

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: July 6, 2017

Auditor Information			
Auditor name: Flora Boyd			
Address: 5 Rosemount Court, Blythewood, South Carolina			
Email: fbb4577@aol.com			
Telephone number: (803) 312-5199			
Date of facility visit: June 13, 2017			
Facility Information			
Facility name: North Central Ohio Rehabilitation Center			
Facility physical address: 1440 Mt. Vernon Ave., Marion, OH 43302			
Facility mailing address: <i>(if different from above)</i> Same			
Facility telephone number: 740-386-2232			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Travis Stillion			
Number of staff assigned to the facility in the last 12 months: 23			
Designed facility capacity: 20			
Current population of facility: 10			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 12-18			
Name of PREA Compliance Manager: N/A		Title: N/A	
Email address: N/A		Telephone number: N/A	
Agency Information			
Name of agency: North Central Ohio Rehabilitation Center			
Governing authority or parent agency: <i>(if applicable)</i> Same			
Physical address: 1440 Mt. Vernon Ave., Marion, OH 43302			
Mailing address: <i>(if different from above)</i> Same			
Telephone number: 740-386-2232			
Agency Chief Executive Officer			
Name: Travis Stillion		Title: Director	
Email address: tstillion@ncorc.net		Telephone number: 740-386-2232	
Agency-Wide PREA Coordinator			
Name: Tracy Orlett and Kari McGinniss		Title: Assistant Director/Prog. Compliance Director	
Email address: torlett@ncorc.net / kmcginniss@ncorc.net		Telephone number: 740-386-2232	

AUDIT FINDINGS

NARRATIVE

The notification of the onsite auditor's visit was posted on May 3, 2017, six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from one of the facility's 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 other supporting documentation were received on May 25, 2017. The documents, which were uploaded to a UBS flash drive, was 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 documentation for some standards was not provided. After providing written concerns to one of the PREA Coordinators, steps were taken to address each concern and required documentation was provided. Specific actions taken to correct deficiencies are summarized in this report under the related standard.

The on-site visit was conducted June 13, 2017. Certified PREA Auditor, Shirley Turner served as assistant and conducted some staff and resident interviews. After meeting with the facility's management staff and Ohio Department of Youth Services (ODYS) Central Office staff, a complete tour of the facility was conducted including the gymnasium and eating area which is shared with the Marion Juvenile Detention Center. During the tour, youth were observed 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. A motion detection system sounds an alarm when everyone enters or exits the shower area. 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. Also, female staff, contractors and volunteers ring a bell prior to entering the housing area to alert the residents.

PREA posters and the notice announcing the PREA Auditor's onsite visit were observed throughout the facility. The victims' advocacy service hotline was called to verify the line was functional and to inquire as to the scope of services provided when residents call the hotline.

During the on-site visit, 14 specialized staff and eight random direct care staff interviews were conducted. Random staff interviews included staff assigned to all three shifts. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities toward preventing, detecting, reporting and responding to sexual abuse and sexual harassment. Six residents were also interviewed and found to be well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services provided by the victims' advocate.

Resident files, staff training records and other PREA related documentation including investigative files of allegations of sexual harassment and one allegation of sexual abuse were reviewed.

DESCRIPTION OF FACILITY CHARACTERISTICS

In the early 1990's, five counties, Marion, Hardin, Wyandot, Crawford and Morrow came together to write a competitive grant for the construction of a community corrections facility to be located in Marion, Ohio. The grant was submitted in 1992 and the construction began in 1995. The North Central Ohio Rehabilitation Center was constructed as a community corrections facility to house juveniles adjudicated of lower level felony offenses from rural counties, typically property crimes. NCORC was built to keep the youth close to home and out of the juvenile prison system.

NCORC's mission is to make a positive and instrumental difference in the lives of youth by providing rehabilitative treatment to meet their individual and collective needs to become productive law abiding citizens.

The first youth came in July 1996. The facility was originally designed to house males and females. After 3 months it was determined it served the communities better as an all male facility.

NCORC's rated capacity is twenty male offenders housed in single rooms. The age for admission is 12-18 year olds. The average population for Fiscal Year 2017 has been 10.7 youth. The average age is 15.8 years old and the average length of stay has been 7.87 months.

NCORC employs twenty-three (23) full time employees. The average tenure for staff is roughly three years however, several employees have worked at the facility for 10 plus years.

The NCORC initially became accredited by the American Correctional Association in January 2009 and most recently re-accredited in January 2015. In May 2014, the NCORC underwent its first Prison Rape Elimination Act (PREA) audit and was found to be in compliance.

NCORC uses a cognitive behavioral approach utilizing a level system based on the Thinking Errors approach. One community is composed of "moderate risk" youth who could complete the program in a minimum of 6 months. The other community consists of "high risk" youth who could complete the program in a minimum of 9 months. The amount of time it takes for the youth to progress differs between each community due to the total number of points required to move from level to level.

NCORC has three (3) teachers contracted through River Valley School Systems – North Central Ohio Education Service Center. The teachers provide year round instruction. Academic needs of youths (ages 12-18) at all grade levels are addressed. Youth receive classroom instruction 5.5 hours daily Monday through Friday. Physical conditioning and recreation is also a part of the daily schedule.

NCORC has on staff two therapists licensed by the State of Ohio Counselor and Social Worker Board and Marriage and Family Therapist Board. The therapists provide cognitive restructuring and behavior modification during individual, family, and group therapy sessions.

The facility utilizes a contract psychiatrist to youth whose parents cannot afford to pay for psychiatric services.

The facility's philosophy is to provide as many opportunities as possible for a youth to learn to make positive changes as well as the motivation, support, and encouragement to do so. However, it is the youth's individual responsibility to take advantage of these opportunities. NCORC staff is always available to assist a youth with any problems that he may have while in the program.

Community Service projects vary for youth. The youth have the opportunities to help at the Salvation Army Food Bank, YMCA, Marion County Auditors office and the Common Ground Free Store ministries.

NCORC is co-located with the Marion Juvenile Detention Center (MJDC) and the two facilities share use of the gymnasium, cafeteria, and kitchen. Other than the use of these shared areas, no other interaction occurs between the two facilities.

The design of NCORC's secure areas allows residents to have single occupancy rooms, each with its own sink and toilet. The sleeping 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

NCORC was found to be in compliance with all applicable 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; 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.

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

NCORC Policy FO-3D-04-7 mandates a zero tolerance towards all forms of sexual abuse and harassment. 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.

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 managers as PREA Coordinators who share the responsibilities in addition to their duties as Assistant Director and Program Compliance Director. An interview with one of the PREA Coordinators revealed by sharing the responsibilities they both have sufficient time to oversee the facility’s PREA compliance efforts and to perform their other duties.

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

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard is not applicable to NCORC based upon the following evidence:

NCORC Policy 2B-03 states “the facility only operates one facility and does not contract for confinement of its residents” and the interview with the Agency’s Contract Administrator confirmed there are no contracts for the confinement of youth,

Standard 115.313 Supervision and monitoring

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

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

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. Initially, a shift roster was provided instead of a staffing plan. Upon request, the staffing plan was provided and indicated the staffing plan is based upon the facility's rated capacity of 20 residents; however, the average daily resident population for the past year has been 10.7. Observation during the facility tour revealed compliance with the staffing plan ratios. An interview with the Director verified the facility regularly develops and reviews its staffing plan to ensure adequate staffing levels and video monitoring are in place to protect residents.

The facility did not deviate from its staffing plan over the past 12 months. The facility's staffing plan and documentation of the review of the staffing plan, dated January 5, 2017 were initially reviewed and found to only contain the signature of one of the PREA Coordinators although the Director and the other PREA Coordinator were present during the review. Corrective action was taken and signature lines were added to the Staffing Plan Review form and the Director and the other PREA Coordinator signed acknowledging their participation in the review. NCORC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and harassment.

Policy FO-3A-03 requires intermediate or higher-level staff to conduct unannounced rounds to deter and identify staff sexual abuse and sexual harassment. Documentation provided of unannounced rounds dated back to 6/4/14. The initial review revealed the majority of the unannounced rounds were conducted by the same person, one of the PREA Coordinators, between the hours of 4:00 a.m. and 6:00 p.m.; however, additional documentation was later provided indicating unannounced rounds were conducted by other intermediate level staff on all shifts and in all areas of the facility. An interview with a higher level staff member indicated unannounced rounds are performed on all three shifts and documented.

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor 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.

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

NCORC Policy FO-3A-12 states strip searches of the opposite gender should only be conducted 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 facility's staffing plan requires at least one male staff on duty at all times. 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 by ringing a bell. Resident interviews verified this is done on a consistent basis. A motion detector in the shower areas alert residents and staff whenever someone enters or exits the shower area.

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)

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.

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

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 Assistant Superintendent 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.

Therapists are trained to provide appropriate explanations regarding PREA to residents, when needed. There have been no residents at NCORC who required these services in the past 12 months.

Standard 115.317 Hiring and promotion decisions

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

Auditor 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.

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

NCORC Policy 1C-08 specifically addresses all elements as required by this standard. A review of staff files revealed the ten newly hired or promoted staff 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. The facility consults with the Ohio Central Registry on Child Abuse and Neglect and contact any prior institutional employers for information regarding any substantiated allegations of sexual abuse or resignation during a pending investigation. There have been no new contractors, who have contact with residents, in the past year however documentation of their previous criminal background checks was made available.

According to NCORC Policy 1C-08 and based upon documentation, background checks are conducted every five years. The policy states material omission regarding misconduct or false information are grounds for termination. A listing of all employees with their initial background check dates and their five year renewal date is maintained.

Policy 1C-08 also requires the consideration of any incident of sexual in determining whether to hire or promote anyone or enlist services of any contractor who may have contact with residents. The Human Resource staff interview verified compliance with this standard.

Standard 115.318 Upgrades to facilities and technologies

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

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.

NCORC meets th requirements of this standard based on the following evidence:

NCORC has not acquired any new facilities or made any structural modifications since the last PREA audit in May 2014, however the camera system to include 12 new cameras have been added throughout the facility.

NCORC Policy 2-B-02-1 requires when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, NCORC shall consider how such technology may enhance NCORC's ability to protect residents from sexual abuse.

During the facility tour, the video surveillance system was observed and camera upgrades and additions were pointed out by staff. Minutes of the the Annual Staffing Plan Review which was held on January 5, 2017 referenced a discussion about the current video surveillance system.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor 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.

NCORC meets the requirements for this standard based upon the following evidence:

NCORC Policy 3D-04-1 requires the Facility Director to conduct administrative investigations of sexual abuse allegations; however, criminal investigations are conducted by the Marion County Sheriff's Office and the Ohio Department of Children Services.

Random staff interviews confirm the facility conducts administrative investigations and the Marion County Sheriff's Office conducts criminal investigations.

NCORC has a Memorandum of Understanding (MOU) with the Marion County Sheriff's Office in which the Sheriff's Office agrees to follow the uniform Ohio Protocol for Sexual Assault Forensic and Medical Examination which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

NCORC also has a MOU with the Forensic Nurse Team, Marion General Hospital to provide confidential emotional support to residents 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. There were no forensic exams conducted in the past 12 months or since the last PREA audit in May 2014.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor 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.

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

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 (ODCS). In the past 12 months, NCORC had one allegation of sexual abuse, which was made against a staff member after the youth had been released, and there were 6 allegations of sexual harassment. The sexual abuse allegation and one sexual harassment allegation were referred to Marion County Sheriff’s Department and ODCS. Five sexual harassment allegations resulted in administrative investigations. The Marion County Sheriff’s Office policy governing the conduct of investigations was reviewed and complies with the standard.

The facility followed its policy and documentation of the allegation and follow-up were reviewed and found to be in compliance with this standard.

ODYS website describes the investigative responsibilities for conducting investigations for the facilities it operates and funds. 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)

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.

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

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 requirements of the standard 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)

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.

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

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) in an online three-hour training program. Certificates of completion were reviewed for volunteers and contractors.

Interviews with a volunteer and a (teacher) contractor 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)

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

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 PREA 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.

During the facility tour, PREA information was observed posted throughout the facility. Resident interviews revealed they have knowledge of PREA, the victim’s hotline and advocacy services available to them.

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)

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.

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

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 and the Marion County Sheriff’s Office and the Ohio Department of Children Services conduct criminal investigations as outlined in the MOU between the facility and the Sheriff’s Office,

Certificates of completion for the National Institute of Corrections’ (NIC) online course “Investigating Sexual Abuse in a Confinement Setting” were reviewed for Director and both PREA Coordinators.

Standard 115.335 Specialized training: Medical and mental health care

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

Auditor 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.

NCORC meets the requirements of the standard based upon the following evidence:

NCORC Policy 1D-01 requires PREA training and specialized PREA training for medical and mental health staff.

A certificate documenting the nurse’s successful completion of specialized training entitled “Medical Health Care for Sexual Abuse Victims in a Confinement Setting” offered on-line by NIC was provided and verified during an interview with the nurse.

Certificates documenting the two Therapists successful completion of specialized training entitled “Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting” offered on-line by NIC was provided and verified during an interview with a Therapist.

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)

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.

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

NCORC Policy FO-3D-04-6 requires within 72 hours of admission, 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 and resident interviews confirm they are asked if they have ever been sexually abused, whether they identify with being gay, lesbian, bi-sexual, transgender or intersex.

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

A review of several resident files revealed Vulnerability Assessment forms are completed and are maintained in residents files.

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)

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.

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

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.

Documentation of how risk screening information is used was reviewed and is in compliance with the standard.

NCORC Policy 3C-11 states residents at risk of victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternate means of keeping all residents safe can be arranged. The policy also precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Staff interviews also verified compliance with this standard.

All detainees shower separately as indicated in Policy 2C-05.

Standard 115.351 Resident reporting

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

Auditor 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.

NCORC meets the requirements of this standard based on the following evidence:

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 and verified during random staff interviews..

NCORC has an MOU with the Marion General Hospital to provide confidential emotional support services related to sexual abuse. Residents can use the phone to make a call at anytime. During the facility tour, a test call was made to the Marion General Hospital; however, the dialing instructions were not correct. Corrective action was immediately taken and the instructions were corrected and reposted.

Resident and staff interviews along with the resident's handbook and posted signs verified compliance with this standard.

The policy mandates staff take reports of sexual abuse or sexual harassment in person, in writing, anonymously or through a third party. Written reports must be submitted immediately or no less than 24 hours. Random staff interviews confirmed compliance with policy. Interviews also verified options for privately reporting sexual abuse or sexual harassment for resident victims.

Residents are provided access to writing tools to report sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment or for reporting staff neglect which may have contributed to such an incident.

Standard 115.352 Exhaustion of administrative remedies

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

- Does Not Meet Standard (requires corrective action)

Auditor 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.

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

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. A review of the facility’s grievance form revealed residents were required to describe in writing the allegation of sexual abuse or sexual harassment. Corrective action was taken to revise the grievance form to allow the resident to simply check a box indicating the grievance is in reference to a sexual abuse or sexual harassment.

During the facility tour, grievance forms and grievance boxes were observed to be readily available for residents.

The residents’ handbook contains relevant information regarding filing grievances.

Standard 115.353 Resident access to outside confidential support services

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

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.

NCORC meets the requirement of this standard based upon the following evidence:

NCORC Policy 3D-04-8 ensures that resident victims of sexual abuse and sexual harassment 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 hotline was contacted to ensure residents have direct access to services. The person answering the hotline described the emotional support and counseling services 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, what services are offered and the mandatory reporting rule that applies when reporting.

Standard 115.354 Third-party reporting

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

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

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

NCORC’s website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident.

Facility staff send parents 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)

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.

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

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 revealed their knowledge of mandatory reporting.

Interviews with the Nurse and Therapist confirmed their responsibility to inform residents 18 year old of their duty to report and limitations of confidentiality. Parents provide consent for residents under 18.

Policy 1C-17 prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security decisions.

Upon receiving an allegation of sexual abuse, procedure FO-39-04-1 requires the Director to notify the Marion County Sheriff’s Office, the ODYS, the youth’s parents/legal guardian, juvenile court, Children Services, the facility Nurse and the Therapist.

Standard 115.362 Agency protection duties

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

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

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

NCORC Policy 3D-04-6 requires residents identified as 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)

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.

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

NCORC Policy 3D-04-1 requires the Facility Director to notify the head of another facility and law enforcement within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility. The policy also requires the documentation of the notification.

During the past 12 months, there were no allegations reported by another facility that a resident alleged sexual abuse which at NCORC and there were no allegations made by a NCORC resident that he was sexually abused while at another facility.

Standard 115.364 Staff first responder duties

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

- Does Not Meet Standard (requires corrective action)

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

NCORC meets the requirement of this standard based upon the following evidence:

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 the alleged victim not take any action that could destroy physical evidence; and ensure 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 was one allegations of sexual abuse by a former resident during the past 12 months.

Random staff and first responder interviews revealed considerable knowledge of actions to be taken upon learning a resident alleges sexually abuse.

Standard 115.365 Coordinated response

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

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

NCORC meets the requirements of this standard based on the following evidence:

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)

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.

NCORC is not a collective bargaining agency therefore this standard is not applicable.

Standard 115.367 Agency protection against retaliation

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

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

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

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)

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.

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

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; however, a former resident allege sexual abusr after his release.

Standard 115.371 Criminal and administrative agency investigations

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

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

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

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. The Facility Director conducts administrative investigations into sexual harassment allegations and gathers information for the law enforcement agency for criminal investigations for allegations of sexual abuse. The facility fully cooperates with law enforcement and remains informed regarding the status of the investigation.

The policy also states the following: the agency will not terminate an investigation solely because the source of the investigation recants the allegation; the credibility of the of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the persons status as resident or staff; and the departure of the alleged abuser or victim from employment or control of the facility shall not be a basis for terminating an investigation.

The Director and both PREA Coordinators have received specialized training in conducting sexual abuse investigations in a confinement setting.

There was one investigations involving the alleged sexual abuse of a former resident in the past 12 months. The investigative file was reviewed and found to be in compliance with the facility's policy and this standard.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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

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)

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.

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

NCORC Policy 3D-04-1 states relevant information will be requested from the investigative agency in order to inform the resident of the results. The policy requires following an investigation, the resident who made the allegation be informed as to whether an allegation proves substantiated, unsubstantiated or unfounded.

There were one criminal investigations during the past 12 months. However, the allegation was made by a former resident through the Ohio Department of Children Services. Therefore, no notices have been sent.

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

NCORC Policy 3D-04-1 states following a resident's allegation a staff member or another resident committed sexual abuse against a resident, the agency will subsequently inform the resident (unless the agency has determined the allegation is unfounded) of the status of the staff member or other resident.

Standard 115.376 Disciplinary sanctions for staff

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

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

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

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)

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.

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

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)

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.

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

As a residential treatment facility, NCORC Policy 3D-04-7 mandates any resident found in violation of the facility’s zero tolerance policy against sexual abuse, assault, 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.

Tere were no residents placed in isolation as a sanction for resident-on-resident sexual abuse. NCORC does not have isolation however residents may be restricted to their rooms for one`hour.

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

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

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

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

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.

Mental health staff interview verified compliance with this standard and the facility’s policy requirement. They also confirmed they have residents who are 18 years old sign consent forms.

In the past 12 months, no residents have disclosed prior sexual victimization or previously perpetrated sexual abuse. However documentation of follow-ups and evaluations are maintained in the resident’s clinical file. Access to this information is limited to medical and mental health staff and other staff as necessary to make informed decisions.

Standard 115.382 Access to emergency medical and mental health services

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

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

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

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 resident 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.

Random staff interviews revealed resident victims who allege sexual abuse would be taken to on-duty medical staff. However, if medical staff is not on duty steps would be taken to protect the victim and medical staff would be notified.

NCORC Policy 3D-04-8 mandates resident victims are offered without costs treatment services and access to sexually transmitted infections prophylaxis.

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

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

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

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

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 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 resident sexual assault victims in the past 12 months; however, if needed, procedures are in place as verified during medical staff interview. The one allegation of sexual abuse in the past 12 months was made by a former resident after his release. The investigation by law enforcement concluded the allegation was unsubstantiated.

Medical and mental health staff interviews confirmed sexual abuse victims receive medical and mental health services consistent with the community level of care to include follow-up services, treatment plan and referral services as needed.

NCORC Policy 3D-04-8 mandates resident victims are offered without costs tests for sexually transmitted infections and treatment services.

Standard 115.386 Sexual abuse incident reviews

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

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

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

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 sexual abuse and review form in place to document such reviews.

There was one unsubstantiated allegation of sexual abuse in the past 12 months and an incident review was conducted within 30 days of the conclusion of the investigation. Documentation of the completed investigation was reviewed and found to be in compliance with the standard.

The incident review team consisted of the Director and the facility's two PREA Coordinators.

The review team considered each of the components as outlined in this standard; however, the report stated there were no specific recommendations or corrective action at that time.

Standard 115.387 Data collection

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

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

NCORC meets the requirements for this standard based upon the following evidence:

NCORC Policies FO-3D-04-10 and FO 3D-04 requires the collection of accurate, uniform data for every allegation of sexual abuse at NCORC using a standardized instrument and a set of definitions..

The facility's PREA Coordinators collect all data relating to PREA.

A review of the annual report revealed it was completed in accordance with the standard.

Standard 115.388 Data review for corrective action

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

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

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

Policy 3D-04-10 states NCORC shall review data collected and aggregated in order to assess and improve for corrective action, to improve the effectiveness of its prevention, protection and response policies, practices and training including, identifying problem areas, taking corrective action on an on-going basis; and preparing an annual report of its findings and corrective actions.

NCORC's annual PREA Report dated April, 2017, reflects: data findings; corrective actions; and a comparison of current year data to previous years' data.

The annual report is approved by the Executive Director and is available for public viewing on the facility's website.

Standard 115.389 Data storage, publication, and destruction

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

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

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

Policy 3D-04-10 requires that data is collected and securely retained.

A review of the facility's website revealed the aggregated sexual abuse data is readily available and all personal identifiers have been removed.

AUDITOR CERTIFICATION

I certify that:

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



July 6, 2017

Auditor Signature

Date