

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: SEPTA Correctional Facility	
Physical address: 7 W. Twenty Nine Drive, Nelsonville, Ohio 45764	
Date report submitted: July 24, 2014	
Auditor Information Pam Sonnen	
Address: 4 Fitchs Point Road, Garden Valley, Idaho 83622	
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Telephone number:	208-462-2289
Date of facility visit: 6-30-2014 and 7-1-14	
Facility Information	
Facility mailing address: <i>(if different from above)</i>	
Telephone number: 740-753-5000	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Private not for profit x Community Confinement Center
Facility Type:	<input type="checkbox"/> Jail x Prison
Name of PREA Compliance Manager: Scott Weaver	Title: Program Director
Email address: scottweaver@septacbc.org	Telephone number:
Agency Information	
Name of agency: SEPTA Correctional Facility	
Governing authority or parent agency: <i>Grant agreement with the State of Ohio owned and operated by the governing counties</i>	
Physical address:	
Mailing address: <i>(if different from above)</i>	
Telephone number:	
Agency Chief Executive Officer	

Name: Monda DeWeese	Title:	Executive Director
Email address: mondadeweese@septacbc.org	Telephone number:	740-753-5000
Agency-Wide PREA Coordinator		
Name: See Above	Title:	
Email address:	Telephone number:	

AUDIT FINDINGS

NARRATIVE: The Prea audit for the SEPTA Correctional facility occurred on June 30th and July 1 st 2014. I Pam Sonnen was the auditor. I wish to extend my sincere thanks and appreciation to the Executive Director Monda DeWeese and her staff. They all were very open and friendly during the entire audit process. I would also like to compliment Scott Weaver the PREA Coordinator, Brenda Mohny the Administrative Assistant, and Patrick Sikorski for all their work and assistance during the audit. Scott Weaver worked very hard to get me all the documents prior to the audit.

I interviewed 16 staff to include the director, intake, hearing compliance officer, two teachers, medical director, chemical dependency counselor, contract administrator, prea coordinator, monitor of retaliation, 7 resident monitors and 8 residents. I conducted a phone interview with a member of their Excutive Committee. There were no offenders with disabilities, limited English speaking ability, or gay or who had reported abuse.

I conducted a meeting at the beginning of the audit with the management team. I next conducted a tour of the facility. I was very impressed with the tour everywhere you went there were posters for staff, offenders and the public explaining the zero tolerance policy and explaining how to report. During the tour I pointed out several doors to closets or store rooms that needed windows placed in the doors. The facility wrote up a work order to get those accomplished. They emailed me pictures of the window frames they had purchased and the light motion detectors they are putting in the offices. I spoke to several residents and staff asking about PREA and all responded appropriately to the questions. Staff and residents all stated supervisors regularly walked the units unannounced.

At the time of the audit there were a few policies that needed to be updated and those were addressed during the first 30 days prior to the report.

DESCRIPTION OF FACILITY CHARACTERISTICS:

SEPTA Correctional Facility is a regional community-based correctional facility housing 106 male felony offenders and 43 staff. Residents are non-violent, non-dangerous offenders. SEPTA is fully funded through the Ohio Department of Rehabilitation and is locally governed by the SEPTA Facility Governing Board and the SEPTA Judicial Advisory Board. The residents stay from 90 to 180 days. They offer various programs and work release.

Everything is under one roof with two units for housing. The facility is well maintained and clean. Staff and residents were very open and friendly. I could tell that there was a good culture after seeing good interaction between staff and offenders. I observed cameras in all areas of the facility and it also should be noted that currently they have a commitment letter to add more cameras at a cost of \$144,808.00. Some offices were located in the middle of the facility that did not have any windows while I was there they put out a memo requiring the lights be on at all times for the safety of staff and residents. They are also adding motion detecting lighting for offices.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 6
Number of standards met: 31
Number of standards not met: 0
Non-applicable: 3

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

xx 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 facility has a good policy on zero tolerance of sexual abuse and sexual harassment. They also have posters everywhere in the facility to include visiting areas and the lobby. They have a PREA coordinator and is very dedicated and has the time and resources to meet the goals of the audit. The policy has strategies for response and prevention. The policy clearly outlines the consequences for any violations for staff and residents.

§115.12 - Contracting with other entities for the confinement of inmates

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)

N/A The facility does not contract with anyone for confinement of residents

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

Xx 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 facility has a staffing plan that provides for the adequate staffing levels, video monitoring, the physical layout and any area that may be vulnerable for abuse. My only recommendation for improvement would be to conduct a staffing analysis to insure you have the correct relief factor. I provided the PREA Coordinator with information from the National Institute of Corrections on how that can be accomplished. The facility does review the staffing plan once per year.

§115.14 – Youthful Inmates

- 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)

N/A The facility does not house anyone under 18 years of age

§115.15 – 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)

The facility does not conduct cross-gender searches. The staff are trained to conduct transgender searches. Every staff and resident stated that female staff never pat or strip search male offenders. All residents can shower, use the rest room, without female staff viewing them. All residents confirmed this in the interviews. I observed those areas during the tour and they all were not in the site of female staff.

§115.16 – Inmates with Disabilities and Inmates 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)

The facility has an excellent policy to provide residents with disabilities and who are limited English to be educated and to report any allegations of sexual misconduct. They have a MOU with Ohio University for translation services. They have had their materials done in brail. They have posters up in English and Spanish. The facility never uses resident interpreters.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

Xx 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 facility has a policy that prohibits hiring or promoting anyone who has had any kind of sexual misconduct. This includes sexual harassment. Criminal background checks are conducted prior to hiring and then every five years. All contractors fall under the same policy. The application asks the applicant about any previous misconduct. It also requires staff to report any future misconduct. Material omissions will be grounds for termination.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

Xx 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 facility has not had any upgrades to the facility. The facility consistently looks at their cameras to insure all areas are recorded. They are installing 149 thousand dollars' worth of new technology. While we were touring I was shown where all the upgrades were going. After completion the facility should be completely covered.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility only conducts administrative investigations. The Nelsonville P.D. conducts all criminal investigations. They would not provide their protocols. The facility has a MOU with the Nelsonville P.D. They also have a MOU with Ohio University Survivor Outreach Program to provide victim advocates, support through the forensic exam, accompanying the victim to the hospital and through all of the investigatory process, they provide referral services and follow up services. The hospital has safe/sane nurses on duty. All services are provided at no cost to the resident.

§115.22 – 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)

All investigations are required to be completed. There have been no allegations of any kind in the last 12 months. The policy requires all allegations that may be criminal in nature will be referred to Nelsonville P.D. The MOU describes the responsibilities of the agencies.

§115.31 – 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)

All staff are trained when hired and yearly. Additionally most of the staff have taken additional training thru the National Institute of Correction. The training covered all areas as outlined in the standard. All staff interviewed stated they have had several hours of training and understand the responsibilities to comply with PREA. The training is tailored to the gender of the resident. Several staff have been trained in conducting investigations and also victim support person training. Some staff jokingly stated the have been trained to death.

§115.32– 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)

All contract staff received the same training as stated above. They have not entered into any contract in the last 12 months. All contracts will include a provision to comply with PREA.

§115.33 – Inmate 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)

Residents receive information at intake about PREA. All residents at the facility have received training at intake and within the last 30 days on the different ways to report. The hand book outlines the steps to report. The education is in Spanish and braille. All residents sign an acknowledgement. Posters are in all the units and program and visiting areas. The hotline number is posted by all the phone. While on the tour I called the number and received an answer. All residents spoken to and interviewed knew how to report and knew the process for an investigation and treatment.

§115.34 – 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)

Several staff have been trained in conducting administrative investigations. All criminal investigations are completed by the Police department. The training included interviewing, use of Miranda, Garrity, Weingarten, first responders, investigations and notifications and incident reviews.

§115.35 – 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)

All medical contract staff have been trained in their responsibilities. They do not do any forensic exams. Those are done at the hospital where there are Sane/Safe nurses. Training records were examined. I interviewed the supervising nurse who also verified training. The staff have also been trained in PREA victim support person training.

§115.41 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 residents entering the facility receive a screening for their risk or their propensity for being an abuser. This screening is done within 72 hours most often in the first 8 hours. The tool met all screening criteria. The tool is objective. It also considers prior acts. All residents are reassessed after 30 days and when needed after that date. Offenders are not disciplined if they refuse to answer any questions. All of the forms are kept private and only staff who have a need to view can view the file.

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility uses all information gathered to make housing decisions. They have no one score out as a victim or possible abuser but they have the means to separate if necessary. They have a room that can be used for Trans genders if they so desire to be able to shower in private and to be more closely monitored by staff. The policy outlines that they consider housing or programing on an individual basis. They do not house females so the transgender residents would have to be placed in a different facility if that need arose. The facility does not isolate any resident based on their identification.

§115.51 – Inmate Reporting

xx 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 facility has multiple ways for residents to report privately or to the agency about anything related to PREA. They can tell any staff, they can send a confidential note to the facility head. They can call the hotline. They can have family call. This information is posted on the facility web page and on posters throughout the facility and in their handbook. All information can be anonymous. Staff are also allowed to report all of those ways.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 grievance policy outlines ways to file a grievance without time frames if the resident so chooses. The resident does not have to try to resolve the issue with the staff prior to filing a grievance. Anyone can help the resident in filing for administrative remedies. The policy outlines the procedures for filing an emergency grievance and all time tables outlined in the requirement. The only time a resident would be disciplined would be if they filed it in bad faith.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 residents interviewed knew that the facility offered outside victim advocates and emotional support services at no charge to them. They understood the confidentiality of those conversations. Their MOU is up to date and active.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility has many methods for reporting for third parties. They can call or email the PREA coordinator or the facility head. They can also use the toll free number. This information is on the posters in the lobby and also on their web site.

§115.61 – 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)

Staff are required to report immediately any knowledge, suspicion, or any information on Sexual Harassment or abuse. They are also informed that they must keep this information confidential. All staff spoken to or interviewed are aware of the requirement.

§115.62 – 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)

All staff interviewed knew and would take immediate action if they learned a resident was in imminent danger.

§115.63 – 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)

Policy outlines the process for reporting to other confinement facilities. This has never happened at this facility.

§115.64 – 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)

Policy outlines first responder duties and all staff have been trained. During tour and interviewing staff they all responded appropriately on the procedures.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility has a written coordinated response plan. All staff were trained in this plan and all knew about the plan during the interviews.

§115.66 – Preservation of ability to protect inmates 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)

N/A the agency has no collective bargaining.

§115.67 – Agency protection against retaliation

xx 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 facility has a policy strictly prohibiting any retaliation. If an allegation is against a staff member they will be placed on paid administrative investigation. If it is against a resident then they will be removed from the facility. During this period and for as long as necessary there is services provided to the victim. The facility developed a form to keep track of anyone who may be retaliated against and time lines to make contact. If a staff member cooperated during the investigation the PREA coordinator who also is the facility retaliation contact will insure there is no retaliation.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility only conducts administrative investigations. Nelsonville Police Department conducts all criminal investigations. Staff have been trained in conducting administrative investigations. No investigations have occurred in the last 12 months. First responders are required to isolate and contain for evidence collection. If administrative investigations policy outlines all the standards as written in standard 115.71. A-L

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 policy outlines that a preponderance of evidence is required to be substantiated.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 policy outlines the procedures for informing the resident as described in this standard.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 policy clearly describes the disciplinary action that will occur if a finding of sexual harassment or sexual abuse is substantiated. Staff will be terminated if abuse occurred. If a staff terminates the appropriate licensing bodies and law enforcement will be notified

§115.77 – 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)

Facility policy is consistent with the PREA standards. All contractors or volunteers would be removed from the facility until the completion of the investigation.

§115.78 – Disciplinary sanctions for inmates

- 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)

Facility policy outlines procedures for disciplinary sanctions and consider all the residents back ground to include mental capabilities. This policy states they will only discipline a resident that was involved with a staff if the staff did not consent. All sexual activity is prohibited.

§115.82 – 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)

The facility procedures require staff to immediately get medical care to include an ambulance if necessary.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility has an MOU with Ohio University Survivor Outreach Program for all treatment to include follow up after release. All medical will be done at the hospital. Residents are given information on any possible sexually transmitted infections. All services are free of charge to the resident.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility has a policy on incident reviews that meet this standard. There have been no allegations at this point.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 policy outlines the requirements for data collection. They fill out the report that goes to DOJ. At this time they have had no incidents.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility policy meets the requirements. There have been no incidents

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 facility does post on the web site that they have had no reported incidents.

AUDITOR CERTIFICATION:

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

PAM SONNEN

Certified PREA Auditor

Auditor Signature

Date