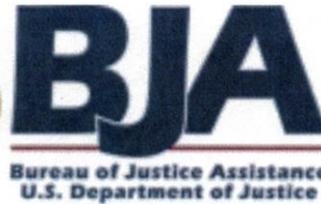


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



<b>Name of Facility:</b> North Central Ohio Rehabilitation Center			
<b>Physical Address:</b> 1440 Mt. Vernon Avenue, Marion Ohio 43302			
<b>Date report submitted</b>			
<b>Auditor information:</b> Flora Boyd			
<b>Address:</b> 5 Rosemount Court, Blythewood, South Carolina			
<b>Email:</b> fbb4577@aol.com			
<b>Telephone number:</b> (803) 312-5199			
<b>Date of facility visit:</b> May 27-28, 2014			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> same as above <i>(if different from above)</i>			
<b>Telephone Number:</b> (740) 386-2232			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	Other:
<b>Name of PREA Compliance Manager:</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Title:</b> N/A
<b>Email Address:</b> N/A			<b>Telephone Number:</b> N/A
<b>Agency Information</b>			
<b>Name of Agency:</b> North Central Ohio Rehabilitation Center			
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i> NCORC Governing Board			
<b>Physical Address:</b> 1440 Mt. Vernon Avenue, Marion Ohio 43302			
<b>Mailing Address:</b> <i>(if different from above)</i> Same			
<b>Telephone Number:</b> 740-386-2232			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Travis Stillion	<b>Title:</b>	Director	
<b>Email Address:</b> tstillion@ncorc.net	<b>Telephone Number:</b>	740-386-2232	
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b> Tracey Orlett and Kari McGinniss	<b>Title:</b>	Case Manager & Program Director	
<b>Email Address:</b> <a href="mailto:torlett@ncorc.net">torlett@ncorc.net</a> <a href="mailto:kmcginnis@ncor.net">kmcginnis@ncor.net</a>	<b>Telephone Number:</b>	740-386-2232	

# AUDIT FINDINGS

## **NARRATIVE:**

The North Central Ohio Rehabilitation Center (NCORC) is a secure 20-bed residential facility for male juveniles who commit felony-level offenses. Located in Marion, Ohio, NCORC is governed by a board of juvenile court judges and funded by the Ohio Department of Youth Services (ODYS). The facility serves five neighboring counties: Marion, Crawford, Harding, Wyandot and Morrow; however, youth can also be referred from other counties. The majority of NCORC residents are probationers and it is their first time participating in a secure residential program. Utilizing the Ohio Youth Assessment System, residents who score moderate and below are placed in the 6-month residential community program, while residents who score high and above are placed in the 9-month residential community program.

NCORC employs 22 full-time and 2 part-time staff including a full-time registered nurse to address the medical needs of each resident. A contract physician and psychiatrist are also available to see residents, as referred by the nurse. There are two therapists licensed through the State of Ohio Counselor and Social Worker Board and Marriage and Family Therapist Board who provide individual and family counseling, as well as some group treatment, while Rehabilitation Advisors provide group intervention and program security.

The program is based on a therapeutic community model which uses a cognitive behavioral approach to help residents modify antisocial beliefs and behaviors. Major services offered by the program include education, treatment, and physical recreation. Residents participate in a minimum of 5.5 hours of school, five days per week provided through contracted services with the North Central Ohio Educational Service Center. Treatment consists of individual, family and group counseling in addition to case management services. Group treatment topics includes; Thinking Errors; Empathy Training; Basic Life Skills Streaming; Advanced Skills Streaming; Conflict Resolution; Self-Management; Alcohol/Drug; and Pro-social Skills.

Custodial parents or guardians are expected to participate in a minimum of five family sessions. These sessions are used to discuss the resident's progress at NCORC and to help with the transition from the facility back to home. Each juvenile court receives bi-monthly progress summaries for each resident in placement at NCORC.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

NCORC shares the campus with the Marion Juvenile Detention Center. NCORC was added to the campus in 1996 making the gymnasium, cafeteria, and kitchen shared areas between to two facilities. Other than the use of these shared areas, no other interaction occurs between the two facilities.

The lay-out of NCORC's secured areas allows for residents to have single occupancy rooms, each with their own sink and toilets. The resident rooms outline a large dayroom which allows for educational and leisure recreation activities. Two separate single showers, 3 classrooms, a library, an independent living kitchen, the Nurse's office, and the control room are located within the secured area. The facility is equipped with surveillance cameras throughout the facility, outdoor recreation yard and the parking area to ensure the safety and security of staff and youth.

## **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on April 15, 2014, six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinators. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received on April 28, 2014. The documents, which were uploaded to a UBS flash drive, were well organized and easy to navigate. The initial review revealed the need for corrective action in regard to some policies and procedures not sufficiently addressing standards and for some standards documentation was not provided. After discussing noted concerns with the NCORC's management team, steps were taken to address each policy concern and required documentation was also provided. Specific actions taken to correct deficiencies are summarized in this report under the related standard.

The on-site audit was conducted May 27-28, 2014. Shirley Turner, Certified PREA Auditor served as my assistant. After meeting with the facility's management staff and ODYS Central Office staff, a complete tour of the facility was conducted including the gymnasium and eating area which is shared with the separately operated detention center. During the tour, youth were observed to be under constant supervision of the staff while involved in various activities. The facility was clean and well maintained. There were no blind spots observed and the surveillance system does not capture youth in showers or in their rooms. One room used for suicidal youth has a camera; however, the area where the toilet is located is not visible on the monitor. A motion detection system which sounds an alarm when everyone enters or exits the shower area was observed. The system was put in place to reduce the likelihood of more than one youth being in the shower area at one time and of staff walking into an occupied shower.

Over the two-day on-site visit, 17 staff including those from all three shifts were interviewed. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities. Ten residents were also interviewed. Residents were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides.

The victims' advocacy service was contacted to verify the scope of services provided as specified in the Memorandum of Understanding (MOU) they have with NCORC. There were no calls received from NCORC residents over the past year.

Secondary documentation to include two PREA related complaints and one report to law enforcement concerning an incident which allegedly took place at another facility were thoroughly reviewed. In all three cases, staff responses were compliant with PREA standards.

Number of standards exceeded: **0**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards Not Applicable: **2**

**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment.**

- 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)

The initial review of NCORC Policy FO-3D-04-7 revealed the policy did not clearly and sufficiently mandate a zero tolerance against towards all forms of sexual abuse and harassment however after a section of the policy was re-written to capture the language contained in the standard, the policy is in full compliance with the standard.

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

NCORC is a stand-alone facility governed by a board of juvenile court judges from five surrounding counties and does not operate any other facilities; therefore there is only the requirement to have a PREA Coordinator. The facility has two upper level PREA Coordinators who share the responsibilities in addition to their duties as Intake/Release Case Manager and Program Director. An interview with the PREA Coordinators revealed that by sharing the responsibilities they both have sufficient time to oversee the facility's PREA compliance efforts and to perform their other duties.

**Standard 115.312: Contract 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)
- Not Applicable

NCORC is a stand-alone facility governed by juvenile court judges from five surrounding counties and does not contract for confinement of its residents.

**Standard 115.313: Supervision and Monitoring**

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

NCORC Policy FO-3A-03 requires the development of a staffing plan which mandates a 1:8 staff to resident ratio during waking hours and a 1:10 staff to resident ratio during sleeping hours. The staffing plan is based upon the facility's rated capacity of 20 beds; however, the average daily resident population since August 2012 has been 17.2 residents. The facility did not deviate from its staffing plan over the past 12 months. The facility's staffing plan and documentation of the annual review of the staffing plan were reviewed and found to be in compliance with this standard.

NCORC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and harassment. Documentation of a recent request to upgrade some cameras to high definition and to add more cameras throughout the facility was provided as an example of how adjustments are determined in an effort to prevent sexual abuse and harassment. Both PREA Coordinators conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment.

### **Standard 115.315: Limits to cross gender viewing and searches**

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

NCORC Policy FO-3A-12 states strip searches of the opposite gender should only be conducted only upon authorization of the Director or Program Director in exigent circumstances. Body cavity searches require the Director's authorization and must be conducted by licensed medical personnel in a medical establishment. The Search Log indicates there were no cross-gender strip searches or body cavity searches of residents in the past 12 months.

The policy also limits pat-down searches to male staff absent exigent circumstances. This was verified during interviews with residents. There were no cross-gender pat-down searches conducted during the past 12 months. The policy requires the completion of a search report following all strip searches, visual body cavity searches and pat-down searches.

NCORC Policies 2C-04 and 2C-04 states single occupancy rooms with toilets allow residents some degree of privacy to perform bodily functions and to shower except in exigent circumstances or when viewing is incidental to routine room checks.

Policy requires female staff, volunteers and contractors entering the housing unit to announce themselves and the control room staff are required to ring a bell. Resident interviews verified this is done on a consistent bases. A motion detector in the shower areas alert residents and staff whenever someone enters or exits the shower area. There was no documented deviation from this policy.

NCORC Policy 3A-12 prohibits the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status and staff interviews verified compliance. Staff training records and staff interviews confirmed that 100% of the staff received training on cross-gender pat searches and searches of transgender and intersex residents.

**Standard 115.316: Residents with disabilities and residents who are limited English proficient**

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

NCORC has identified the North Central Ohio Educational Service Center (NCOESC) to provide interpreter services, a hearing impaired specialist, a vision impaired specialist, an audiologist, an English as a second language specialist, equipment and technology for residents, as needed. A letter from the NCOESC's Special Education Director confirms their ability and willingness to provide services for residents, on an as needed basis.

NCORC Policy 5B-08 requires steps to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. This policy also states the facility will not rely on resident interpreter, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety. Resident interviews verified the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months.

Staff training logs documented training provided by Mental Retardation and Developmental Disabilities agency staff. Therapists are trained to provide appropriate explanations regarding PREA to residents, when needed.

**Standard 115.317: Hiring and promotion decisions**

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

NCORC Policy 1C-08 specifically addresses all elements as required by this standard. A review of staff files revealed that five staff hired during the past 12 months had documented criminal background checks and the questions regarding past conduct were asked and responded to during the interview process. Additionally, the seven contracts for service providers, who have contact with residents, had documented criminal background checks.

According to NCORC Policy 1C-08 and based upon documentation, background checks are conducted every five years. The policy states that material omission regarding misconduct or false information are grounds for termination.

**Standard 115.318: Upgrades to facilities and technology**

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

NCORC has not acquired any new facilities since August 20, 2012. Approximately 18 months ago, some of the surveillance cameras were upgraded to high definition and NCORC has a request pending to add 16 new cameras and to upgrade some of the 36 existing cameras. Documentation identifying the need for the additional cameras and upgrades was reviewed.

**Standard 115.321: Evidence protocol and forensic medical examinations**

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

NCORC Policy 3D-04-1 requires the Facility Director to conduct administrative investigations of abuse allegations; however, criminal investigations are conducted by the Marion County Sheriff's Office and the Ohio Department of Children Services. NCORC has a Memorandum of Understanding with the Marion County Sheriff's Office in which the Sheriff's Office agrees to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

NCORC also has a Memorandum of Understanding with the Forensic Nurse Team, Marion General Hospital to provide confidential emotional support to resident who are victims of sexual abuse. This service is provided at no cost to the resident as outlined in policy. Documentation that the Forensic Nurse Team members are SANE certified was reviewed.

**Standard 115. 322: Policies to ensure referrals of allegations for investigations**

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

NCORC Policy 3D-04-1 requires referrals of sexual abuse allegations to be made to the Marion County Sheriff's Office and the Ohio Department of Children Services. In the past

12 months, NCORC had one allegation of sexual abuse, which occurred at another facility and was reported by a staff member of the other facility. NCORC referred the allegations to Marion County Sheriff's Department. Both residents; the alleged victim and the abuser were housed at NCORC; however, both denied the allegation. The facility followed its policy and documentation of the allegation and follow-up were reviewed and found to be in compliance with this standard. The Division of Youth Services' website describes the investigative responsibilities for conducting investigations for the facilities it operates and funds. NCORC's website also includes its PREA policy which describes how investigative responsibilities are handled for allegations of sexual abuse.

### **Standard 115.331: Employee training**

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

NCORC Policy 1D-01, the training curriculum, staff training records and staff interviews revealed staff receive PREA training during initial training and annually during refresher training. Specific topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. All employees are trained as new hires regardless of their previous experience. Employees sign training rosters verifying comprehension of PREA training which was also verified during staff interviews.

### **Standard 115.332: Volunteer and contractor training**

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

NCORC Policy 1G-01 requires volunteers and contractors who have contact with residents to receive PREA training. This training is provided by the National Institute of Corrections (NIC) online three-hour training program. Certificates of completion were reviewed for volunteers and contractors. Interviews with volunteers and contractors revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment. Volunteers and contractors sign documentation acknowledging that they understand the training they received.

### **Standard 115.333: Resident Education**

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

NCORC Policy FO-3D-04-2 requires residents to receive information within 24-hours regarding the facility's zero tolerance policy and how to report sexual abuse and harassment. Residents are provided a handout entitled "What You Should Know about Sexual Abuse/Assault/Harassment" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Intake staff or therapists review the handout with the residents and residents sign verifying receipt of the information. Documentation of residents' signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter.

The Intake staff or therapist present the PREA information in a manner that is accessible to all residents. If needed, the facility has an agreement with NCOESC to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English deficient.

### **Standard 115.334: Specialized training: 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)

NCORC Policy 1D-01 requires the PREA Coordinators and the Facility Director to have specialized training in investigating sexual abuse in a confinement setting. Documentation of this training was reviewed and is in compliance with the requirements this standard. The facility only conducts administrative investigations. The Marion County Sheriff's Office and the Ohio Department of Children Services conduct criminal investigations.

### **Standard 115.335: Specialized training: Medical and mental health care**

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

NCORC Policy 1D-01 requires PREA training and specialized training for medical staff. A certificate documenting the nurse's participation in specialized training offered on-line by NIC was provided and verified during an interview with the nurse. The nurse does not conduct forensic examinations.

### **Standard 115.341: Screening for risk of victimization and abusiveness**

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

NCORC Policy FO-3D-04-6 requires intake staff and therapists to screen each resident for

risk of victimization upon arrival at the facility and periodically throughout the residents stay at the facility. The policy limits staff access to this information on a “need to know basis”. Documentation and resident interviews revealed that risk screenings are being conducted; however, intake staff and resident interviews indicated they were not asked whether they identified with being gay, bi-sexual, transgender or intersex. Corrective action was taken immediately to update the risk of victimization screening form to ensure residents are asked the question so the response is not solely based upon the interviewer’s perception.

Documentation confirming use of the revised screening form has been verified. Residents meet with their assigned therapist on a weekly basis during which their risk levels are reassessed.

### **Standard 115. 342: Use of screening information**

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

NCORC has one housing unit with single occupancy rooms. Victimization screening information may be used to determine a resident’s room assignment and its proximity to direct care staff in the housing unit to ensure resident’s safety.

NCORC Policy 3C-11 precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Staff interviews also verified compliance with this standard.

### **Standard 115. 351: Resident Reporting**

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

NCORC Policy B-1 provides multi-ways for residents to report sexual abuse and harassment including; a pre-programmed telephone line to an outside agency; the facility provides the addresses in resident’s handbooks for the Marion County Sheriff’s office, the Marion County Children Services, the Marion General Hospital and the Victims Assistance Program so they can write to an outside agency; and they may report to any staff member or family member. Various ways for staff to privately report are also outlined in the policy. Resident and staff interviews along with the resident’s handbook and posted signs verified compliance with this standard.

**Standard 115.352: Exhaustion of administrative remedies**

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

NCORC Policy 3D-07 outlines how the administrative procedure for addressing resident’s grievances regarding sexual abuse or harassment are handled. All elements of this policy comply with this standard. There have been no grievances relating to sexual abuse filed in the past 12 months. Staff and resident interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse or harassment.

**Standard 115.353: Resident access to outside 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)

NCORC Policy 3D-04-8 ensures that residents are provided access to outside confidential support services. The facility has an MOU with the Forensic Nurse Team at the Marion General Hospital to provide emotional support and to conduct forensic examinations. The Forensic Nurse Team was contacted and confirmed that they have received no calls from residents at NCORC in the past 12 months. They also described the emotional support and counseling services that they are able to provide to residents who may be victims of sexual abuse. There is a pre-programmed phone line located in the residents’ housing area with direct access to this service. Resident interviews revealed they are knowledgeable of how to access this service and they were able to describe services offered.

**Standard 115.354: Third-party reporting**

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

NCORC’s website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Also, parents receive information regarding third –party reporting. Resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

**Standard 115.361: Staff and agency reporting duties**

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

All NCORC staff are mandated reporters and are required by NCORC Policy 3D-04-1 and Ohio State law to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also helped to verify the facility’s compliance with this standard.

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

**Standard 115.362: Agency protection duties**

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

NCORC Policy 3D-04-6 requires residents identified as being at risk for sexual victimization to be monitored and to receive counseling from mental health or other qualified staff. Residents are seen weekly by their assigned therapist. There were no residents identified as being at risk for sexual abuse in the past 12 months, as indicated on a log maintained by the facility and as revealed in interviews with the Facility Director and other random staff.

**Standard 115.363: Reporting to other confinement facilities**

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

NCORC Policy 3D-04-1 requires the Facility Director to notify the head of another facility upon receiving an allegation that a resident was sexually abused while confined at another facility. During the past 12 months, there was one allegation made by a staff member from another facility that a NCORC resident was sexually abused when he shared a room with

another NCORC resident when they were housed at the Marion County Detention Center. Immediately upon receiving this allegation, the NCORC Facility Director contacted the head of Marion County Detention Center and informed them of the allegation. He also called the Marion County Sheriff's Office and the Ohio Department of Children Services to report the allegation.

All actions were documented including a follow-up letter to the Sheriff's Office after the responding deputy decided not to investigate. Both residents; the alleged victim and the abuser denied the allegation. A review of this allegation was completed and documented by the facility's Review Team. NCORC received no allegations of sexual abuse from other facilities during the past 12 months.

**Standard 115.364: Staff first responder duties**

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

NCORC Policy 3D-04-1 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There were no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

**Standard 115.365: Coordinated response**

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

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

**Standard 115.366: Preservation of ability to protect residents from contact with abusers.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable  
NCORC is not a collective bargaining agency.

**Standard 115.367: Agency protection against retaliation**

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

NCORC Policy 3D-04-1 requires the monitoring of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. All NCORC staff are charged with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

**Standard 115.368: Post allegation protective custody**

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

NCORC does not have isolation rooms, only single occupancy rooms. Policy FO-3C-11 provides guidelines for the use of room restriction as a last measure to keep residents who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. No residents have alleged sexual abuse in the past 12 months.

**Standard 115.371: Criminal and administrative agency investigations**

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

NCORC Policy 3D-04-4 requires the Facility Director to report allegations of sexual abuse to the Marion County Sheriff’s Office and the Ohio Department of Children Services for investigations. There have been no investigations of alleged resident sexual abuse in the facility that were investigated in the past 12 months.

**Standard 115.372 Evidentiary standards for administrative investigations**

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

NCORC Policy 4D-04-4 states the outside investigative entities, the Marion County Sheriff’s office and the Ohio Department of Children Services, shall impose a standard of preponderance of evidence or lower standards of proof for determining if allegations are substantiated.

**Standard 115.373: Reporting to residents**

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

There were no criminal or administrative investigations during the past 12 months. Therefore, there have been no notices sent to residents. NCORC Policy 3D-04-1 indicates the process is in place to notify residents should the need arise and an allegation proves substantiated, unsubstantiated or unfounded. The PREA Coordinators were interviewed and they were knowledgeable about the reporting process.

### **Standard 115.376: Disciplinary sanctions for staff**

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

NCORC Policy 3D-04-7 requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

### **Standard 115.377: Corrective action for contractors and volunteers**

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

NCORC Policy 3D-04-7 requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. There have been no volunteers or contractors reported in the past 12 months.

The policy also requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Director.

### **Standard 115.378: Disciplinary sanctions for residents**

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

As a residential treatment facility, NCORC Policy 3D-04-7 mandates that any resident found in violation of the facility's zero tolerance policy against sexual abuse, assault, conduct or harassment will be terminated from the program. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

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

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

NCORC Policy FO-3D-04-8 requires therapist to monitor and provide counseling on an on-going basis for residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse. Therapist interviews verified compliance with this standard.

**Standard 115.382: Access to emergency medical and mental health services**

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

NCORC Policy FO-3D-04-8 requires medical staff to document the response and timeliness of emergency medical treatment and access to crisis intervention services for victims of sexual abuse. There have been no victims of sexual abuse in the past 12 months; however, the nurse interview verified that documentation would be provided in the resident's medical record as required by the policy.

**Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

NCORC Policy 3D-04-8 requires immediate and follow-up treatment for victims of sexual abuse. Initially, victims of sexual abuse will be transported to the Marion General Hospital where they will receive treatment and where physical evidence can be gathered by certified SANE nurses. Follow-up treatment will be provided by mental health staff and the victim's assigned therapist. There have been no sexual assault victims in the past 12 months; however, if needed, procedures are in place as verified during medical staff interview.

**Standard 115.386: Sexual abuse incident reviews**

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

There have been no criminal or administrative investigations of sexual abuse in the past 12 months; however, NCORC Policy 3B-13 requires a review of every sexual abuse allegation at the conclusion of the investigation within 30 days. The facility has a review form in place to document such review.

**Standard 115.387: Data collection**

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

NCORC Policies FO-3D-04-10 and FO 3D-04 Definitions, requires the collection of accurate, uniform data for every allegation of sexual assault. The facility's PREA Coordinators collect all data relating to PREA. The Facility Director completed the Survey of Sexual Abuse Violence conducted by the U.S. Department of Justice in 2012. A review of the annual report revealed it was completed correctly according to this standard.

**Standard 115.388: Data review for corrective action**

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

There have been no sexual abuse allegations within the past 12 months; however, NCORC Policy 3D-04-10 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

**Standard 115.389: Data storage, publication and destruction**

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

NCORC Policy 3D-04-10 requires that data is collected and securely retained. The aggregated sexual abuse data was reviewed on the facility's website and all personal identifiers are removed.

**AUDITOR CERTIFICATION:**

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



**Auditor**

**June 15, 2014**