat-down searches.

Review:

Policy and procedure

Staffing plan

Facility tour

Training records

Interview with PREA Coordinator

Interview with Program Administrator

Interview with Program Manager

Interview with Program Operations Supervisor

Interview with Crisis Intervention Counselor

Interview with random Resident Supervisor staff

Interview with residents

Interview with transgender resident

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

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

- Does Not Meet Standard (requires corrective action)

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

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

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

The facility has an agreement with The International Services Center, Language Bank for interpreter services and the Cleveland Hearing and Speech Center for hearing impaired services.

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

Review:

Policy and Procedure

Oriana House, Inc. plan for assisting residents with disabilities

Training Curriculum

Interpreter service providers

Interview with Program Administrator

Interview with Program Manager

Interview with Resident Supervisor staff (conduct intake)

### **Standard 115.217 Hiring and promotion decisions**

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

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

The agency conducts a background check for all prospective employees, including temporary employees, independent contractors,  
PREA Audit Report



volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks will be completed every five years. Every five years the Human Resource Department will run background checks on the entire facility regardless when a person was hired in order to guarantee all staff received the required updated check. All employees, independent contractors, volunteers, and interns are required by policy to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations.

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

The Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion. The agency has developed a form that indicates in red that the Human Resource Department must check for discipline records for anything related to PREA. This form is then placed in the employee's file. This information is reported to the hiring/promotion committee before a decision is made.

The Human Resource Department conducts referral checks for all new hires and specifically documents whether or not a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.

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

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

### **Standard 115.218 Upgrades to facilities and technologies**

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

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The facility has not acquired a new building or made any substantial expansion or modification to the existing facility.

An interview with the Agency's Executive Vice President of Administrative Services and Business and the PREA Coordinator indicate that the facility has recently been able to upgrade video monitoring technology with a grant from the Ohio Department of Rehabilitation and Correction. The upgrade now allows for camera retention to go from fourteen days to twenty-one. The upgrade also allows for audio to be recorded at each housing desk and central control. A PREA investigator who has a background in video camera installation discussed how the increase in video retention has helped with overall safety and security of the clients. No other electronic surveillance system or other monitoring technology has been changed. The facility will address any needs to these areas as the budget allows.

Review:  
Policy and procedure  
Interview with Executive Vice President of Administrative Services and Business Relations  
Interview with PREA Coordinator  
Interview with PREA Investigator

**Standard 115.221 Evidence protocol and forensic medical examinations**

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

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

The facility will use Cleveland Metro Health Hospital to provide a Sexual Assault Nurse Examiner for any resident who is a victim of sexual abuse. The auditor confirmed that any resident taken to this hospital would be treated by a certified SANE nurse. The services provided by the hospital would be at no cost to the resident. The hospital also partners with the Cleveland Rape Crisis Center who would provide advocate services if necessary.

The facility has a MOU with the Cleveland Rape Crisis Center to provide a victim advocate to any victim of sexual abuse, and a trained staff member who can provide victim support services.

The facility also has a crisis counselor that can provide emotional supportive services or make a recommendation for outside services if necessary. These services will be provided to the resident at no cost. The services were confirmed with the agency.

- Review:
- Policy and Procedure
  - Emails to local legal authority
  - MOU with Cleveland Rape Crisis Center
  - Interview with Administrative Investigators
  - Interview with PREA Coordinator
  - Cleveland Rape Crisis Center website
  - Cleveland Metro Health Hospital’s website
  - Interview with Crisis Counselor

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

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The agency has a policy that requires an administrative investigation of all allegations of sexual abuse and sexual harassment, and that any allegation that is criminal in nature is referred to the Cleveland City Police District Three. The facility has not had an allegation of sexual harassment or sexual abuse during this auditing period.

Any federal client who is alleged to abuse or is the victim of abuse will have the allegation reported to the Residential Reentry Manager from the Bureau of Prisons.

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

Review:

Policy and procedure

Oriana House website

Interview with Program Administrator

Interview with Program Manager

Interview with Administrative Investigators

### Standard 115.231 Employee training

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

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The agency has trained all staff on the PREA required topics. The agency holds monthly trainings which included role plays, games, and quizzes to ensure all staff knew the proper way to prevent, detect, report, and respond to any allegations of sexual abuse or sexual harassment that is specific to each facility. Staff practice being a first responder and deploying the facility coordinated response.

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

The agency cross-trains its staff because staff can be transferred to work in any facility. All staff received gender specific training. The agency continues to hold staff gender specific training on PREA related topics. This allowed staff to speak on issues that they may not bring up during co-ed trainings. The agency used video conferencing as a training tool so that all employees in any facility would receive the same zero tolerance message. The facility uses a video produced by the Ohio Department of Rehabilitation and Correction to train on transgender and intersex pat downs and searches.

PREA training is provided to all staff at the beginning of employment and all staff will receive PREA training throughout the year by signing up through the facility's Go Sign Me Up electronic class registration program. Additional training topics include: transgender clients, client reporting, PREA assessment interview, coordinated response plan, effective use of communication with LGBTI residents, response to allegations, avoiding inappropriate relationships, and PREA definitions.

Facility managers are provided with a list of required PREA training topics and will include one topic a month throughout the year.

All staff sign an acknowledgment of the training they received.

The training department runs a quarterly report to ensure that the required training is complete each year.

Review:

Policy and procedure

PREA Audit Report

Training curriculum  
ODRC transgender/intersex pad-down search video  
Training records  
Interview with PREA Coordinator  
Interview with Human Resource Director  
Interview with Program Manager  
Interview with Program Administrator  
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)

**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 level system for the type of training any contractor, volunteer, or vendor would receive. A person identified at level 1 would receive a 3-hour training on the agency's policy on how to prevent, detect, respond, and report sexual abuse and sexual harassment. A level 2 contractor, volunteer, or vendor will receive a 30-minute PREA training. Each provider will watch a 15-minute video and receive instruction from a trained facilitator. A level three vendor will be asked to read and sign the PREA acknowledgement form. The form explains the agency's zero tolerance policy and the signer's acknowledgement to abide by these rules. Anyone assigned a level 4 status must be 100% escorted by staff while in the facility. Volunteer training is conducted by the facility's Program Administrator.

Documentation of received training is forwarded to the Compliance Accreditation Manager. Any contractor or volunteer who has completed the necessary training will receive a special name badge which identifies to the Resident Supervisory staff that this person has received PREA training and does not need to sign the PREA acknowledgement form. If the person forgets the badge, they will have to read and sign the acknowledgement form.

Oriana House contracts with food service provider Aramark. These contract employees receive the same type of training that Oriana House employees receive.

Every visitor who enters an Oriana House facility must read and sign an acknowledgment of understanding on the agency's zero tolerance policy each time they enter the facility. The auditor signed this notification upon entrance to the facility each day of the onsite visit.

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

Review:  
Policy and procedure  
Contract/vendor training  
Visitor zero tolerance notification  
Interview with PREA Coordinator  
Interview with Human Services Director  
Interview with Program Administrator

### Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

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

Review:  
 Policy and procedure  
 Resident training curriculum  
 PREA postings  
 Facility tour  
 Interview with residents  
 Interview with Program Manager  
 Interview with Program Administrator

#### **Standard 115.234 Specialized training: Investigations**

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

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

The facility has a standardized process for administratively investigating any allegations. The agency has two former police officers with experience in dealing with sexual abuse/assault investigations as their administratively trained investigators. The agency's PREA Compliance Specialist has also been trained. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The training was provided by the Moss Group.

Review:  
 Policy and procedure  
 PREA Audit Report

Administrative Investigator training curriculum  
Administrative Investigator training certificate  
Interview with Administrative Investigators

### 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 provide in house medical services. All residents will receive outside medical treatment if necessary. Treatment for sexual abuse/sexual assault would be handled by a SANE nurse at Cleveland Metro Health System.

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

The facility also has the option of referring victims to outside counseling services at St. Vincent Charity Medical Center. Federal clients would be referred to Community Treatment Services. A program set up by the Bureau of Prisons.

Interviews of the clinician indicate she knows how and whom to report allegations of sexual abuse and sexual harassment.

Review:  
Policy and procedure  
Interview with Crisis Counselor  
Interview with PREA Coordinator

### Standard 115.241 Screening for risk of victimization and abusiveness

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

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

All residents are screened for risk of vulnerability or abusiveness at intake. The screening tool used included all required criteria in order to accurately assess the resident's risk. The PREA screening form is stored electronically and only approved staff have access to the information. Resident Supervisory staff will complete the initial assessment with the resident during intake. A resident's case manager will complete a re-screen anytime any additional, relevant information is received, a referral, request, or incident of sexual abuse occurs. The

policy does not allow for a resident to be disciplined for refusing to answer or for not disclosing complete information in response to questions on the resident's mental health, sexuality, or previous victimization.

All staff are training on how to complete the screening tool appropriately. An interview with Resident Supervisors confirmed his training on completing the form appropriately and the steps to take should a resident be classified as highly abusive, abuse, highly susceptible, or susceptible.

The Program Coordinator completes a quality assurance check to ensure residents are classified appropriately. Any necessary re-assessments are also reviewed for quality assurance purposes.

Review:

Policy and procedure

Initial PREA assessment screen

PREA assessment rescreen

Interview with Program Administrator

Interview with Program Manager

Interview with residents

Interview with Program Coordinator

Interview with case managers

Interview with Resident Supervisors

#### **Standard 115.242 Use of screening information**

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

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

All residents receive a classification based upon their PREA screening information. Classifications include: none, vulnerable, highly vulnerable, abusive, or highly abusive. A resident's classification will be documented in the facilities data base but no staff member will be able to see the screening form or answers. Any resident who is classified as highly vulnerable or highly abusive will be housed in a designated dorm with a bed that is easily viewable by staff. These residents will also be placed on the "where about" check list 6 times per shift versus 3 times for those who do not have the highly vulnerable or highly abusive classification. The increased checks will continue until management team meets and deems it appropriate to have the increased checks reduced to 3 times per shift. The facility has a resident count sheet which identified any resident that has a classification and the number of required checks.

All residents with a classification have it addressed on their individual program plan. These residents work with their case worker to work on the issues underlining their classification and residents can also be referred to outside counseling if necessary.

The facility is currently housing a transgender resident and has a plan to house such residents safely which include opportunities to shower separately and make housing and program assignments with a transgender or intersex resident's own views taken into consideration. The agency has developed a team that includes the PREA coordinator, PREA manager, Admission's personnel, Mental Health personnel, and the offender that will address placement issues for any transgender resident housed with agency. The auditor interviewed the transgender female client and is satisfied that her views and concerns were taking into account before being placed in the facility.

The facility also is housing an older state client in the federal wing due to his age and other needs. The auditor interviewed the client and he was grateful to the facility for considering what was in his best interest when it came to assigning a housing unit and dorm.

The auditor and facility management discussed the facility's plan to house residents that are highly vulnerable, highly abusive, or transgender/intersex. The facility was able to describe specific bed placement, group separation, ability to shower separately, and the new

protocol on safely housing transgender/intersex residents as ways to ensure the safety of each resident.

Interviews with line staff revealed that the plan works and that there are little to no issues housing the transgender client

Review:  
Policy and procedure  
Facility tour  
Initial PREA assessment screening  
PREA re-screen assessment  
Individual case plan  
Staffing plan  
Interview with Case Managers  
Interview with Resident Supervisors  
Interview with PREA Coordinator  
Interview with transgender client  
Interview with random clients

### Standard 115.251 Resident reporting

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

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

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

The facility has public pay phones with the reporting numbers unblocked to allow free calls to the reporting entities.

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

Review:  
Policy and procedure  
PREA postings  
PREA brochure  
Facility tour  
Interview with Program Administrator  
Interview with Program Manager  
Interview with residents

### Standard 115.252 Exhaustion of administrative remedies

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



relevant review period)

- Does Not Meet Standard (requires corrective action)

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

N/A: The PREA Coordinator states that the agency does not use its grievance system to investigate PREA allegations. Any resident who uses a grievance form to report an allegation will have the form removed from the grievance process and it will be handled like any other reporting method.

### **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 Cleveland Rape Crisis Center to provide emotional support and advocate services to any resident who is a victim of sexual abuse. The facility provides the phone number and address of this agency to residents as well as train them during orientation of the limitations to confidentiality and mandatory reporting.

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

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

The auditor reviewed Cleveland Metro Health's website and reviewed the services available to any resident who may need emotional support after an incident of sexual assault/abuse. The services included support while in the hospital, during any investigation/questioning, court appearances, and any on-going counseling needs. The website confirmed that the services are free of charge and that the hospital partners with Cleveland Rape Crisis Center to provide these services.

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

#### Review:

Policy and procedure  
MOU with Cleveland Rape Crisis Center  
Cleveland Metro Health's website  
Cleveland Rape Crisis Center website  
Emotional Support Training Certificate  
Interview with PREA Coordinator  
Interview with Clinician

### Standard 115.254 Third-party reporting

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

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

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

The facility has not had a third party report.

Review:

Policy and procedure

Oriana House website

PREA postings

Facility tour

Interview with Administrative Investigators

Interviews with random residents

### 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.**

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

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

All staff members with a duty to report based on local law and medical and mental health practitioners are required to inform residents of PREA Audit Report

their status and the limitation of confidentiality at the initiation of services. Interviews with staff members who have a duty to report indicated that they understood their duty to inform residents before providing services.

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

Review:

Policy and procedure

Ohio revised code

Investigation report

Interview with random staff

Interview with Administrative Investigators

Interview with Program Administrator

Interview with Program Manager

### 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.**

Oriana House has several facilities in the Cleveland/Akron, Ohio area as well as other halfway house facilities throughout Ohio. This allows the facility to move either the alleged victim or the alleged abuser to another dorm within the facility, to another facility in the Cleveland/Akron area, to another facility in Ohio, or to release the resident on electronic monitoring. During the interview process, it was very clear that the safety and security of all residents is their primary concern.

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

The facility has not had an allegation of sexual harassment or sexual abuse during this audit period.

Review:

Policy and procedure

Investigation reports

Interview with Administrative Investigators

Interview with PREA Coordinator

Interview with Program Administrator

Interview with Program Manager

### Standard 115.263 Reporting to other confinement facilities

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

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

Upon receiving an allegation that a client was sexually abused while confined at another corrections facility, the Program Manager/Administrator shall notify in writing the head of the facility or appropriate central office of the agency where the alleged abuse occurred and notify the facility's Vice President of Administration and Legal Counsel. The policy requires notification within 72 hours.

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

The facility has not received any report from another agency nor have they had to make a report to another agency.

Review:

Policy and procedure

Interview with Program Administrator

Interview with Program Manager

Interview with PREA Coordinator

Interview with administrative investigators

#### **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.**

Oriana House has a policy outlining first responder duties for any allegation of sexual abuse. The policy contains instructions for how to separate the abuser and victim, protect and preserve evidence until it can be collected by appropriate authorities, do not allow the abuse to destroy evidence, request that the victim does not destroy any evidence, and enacting the PREA coordinated response plan. All staff are trained on first responder duties (security and non-security staff) including role playing potential situations.

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

Each security post has a posting of the first responder duties and coordinated response plan.

The facility has not had an allegation of sexual abuse or sexual harassment during this audit period.

Review:

Policy and procedure

PREA Audit Report

Coordinated response plan/first responder duties posting  
Training records  
Interviews with random staff

### Standard 115.265 Coordinated response

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

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

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

While on the tour, the auditor noted that the written coordinated plan is posted at each security post in the facility. The posting is within a flip chart which is highly visible and clearly marked.

During staff interviews, staff knew and could articulate the coordinated response plan. All staff knew the entire plan and did not differentiate between security and non-security tasks. Staff was able to disclose the location of the plan and discussed how they practice using the plan in various scenarios during training.

Review:  
Policy and procedure  
Coordinated response plan/first responder duties posting  
Interview with random staff

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

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

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

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

### Standard 115.267 Agency protection against retaliation

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

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

The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. The facility has assigned the Program Manager and Program Administrator or supervisory designee as the staff responsible for monitoring against retaliation for at least 90 days. In the case of resident victims, a status check is completed by the facility's emotional support person or if necessary the agency's crisis counselor.

The facility has the ability to move victim, offender, or employees to various other facilities under the Oriana House umbrella in order to protect against retaliation. Offenders can also be placed on electronic monitoring if necessary.

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

The facility has not had an allegation of sexual abuse or sexual harassment during this auditing period.

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

Review:

Policy and procedure

Training records

Interview with Program Manager

Interview with Program Administrator

Interview with PREA Coordinator

Interview with Human Resource Director

Interview with random staff

Interview with random residents

### **Standard 115.271 Criminal and administrative agency investigations**

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

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

All allegations of sexual abuse or sexual harassment including third party and anonymous reports are administratively investigated by 2

trained investigators and any report that appears criminal in nature are referred to the Cleveland City Police District Three who has the legal authority to conduct a criminal investigation.

Both the agency investigators were interviewed and walked through their process of investigating any PREA related complaint and how this information is used determine whether an allegation is substantiated, unsubstantiated, or unfounded. The investigators collect all relevant information (interviews with staff, victim, witness, and the abuser; review any surveillance information, and make note of any facility issue that could have aided in the allegation) and pass this information along with a recommendation to the PREA Coordinator. The PREA Coordinator determines the outcome of the investigation. Both investigators are former police officers and 1 has extensive knowledge in monitoring technology.

The investigators written report includes whether staff actions or failures to act contribute to the abuse and a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Both investigators have a relationship with and work well with the police department and remain informed about the progress of any referred allegation.

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

The auditor discussed with the administrative investigators their assessment for how a case would be determined to be substantiated, unsubstantiated, or unfounded, and their process for referring to legal authority for a criminal investigation.

The facility has not had an allegation of sexual abuse or sexual harassment during this auditing period.

Review:  
Policy and Procedure  
Interview with Administrative Investigators

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

The PREA Coordinator makes the final determination of investigation outcome.

Review:  
Policy and Procedure  
Interview with Administrative Investigators  
Interview with PREA Coordinator

#### **Standard 115.273 Reporting to residents**

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

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

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

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

Review:  
 Policy and procedure  
 Sample notice  
 Interview with PREA Coordinator

#### **Standard 115.276 Disciplinary sanctions for staff**

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

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

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



Review:

- Policy and procedure
- Employee handbook
- Code of ethics
- Interview with Human Resource Director
- Interview with Administrative Investigators
- Interview with random staff members
- Interview with PREA Coordinator

**Standard 115.277 Corrective action for contractors and volunteers**

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

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

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

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

Any person (contractor, vendor, volunteer, or visitor) must read and sign an acknowledgment form stating that they have read and understand the agency's Zero Tolerance Policy and agree to abide by the rules set forth by the agency before entering the facility. The auditor was also required to sign the acknowledgment form each time she entered the building.

The agency contracts with AraMark for its food services. These employees receive the same PREA training an Oriana House new employee would receive at orientation due to the amount of time these contractors spend in the building and interact with the residents.

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

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

Review:

- Policy and procedure
- Contractor/vendor acknowledgement form
- Contractor/vendor training curriculum
- Interview with PREA Coordinator

**Standard 115.278 Disciplinary sanctions for residents**

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

- Does Not Meet Standard (requires corrective action)

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

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

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

There have been no allegations of resident-on-resident sexual harassment or sexual abuse during this auditing period.

Review:

Policy and procedure

Resident handbook

Interviews with residents

Interview with Program Manager

Interview with Program Administrator

#### **Standard 115.282 Access to emergency medical and mental health services**

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

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

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

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

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

The Medical Response Plan is reviewed annually to ensure that all service provider information is current and that the range of services is still available.

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

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

The facility has not had a sexual abuse/sexual assault allegation.

Review:  
Policy and procedure  
Medical Response Plan  
Investigation reports  
Interview with PREA Coordinator  
Interview with Crisis Counselor

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

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

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

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

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

The Medical Response Plan is reviewed annually to ensure that all service provider information is current and that the range of services is still available.

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

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

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

The PREA Coordinator has confirmed the process and practice of how staff will provide unimpeded access to necessary emergency and/or ongoing medical and mental health services. The Agency's PREA Compliance Specialist reviews the information annually.

Review:  
Policy and procedure  
Medical Response Plan  
PREA initial assessments  
Interview with Crisis Counselor  
Interview with PREA Coordinator

### Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Oriana 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 assigned regional Vice President, an upper management designee, Admissions Manager, input from a designated Resident Supervisor and/or Caseworker, Internal Investigator, and any other employee deemed appropriate.

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

FMLCCTC has no allegations of sexual abuse or sexual assault that would require a SART review during this audit cycle, but the auditor has reviewed the incident review form and it covers all required areas. Interview with PREA Coordinator and PREA Manager indicates that all executive approved recommendations will be sent to the Regional Vice President and the facility will document implementation.

Review:  
Policy and procedure  
Client Sexual Abuse/Harassment Review Team report  
Interview with PREA Coordinator

### **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.**

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

The facility's PREA Manager collects the data and send the data to the agency's PREA Coordinator. The information for each facility is used by the PREA Coordinator to complete the Survey of Sexual Victimization for all Oriana House facilities.

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

Review:  
Policy and procedure  
PREA data collection and statistical reporting information  
Interview with PREA Manager  
PREA Audit Report

**Standard 115.288 Data review for corrective action**

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

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

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

The information in the report has been reviewed and approved by the President and CEO of Oriana House, Inc.

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

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

- Review:
- Policy and procedure
  - PREA annual report
  - Oriana House website
  - Interview with Executive Vice President of Administrative Services and Business Relations
  - Interview with PREA Coordinator

**Standard 115.289 Data storage, publication, and destruction**

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

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

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

The aggregated information from each of Oriana House facilities was posted on its website.

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

Review:  
Policy and procedure  
PREA annual report  
Oriana House 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

May 3, 2017

Auditor Signature

Date