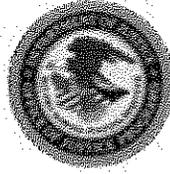


PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: Lebanon Correctional Institution (LeCI)	
Physical address: 3791 State Route 63, Lebanon, Ohio 45306	
Date report submitted:	
Auditor Information A. F. Beeler	
Address: c/o American Correctional Association, 206 North Washington St., Suite 200, Alexandria, VA	
Email: afbjab@aol.com	
Telephone number: 800-222-5646	
Date of facility visit: July 30 – August 1, 2014	
Facility Information : Post Office Box 56, Lebanon, Ohio 45036	
Facility mailing address: (if different from above)	
Telephone number: 513-932-1211	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input type="checkbox"/> XState
	<input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Jail <input type="checkbox"/> XPrison
Name of PREA Compliance Manager: Daniel Hudson	Title: Compliance
Email address: Daniel.Hudson@odrc.state.oh.us	Telephone number:
Agency Information	
Name of agency:	
Governing authority or parent agency: Ohio Department of	
Physical address: 770 West Board Street, Columbus, OH 43222	
Mailing address:	
Telephone number:	
Agency Chief Executive Officer	
Name: Gary C. Mohr	Title: Director
Email address: Gary.Mohr@odrc.state.oh.us	Telephone number: 614-752-1164
Agency-Wide PREA Coordinator	
Name: Andrew Albright	Title: Chief, Bureau of Agency Policy and Operational
Email address: Andrew.Albright@odrc.state.oh.us	Telephone number: 614-752-1708

AUDIT FINDINGS

NARRATIVE: The PREA audit of the Lebanon Correctional Institution, to include the satellite camp adjacent to the main facility, was conducted on July 28 – August 1, 2014, by Art Beeler, Lead Auditor and Maggie Cappel, Correctional Consultant. Prior to the PREA audit, Mr. Beeler and Ms. Cappel participated in the American Correctional Association Reaccreditation audit of the facility with a third auditor from July 28 – July 30, 2014. During the ACA audit, the team toured the facility. We noted PREA notices as well as ACA notices posted in the living areas of the inmates. Mr. Beeler and Ms. Cappel visited areas they had not initially visited during the original tour on July 31, 2014.

As noted in the audit findings of Ms. Aguirre who was the lead auditor at the Grafton Correctional Complex, which Art Beeler served as a second member, a decision was made to accept the interviews conducted by Mr. David Hassenritter and Tom Eisenschmidt, PREA auditors, of four Central Office staff for the purpose of this audit. Ohio has conducted eight PREA audits since April 2014, and it was determined to re-interview these four would be at best redundant and non-productive. Additionally, Ms. Aguirre interviewed Mr. Andrew Albright at Grafton as to if there were any changes since the initial interviews. Therefore, the previous documented interviews of Ohio Department of Rehabilitation and Control Central Office Staff. These interviews included those of Director Mohr, PREA Compliance Manager Albright, Agency Contract Administrator Kelly Sanders and Human Resource Staff Member Kim Rowe. Transcripts of these interviews were reviewed by Lead Auditor Beeler.

Since the last review of a ODRC facility, an interpretation of PREA Risk Assessment (Standard 115.41) regarding staff needing to make a judgment based on perception and other factors regarding an individual's history which would appear to contradict the self-report of inmates. Given this clarified interpretation of the standard as documented in a Frequently Asked Question (FAQ) on the PREA Resource page, Auditor Beeler had conversations with Liann Bowman of Mr. Albright's staff to review the changes made to the PREA Risk Assessment as conducted by the Case Managers and Medical Staff. The new assessments include questions in which those completing have to determine if there is information which would appear to contradict the self-report of the offender as to their potential to sexual victimization, given physical characteristics or mannerisms. While Ohio has altered their assessment forms this July (DRC 1164 E & DRC 1163 E) and conducted training on these new instruments, it is noted that most of the staff involved do not believe they have the appropriate training or expertise to make these judgments. And while we reviewed the new assessment against the standard and the interpretation of the FAQ both of the auditors conducting this audit concurred that these questions of perception unless based upon behavioral benchmarks are problematic.

Key staff at the facility during the week of the ACA and PREA audits included: Ernie Moore, Warden, Thomas Schwitzer, Deputy Warden of Operations, Chae Harris, Deputy Warden Special Services, Dan Hudson, Compliance Manager, Ellen Myers, Warden's Assistant (ACA Coordinator), Jason (JT) Hall, Investigator, Casey Barr, Investigator, Major Doug Luneke, Chief of Security, Richard Huggins, Unit Management Chief, Jean Smith, Health Care Administrator, Dr. James Kelley, Mental Health Administrator, Unit Managers: Lora Austin, Marty Snively, Jennifer Rutherford, and Duane Johnson, Business Administrator Laura Orahoske, Training Director Brian McWhorter, and Personnel Director Tonya Charles. Staff from the Central Office included: Chief, Bureau of Agency Policy and Operational Compliance Andrew Albright, PREA Compliance Administrator Liann Bower, Audit Administrator Michelle Burrows, and Deputy Chief Inspector Paul Shoemaker. A discussion was also held with Trooper Joe Hunter of the Ohio State Patrol.

During the course of the three days, Ms. Cappel and Mr. Beeler conducted formal interviews with thirty-four staff and twenty inmates. Two inmates did not wish to participate in the interview process. The staff interviews included medical staff, contractors, volunteers, mental health staff, first responders, intake staff, staff conducting risk assessments, executive staff, investigators, Ohio State Highway Patrol Trooper, random staff, victim support, restrictive housing staff, unit management chief, unit managers, case managers, and supervisory correctional staff. In addition to these staff members, Mr. Beeler contacted Ms. Mary Jo Butler, with the Women to Women, a local Rape Crisis Center, who has entered into a Memorandum of Understanding to provide victim services as necessary. Since the implementation of PREA, Ms. Butler indicated their organization had provided services to two (2) offenders from LeCI. She indicated their office had a good rapport with the staff at LeCI. She did indicate she wished the "guards" had a better understanding of the center's role.

DESCRIPTION OF FACILITY CHARACTERISTICS: Located in the Southern region of the Ohio Department of Rehabilitation and Corrections, approximately 45 miles north of Cincinnati and in the approximate center of 1,915 acres, the Lebanon Correctional Institution (LeCI) complex was constructed from 1957 to 1960 at a cost of \$12 Million. It consists of 40 acres within a double fenced Compound, including 11 acres of indoor space, entirely under one roof constructed in a "telephone pole" configuration.

The institution employs more than 500 individuals who represent some 70 occupations and professions. These include custody and security, education, health care, maintenance, sanitation, laundry, recreation, industry, farming and religion. In 2012, the ODRC made a decision to outsource their food service operations and currently Aramark has the contract to provide food service to the inmate populace. It is of note that the major issues involving sexual misconduct at LeCI this past year have occurred with female food service foremen.

The main institution can house approximately 2,150 level three inmates. The Lebanon Correctional Institution camp is staffed by 11 employees and houses approximately 194 minimum security inmates. The main institution maintains 1,740 general population and 293 segregation beds divided into five units of approximately 500 beds each.³ The Ohio Penal Industries, (O.P.I.) operate four prison industries within the institution. These include the Ohio License Plate Distribution Shop, the auto license plate shop, and the license plate validation sticker shop. These shops are responsible for producing materials used throughout the state institutions around Ohio, including: all of Ohio's license plates, all license validation stickers, a variety of subscriber services, and fishing and game license.

A large farm operation involving 1,500 acres of tillable land, an ultra-modern dairy facility and provide a viable source for food and dairy products for this facility and other state operated institutions.

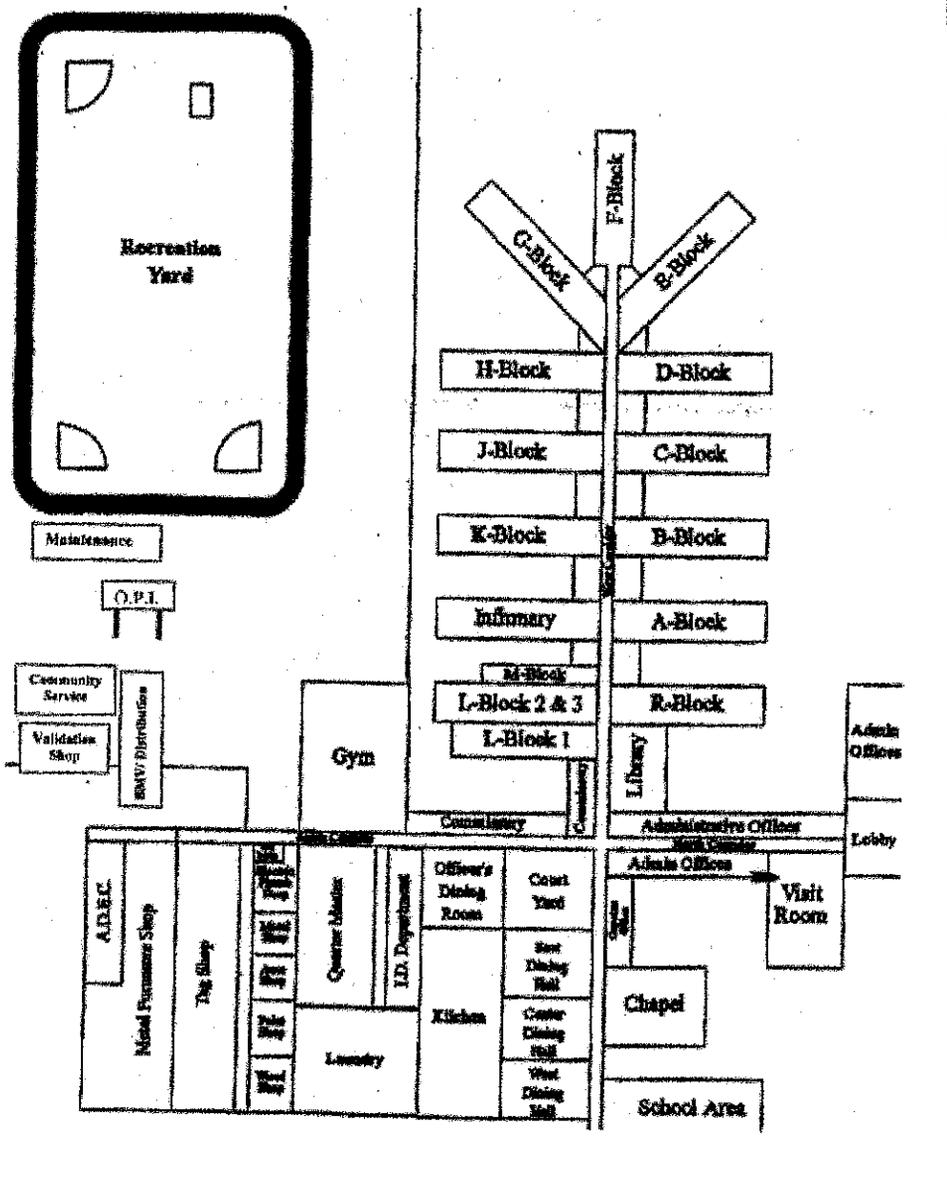
LeCI conducts a corrections education environment that allows inmate students to choose from a variety of academic offerings including: Adult Basic Education (ABE), Pre-GED, General Education Development (GED). While offenders may enroll in post-secondary education programs with the assistance of educational staff, there are no state sponsored post-secondary education programs at LeCI.

LeCI also offers a number of career enhancement programs including: business information systems, culinary arts, and office systems specialist. All of these programs and classes are conducted by fully certified teachers. Forty-four offenders are involved in apprenticeship programs in diverse occupational specialties to include dog handler to plumbing.

Other program areas include chapel services, a fully staffed library, Narcotics

Anonymous, Alcoholics Anonymous, psychological services, case and unit management services, recreation and institution maintenance.

This provides a picture of the design of the main institution.



SUMMARY OF AUDIT FINDINGS: As with the other two PREA audits in Ohio the lead auditor has been associated with, LeCI has expended a significant amount of time, staff resources, and monetary resources in working to achieve PREA compliance. There is absolutely no doubt that the institution's management is desirous of achieving such certification. This is no easy task at LeCI given its age, physical structure, high security nature of the population and institutional culture. The PREA compliance coordinator recently hired devotes a significant amount of time to PREA issues attempting to inculcate them into the culture and sinew of the staff populace. He is widely respected by all at the facility and the Warden, in the audit team's opinion, made a wise choice in his selection as it will take someone widely respected by staff to assist with the cultural shift which is occurring at LeCI as a result of PREA and other changes made by the ODRC in their shifts directed toward reintegration. Toward that end the audit team

found that while all staff had been appropriately trained in PREA and its philosophy, and could quote to you chapter and verse the regulations concerning same, there were some who questioned the need for the act. Three inmates and three staff indicated that derogatory comments to individuals of differing sexual orientations or crimes had generally stopped; however, some continued to make comments in public which were not directed toward any individual in particular. The audit team had more than 70 years of correctional experience between them with the vast majority in management and administration and both auditors view this change from specific individual to a general statement a move in the right direction. While the behavior of this small group of staff has not made the jump to language which is not sexually charged, it has moved from the individual. The audit team recommended and the administration at LeCI will at its next in-person staff training scheduled for November conduct significant sessions on the danger of sexually charged language. A lesson plan has been developed which addresses each of the areas of concern. An examination of this lesson plan demonstrates the institution will specifically address the use of sexually charged language. The Warden has indicated if a sustained issue of inappropriate language comes to his attention, he will discipline the staff member who uses it.

In a like manner, the ODRC and LeCI have expended thousands of dollars in upgrading cameras throughout the facility. As a result of PREA, 176 cameras have been installed (7 Tilt, Pan, and Zoom) with an additional 21 scheduled to be installed at the time of the audit. This is in addition to more than 100 cameras which were already installed at the facility for security reasons. A vast majority of these PREA cameras have been placed in housing units, high congregate areas, kitchen and corridors. The schematic for these new cameras is been included as an appendix to this report. The audit team acknowledges the psychological effect of cameras on the population and has witnessed firsthand their ability to change behavior, yet realizes that cameras of any by themselves are not the end all of any behavioral change to include PREA. The institution also understands this and has taken steps to make cameras more effective. The IT staff has set up individualized menus for each Lieutenant so they can review certain cameras on a multi-plex screen. Both investigators keep the monitors tuned to the many different cameras throughout the facility. It is recommended that the monitoring screens in the Shift Commander's Office also remain on 24/7. To make camera monitoring more proactive, the audit team is recommending the institution identify high risk areas for sexual misconduct, such as the corridor in front of the coolers in food service, and place some type of motion detector on that camera so that when someone enters it the detector brings up the camera for viewing. A similar area might be the corridor beside the commissary. Communication with ODRC reveals that the cameras at LeCI have the capability to use motion detection and notification. An information specialist at the Central Office is working with LeCI staff to implement motion detectors on cameras the institution indicates is high risk.

The investigators at LeCI are outstanding and their knowledge of PREA is typical of what the lead auditor has found at other Ohio facilities. They are well trained as investigators with significant experience in conducting administrative investigations. While they are not criminal investigators, they are well versed in the aspects of criminal investigations. During the audit, the lead auditor had the pleasure of sitting down and discussing PREA with the two institutional investigators, the Deputy Chief of Investigations from ODRC as well as the Trooper from the Ohio State Patrol assigned to the facility. All four were extremely well versed with PREA, how to investigate PREA to include sensitivities involved, as well as how to coordinate with others (medical and mental health) to ensure the wellbeing of all involved was factored into discussions. All were cognizant of *Miranda* and *Garrity*. Of note, it is estimated that about 50% of the investigators time is currently spent on PREA issues, which may self-correct as the processes become more a part of routine (such as background investigations) but this amount of time being spent on PREA issues may have an unintended consequence of other investigatory issues (drug interdiction) not being given an amount of attention which may have previously been given. It is recommended that the PREA coordinator with the data supplied by the investigators develop a pin map of documenting both PREA allegations of harassment and abuse as well as sustained findings. This pin map should be used to develop analysis of the high risk areas in the institution of undesirable behavior.

LeCI has a vast farm area adjacent to the main institution and camp. These outside areas are far reaching to include a large dairy operation, sewage treatment facility, beef cattle, water well fields, and accompany silage and crops. It was noted that any visits in the farm areas are not documented by institution executive staff, Administrative Duty Officer and Camp Unit Manager. It is recommended that unannounced rounds in these areas be documented. A log has been placed in the Dairy Barn since the audit.

LeCI being an older facility had "gang showers" as part of their design. The institution has done an innovative job in designing individualized compartments closed off by $\frac{3}{4}$ curtains in each of the gang showers resulting in areas of privacy for offenders taking showers. There was one area (3B-3rd Floor) which had not had the privacy curtains installed and a couple of areas where urinals needed to have a partition of some sort put in front of them to keep females from viewing the genitalia of the offenders (F/S, Camp and Staff Training). All of these were being completed during the audit. Since the audit all of these have been completed and are in place.

During our interviews with offenders, we found some were uncomfortable writing their concerns in a "kite" (written communication to staff), as there was a place for the kite which indicated that living unit officer needed to initial it. Although there is significant evidence to demonstrate that staff responds to kites whether or not an officer's initials are placed, it is the team's recommendation ODRC review this policy and change it to allow for offenders to provide written communication of a sensitive nature to any staff member. Ohio has since the audit removed the necessity of the officer initialing the kite before it is forwarded. This is a change in policy more than practice.

In a somewhat similar manner, the team found that some offenders voiced concern in calling the "hotline" as they had to enter their individualized pin number to access the phone system. Again, it is recommended that ODRC review and develop a manner where a non-identifiable pin be used to access the PREA hotline. ODRC has met with Informational Technology at the Central Office and they are working with the vendor (GTL) to resolve hotline issues not only at LeCI but all facilities.

The last issue the audit team believed warranted further examination flies in the face of sound correctional management. PREA is very clear that inmates involved in sexual abuse not be disciplined. However, the one case where a contract staff member is awaiting sentencing, it was found that the offender involved had as many as 20 phone calls to this employee before it was found that a sexual encounter had occurred. The offender was disciplined not for the sexual behavior but for the violation of their phone regulations. LeCI did its due diligence in this matter as they contacted the Central Officer (Mr. Albright) who had discussions with the ODRC's general counsel's office. It was the conclusion of ODRC that the discipline of the offender was alright as it was the violation of him initiating the phone calls with this contract staff member. The team opines a review of this policy be taken in light of the PREA standard that no offender be disciplined when sexually abused. The team wrestled with this issue as they have no doubt the offender initiated the contact, but given the law regarding sexual abuse, which places the onus on the employee and not the offender, we believe any discipline of the offender for a related offense may be viewed as not in the spirit of PREA. Our recommendation is that ODRC general counsel contact PREA and reviews their policy as defined by this particular instance. After the audit Compliance staff met with Trevor Clark, Staff Attorney, ODRC, to review the policy on establishing relationships. The administrative regulation has been changed to soliciting a relationship instead of establishing a relationship. We believe this change is in the spirit of PREA.

Number of Standards Exceeded: 5
Number of Standards Met: 34
Number of Standards Not Met: 0
Non Applicable Standards: 3

**§115.11 – 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)

The Ohio Department of Rehabilitation and Correction is vested from its demonstration of staff training, inmate training, personnel allocation, resource allocation and policy development and implementation toward maintaining a zero tolerance of all forms of sexual abuse and sexual harassment. Since embarking on achieving compliance regarding PREA, the department has written and revised as necessary many policies and conducted training on them. There are five main ORDC written policies: 79-ISA-01 Prison Rape Elimination; 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation; 79-ISA-03 Sexual Abuse Review Team; 79-ISA-04 PREA Risk Assessment and Accommodation Strategy; and, 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, Intersex. These policies touch upon the vast majority of PREA standards as delineated. These policies are well written and readable and provide an overall directive philosophy toward preventing, detecting, and responding to sexual abuse and harassment. Where necessary these policies have been augmented locally with operational memorandum. The ORDC has taken a strong stance of review and whenever an issue which has been promulgated in policy has demonstrated unwanted consequences revisions have been made. An example of such is "buzzer" by female officers and staff during the early morning hours. The departmental policies are well organized and retrievable by the department's Intranet system. There is an organized methodology for review and revising of policy.

The department's PREA compliance manager is Mr. Andrew Albright. He has taken on the responsibility of the Director's desire of PREA compliance with vigor and diligence. He has developed in a short period of time a knowledgeable staff that assists him and is very visible at the institutions in assisting them. These staff include: Ms. Liann Bower (PREA Compliance Administrator) and Ms. Charlotte Owens (PREA Implementation Plan Administrator). All three know the statute, standards and departmental policy. They develop fixes when an area of concern is noted. One example of this is a recent move to automate the risk assessment instruments and soon the investigatory instrument to insure each area has to be completed before the form is completed. It is noted that Mr. Albright has access to the Director and seems to have full authority to develop, implement and oversee any issues relative to PREA. Staff recognizes he has the authority of the Director in any area PREA. Mr. Albright is very involved at the institution level, and he claims to have enough time to devote to PREA activities.

Mr. Daniel Hudson was recently chosen as the Compliance Manager at LeCI. Mr. Hudson, as mentioned previously is well respected by staff and works diligently at addressing all areas PREA at LeCI. He has worked his entire career at LeCI and his beginnings in custody and

recreation give him credentials with the staff. He has made numerous appearances at roll calls and other institutional venues to teach and inform staff of PREA, the standards and the policies. Mr. Hudson indicates he has enough time to perform his compliance duties which include PREA.

The Warden, Ernie Moore, is a veteran of the ODRC having once served as its Director. It is evident he has embraced Director's Mohr philosophy and direction toward PREA. He has been very involved with policy implementation at the local level. It is noted that the team opines this transition would not have been as smooth with another administrator. Mr. Moore had previously served as Warden at LeCI and is well known by staff. He goes out of his way to communicate to staff issues and demonstrates by modeling that these changes are not only necessary but the right thing to do. His knowledge of the institution and staff has gone a long way in making this transition go as smoothly as it has. He is the first to admit that the institutional culture of the facility will not change overnight, but he also is very clear he will not tolerate any violations.

The other executive staff members at LeCI, two Deputy Wardens, Warden's Assistant, Major and Unit Management Chief all provide a unified stance with the Warden. This was refreshing to note and speaks volumes of the leadership provided by the Warden.

§ 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)

Not Applicable

This standard is not applicable for LeCI. The ODRC contracts with outside entities to manage the confinement of offenders only at the Lake Erie Correctional Institution and the North Central Correctional Complex. No other inmates housed in the ODRC are housed with a private agency.

§ 115.13 – 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)

The Ohio Department of Rehabilitation and Control oversees and monitors that all facilities develop and document a staffing plan. This staffing plan is supplemented at LeCI by video monitoring to protect inmates against sexual abuse. ODRC 79-ISA-01 establishes guidance for developing staffing plans. The staffing plan is reviewed annually by the institution, the

region, the PREA Coordinator in the Central Office and other staff in the Central Office. Unannounced rounds are conducted throughout the facility. Interviews with executive staff, shift commanders and lieutenants reveal that unannounced rounds are done in such a manner that discernible patterns are not detectable. Unannounced rounds are recorded in log books at each area of the facility to include the satellite camp. It is recommended that log books be placed in strategic locations in the "farm" areas of the facility and routine monitoring occur to ensure these "farm" areas are receiving unannounced visits. More than 176 cameras have been installed with 21 pending at the time of the audit to augment staffing. Recommendations have been made to enhance these cameras with motion detectors on high risk areas of the institution. Interviews with staff and inmates demonstrate the presence of rounds.

§ 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)

This standard is not applicable to LeCI. The ODRC had made the decision that all youthful offenders are to be housed at the Madison Correctional Institution (males) and Ohio Reformatory for Women (females). We were advised that these inmates are housed in specialized units designed to meet their particular needs.

§ 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)

Policy and practice have been implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia. Members of the opposite sex staff announce their presence each time they enter a housing area. At LeCI this is done by the presence of an audible buzzer. This buzzer clearly announces the presence of a female staff member in the living unit. The buzzer is not particularly liked by offenders, especially in the early morning hours, which has resulted in a policy variance which allows for female staff to verbally announce their presence in the early morning hours. While this is currently not allowed by the interpretation of PREA standards, the audit team opines this requirement for each female staff member to announce their entry in the unit is reviewed. If there is a female staff member who is assigned to the living unit and that staff member is located on the unit all day, the team believes some alternative to every female staff member having to buzz in each time they are entering a unit is not only noisy but counterproductive. On the days we were at LeCI, because of the design of the facility (telephone pole construction), there were times multiple buzzers were going off from multiple housing units. While all female staff was observed to be consistent in their

application of policy, during interviews most female officers did not like the buzzers. They were almost universal in their opinion the buzzers did not: 1) allow them to do their jobs in enforcing the rules and regulations of the institution, and 2) set them up to have inmates so inclined to masturbate at their windows when they are doing rounds. We suggested to the institutional PREA coordinator that a study be done for the next six months measuring the number of misconduct reports written for masturbation by offenders and measure that against a six month period prior to the buzzers being placed in the units.

Staff at LeCI do not conduct cross gender visual searches; body cavity searches are authorized only to be conducted with approval by medical staff; and staff do not pat search transgendered or intersex inmates to determine genital status. Staff and inmates alike during interviews confirmed this policy. Staff also confirmed they have received training on how to conduct cross-gender pat searches and pat searches on transgendered and intersex offenders.

Review of lesson plans and training records demonstrate that staff has been trained as outlined. Inmates did not indicate any objection during the interview process of having females conduct pat searches and did not indicate that doing so had impeded their ability of attending any program.

§ 115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 institution substantially meets this standard. They do not use inmate interpreters for non-English speaking inmates. They have a contract in place with a telephone interpreter service which allows for staff to speak to offenders who do not speak English if there is not a staff member fluent in the language. The institutional PREA coordinator has indicated he spends time ensuring this small subset of the institution population has their needs met up to an including meeting with them individually. It was noted during the interview process that offenders identified as having hearing disability said they did not (one at camp and one at main institution). Main educational material is provided in Spanish and English. Interviews with inmates demonstrate that staff does not use inmate interpreters to interpret information. The inmate education video includes sign language and subtexts. The governing policy is found in 79-ISA-01.

§ 115.17 - Hiring and Promotion Decisions

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

A random review of personnel records and interviews determined ODRC has established a system of conducting criminal background checks for new employees and contractors. This system of background investigations is designed to ensure they do not hire or promote anyone who had engaged in sexual abuse in a prison or other confinement setting. The investigators at LeCI have been conducting background investigations retroactively to ensure that all persons who have contact with offenders are covered. The department has instituted a policy that follow-up background investigations are initiated every five years on all staff and contractors. These backgrounds have been completed in a short period of time to meet PREA. The department is developing a systemic methodology to have these investigations conducted without overloading any group of staff.

Policy requires staff to disclose any sexual abuse in prison or other institution whether convicted or administratively adjudicated. Staff interviews reveal that staffs understand these changes. During an earlier audit ODRC implemented a policy to ask employees each year to disclose any sexual misconduct covered under PREA. This revision was found in policy 79-ISA-01.

§ 115.18 – Upgrades to Facilities and Technology

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

LeCI was opened in 1960 and is designed in a telephone pole modality under a single roof. The cell houses are generally three tiered. The design of the facility is consistent with older facilities and was not designed to promote privacy. LeCI staff has done a good job in taking this facility and substantially meeting the guidelines of PREA. The work which has occurred to substantially meet the guidance of PREA is much greater than most institutions will have to do to master the issues. As mentioned previously, gang showers have been retrofitted to allow for individual shower compartments allowing offenders to shower in privacy. Additionally, the institution has installed more than 176 cameras for PREA with another 21 to be installed. In most housing units more than 15 cameras were added to provide for an overview of each unit in an effort to eliminate blind spots. Because of the scale of the facility, it was recommended that to make monitoring more proactive motion detectors be added to cameras which are identified in high risk areas. The PREA Compliance Administrator for ODRC has reported that motion detectors can be attached to cameras and staff in Columbus is working with staff at LeCI to make this a reality. Additionally, IT had already developed individual viewing screens for Lieutenants. A pin map has been developed for the Institutional PREA Coordinator to track allegations and sustained cases of abuse and harassment. This tracking may lead to identification of high profile areas. From the discussion with ODRC staff as well as institutional staff all retrofits and designs are taking PREA into consideration.

§ 115.21 – Evidence Protocol and Forensic Medical Examinations

- X 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)

LeCI is responsible for conducting or coordinating sexual abuse investigations. The institution does not conduct forensic medical examinations. These examinations are conducted at a local health care facility under the supervision of the Ohio State Patrol. An MOU between the ODRC and OSHP was signed on February 13, 2014. The MOU calls for both agencies to work cooperatively and collaboratively in developing an evidence protocol as well as investigation of PREA allegations. The MOU has a requirement that all investigations follow the universal evidence protocol as established by the DOJ's Office on Violence against Women. The OSHP officers have taken the same training as institutional investigators concerning PREA. While the ODRC does not have contracts with "hospitals" in the normal sense, the institution sends cases to Franklin Medical Center who cares for offenders. They have staffs that are trained in SANE/SAFE procedures. The institution has a MOU with the local rape crisis center, Women to Women. As indicated earlier in this report, the Executive Director of the center indicates they have a good relationship with the institution. She does desire for correctional staff to have a clearer understanding of the rape center's responsibilities. In addition to the staff at the crisis center, the institution has designated nine staff that has collateral duties as victim support persons. The VIPs interviewed take these duties very seriously. All of them have been trained and the ones interviewed are comfortable advocating for the victims. They all know of a need to accompany the offender to the hospital for examination if the offender desires.

§ 115.22 - Policies to Ensure Referrals of Allegations for Investigations

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

The primary policy prepared to ensure that information is reported is: 79 ISA 02. Additionally, there are operational memorandums and memorandum of understandings to ensure that cases are referred for investigation. The relationship between the ODRC and OSHP is unique among those experienced by this auditor. It is evident this cooperative relationship has developed so there are not jurisdictional issues. We did not interview the local district attorney; however, both the institutional investigators and the OSP trooper interviewed indicated a very good relationship.

§ 115.31 – Employee Training

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

As indicated, staff at LeCI can quote the information regarding PREA without hesitation. It is clear that a great deal of effort has been undertaken in both face to face training as well e-training. A review of lesson plans and training records reveal painstaking efforts have been made to ensure that all staff has received training. ORDC requires all staff take a

post-test to ensure a baseline knowledge of information. Additionally, records demonstrate that volunteers and contractors have all received training. Interviews with volunteer and contractors show they have been well versed in the zero tolerance position of the ODRC toward sexual harassment or abuse. They have also been informed on how to report instances of alleged abuse or harassment.

§115.33 - Inmate Education

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

During intake the offenders are provided information regarding PREA. They receive a pamphlet as well rule book which are printed in Spanish or English. A PREA video produced by ODRC is shown to all offenders. The video has subtexts and a sign language interpreter on film. The video is well done and provides the base line of information to each offender. During our interviews with offenders some required prompting regarding the "hotline" information as well as how to contact others. As soon as they were prompted, the inmates answered the questions and information correctly. Given the ability to show the video on their closed circuit TV link, we recommend to the Warden that the video be shown on the circuit. If during discussion with offenders they forget information, the video may be shown to them. During the time we were there for the PREA audit there were no intakes. It was clear that procedure and process was established to ensure offenders received requisite information upon intake. The offenders also undergo a period of institutional admission and orientation. All offenders had the opportunity to receive additional information there. Posters and other educational material were seen throughout the facility. It was clear in interviews and by discussion with offenders they knew of the agencies policy of zero tolerance.

§ 115.34 – Specialized Training: Investigations

- XExceeds 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 investigators, regardless if they are OSP or ODRC, attend ODRC PREA investigator training and acknowledge they understand the information provided in the training. At LeCI both institutional investigators are experienced and well versed in investigatory techniques. The OSP agent assigned has also attended the training. They have also attended e-training and specialized training as sponsored by the department. The lesson plans and slides were reviewed. It is clear the investigators at LeCI know how to conduct PREA and other investigations. The training included techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings and information required to meet administrative and/or prosecutorial referrals. Policies include 79-ISA-01 and 79-ISA-02.

§ 115.35 – Specialized training: Medical and mental health care

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

Substantial compliance was demonstrated via agency policy 79-ISA-01, medical protocols and guidelines and practice as demonstrated by review of records. All medical and mental health staff has received specialty training. It is clear that staff understand their roles in providing services to the offender population. Staffs were able to articulate how to interview inmates who were victims. They also demonstrated knowledge of how to manage the alleged perpetrator, which is often forgotten. They know how to professionally respond to victims of sexual harassment and abuse. Medical and mental health staff has to demonstrate competency on how to manage victims. During the review of materials before the on-site visit it was noted that forms used by mental health staff to provide documentation of clinical review were not always completed. It is suggested this be included in the QM process on record reviews to ensure clinical reviews are completed to include the signature of the provider. Medical staffs do not complete forensic examinations. Medical staff has recently expanded information provided in their assessment. PREA Resource Center recently opined that if an offender during an assessment interview denied being LGBTI but the clinician perceived otherwise, they needed to document this. It is suggested this practice be reviewed once again as medical staff or case management staff probably are not in a position during assessment to make judgments counter to what an offender says unless there are overt reasons to make this judgment. As we all know, overt indicators are often not present.

§ 115.41 - Screening for Risk of Victimization and Abusiveness

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

LeCI has done a good job in developing an assessment program for risk of victimization and abusiveness. The policy which documents the process is 79-ISA-04. The screening tools were recently changed after an opinion was made that if an offender denied victimization there needed to be a review of this denial especially if staffing doing the assessment opined that the offender demonstrated indications of potentially being victimized. It is noted that staff are uncomfortable in making this assessment as those completing the assessments do not believe they are qualified in making this judgment. It is also wondered if an assessment screening is the best method for such a perception to be documented with possible housing and work implications. The screening occurs within 72 hours of arrival. This was verified by interview and record review. The offender is taken to medical immediately after intake at the facility where medical staff completes the assessment and reviews the medical record. The assessment continues with case anagement/classification specialist completing a more social assessment by asking a series of questions and records review. The process is completed by the unit manager or the unit management chief depending upon the outcome of the assessment. The questions asked of the offender are objective. The additional judgment by medical or case management staff is subjective

based upon not only objective criterion but professional judgment. Reassessments are to be completed between 15 to 30 days after initial assessments. A review showed that these reassessments are being conducted. Inmates remember being asked specific questions upon intake and indicate the information is being confidentially maintained. Much discussion was had during the week with the Warden, PREA Coordinator, staff conducting assessments and others regarding the screening process. Staff were comfortable completing the objective questions; however, they did not believe they were qualified to make subjective judgments being asked.

§115.42 – Use of Screening Information

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

The Unit Management Chief uses the information gleaned from the screening instruments to determine housing and job assignments. Staff takes this responsibility seriously and works diligently to keep higher risk offenders in general population job assignments and housing assignments without placing them in situations where they may be victimized. There is a general population unit at LeCI designed to manage offenders who are classified as special needs from a supervision perspective. This is not a unit with segregates LGBTI offenders into a specialized unit or put sexual victims in a specialized unit. A review of interviews and records demonstrates those identified as gay and transgendered are not exclusively placed in this unit. This auditor was especially impressed with the unit manager who supervises the unit described. The unit manager was just as concerned in making sure alleged perpetrators are not assigned to this unit by manipulation. The policies governing the use of screening information is found in 79-ISA-04 and 79-ISA-05. ORDC is not under any sort of consent decree or other settlement to house offenders in specialized units.

By ODRC policy the assignment of transgendered or intersex offenders is completed by the reception centers on a case by case basis. This assignment is reviewed upon the offender's arrival at the facility with the goal of taking all steps available to ensure the sexual safety of the offender. By policy Lesbian, Gay, Bisexual, Transgendered, or Intersex (LGBTI) inmates are not housed in dedicated units. Staff was aware that transgendered or intersex offenders needed to be reassessed twice each year. Interviews with transgendered offenders demonstrated they were aware they could shower separately from other offenders. There was one identified offender who revealed he showered separately without incident.

§ 115.43 – Protective Custody

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

ODRC policy prohibits that inmates are placed in involuntary segregation as a result of their sexual victimization or the potential of sexual victimization unless all alternatives have been

explored and investigated. There were no inmates involuntarily in special housing because of sexual victimization. There is at least one inmate who has voluntarily requested protective custody as the result of alleged sexual violence. An interview with inmate revealed the institution had taken proactive steps to attempt to validate his claims of being assaulted at previous facilities. He also has claimed being sexually victimized at other facilities, which had not been documented previously. Before the end of the day, the investigators were contacting contemporaries at the other two facilities in which this offender alleged victimization to determine if there was veracity to his claims. Interviews with staff reveal they knew of the prohibition of placing offenders in protective custody involuntary simply because of their sexual victimization or potential of sexual victimization. This offender had not been in segregation 30 days to enable review; however, staff was well aware of the requirement of review. Policies governing this standard include: 79-ISA-02 and 79-ISA-04.

§ 115.51 – Inmate Reporting

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

The institution and the ODRC have instituted several ways for offenders to report. This includes an ability to contact staff, their family and, professionals outside the facility. Posters were throughout the facility especially in the housing units to include the satellite camp. The inmate handbook was reviewed as well as the video shown to all offenders which reveals clear direction to provide offenders information on how they could report. A couple of offenders in interviews indicated they did not know how to use the "hotline." With prompting each of these inmates indicated they had "forgotten" on how to use the hotline. Two issues were addressed concerning inmate's ability to report. One was in policy, not necessarily practice, a requirement living unit officers initial kites being forwarded out of the unit. Policy has changed this practice of officers having to initial kites before they are forwarded to other parties. A second issue revealed during interviews was that offenders needed to enter their pin before making phone calls, no matter if the call was to the rape center or hotline or not. ODRC central office staff is working to change this in the inmate phone system to allow an offender to have a unified pin and not a personal pin to access these locations. Additionally, the Warden has agreed to show the PREA video on the closed circuit loop to "refresh" inmates as to their alternatives in reporting. With these changes the audit team opines there is substantial compliance.

§ 115.52 – 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)

Not Applicable

The Ohio Department of Rehabilitation and Corrections does not allow for inmates to use

the grievance system used for other activities for issues of sexual harassment and abuse. All grievances of this type go to the institution investigator(s).

§ 115.53 – Inmate Access to Outside Confidential Support Services

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

LeCI allows for calls to the Women to Women crisis center as well as the departmental hotline via the institutional phone system. The phones have been designed to allow for confidential calls. During discussion with inmates, some indicated reluctance to use the phones as they indicated they needed to enter their pin number, which they indicated could be used as an identifier. After the audit, ORDC took steps with the phone provider to develop a pin number which would not identify the offender but continue to allow private phone calls at no cost to the rape crisis center or hotline. These changes makes the standard in substantial compliance.

§ 115.54 – Third Party Reporting

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

The Ohio Department of Rehabilitation and Corrections website has a PREA section. There is a portal on this website which allows a third party to email an allegation of sexual harassment or sexual abuse on the part of the offender. Posters within the institution also provide a phone number family members may use to report allegations. These posters were available in English and Spanish. Policy governing this requirement is: 79-ISA-02. The link for third party reporting is: <http://www.drc.ohio.gov/web/prea.htm> or by emailing: DRC.ReportSexualMisconduct@odrc.state.oh.us.

§ 115.61 – Staff and Agency Reporting Duties

- X 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)

Each staff member interviewed was able to articulate when and how to report allegations of sexual harassment or abuse. The policy of the ODRC requires all staff to report immediately any knowledge, suspicion or information concerning allegations which impact sexual safety. The policy also requires that staff making the reports do so in a manner which maintains confidentiality to the limits of practicability. A review of the investigatory files found at LeCI demonstrates staff immediately report allegations to the investigators. Interview with inmates indicate no issue from their perspective. In addition to knowing

how to report, staff to a person knew of the need to preserve evidence, keep the victim and alleged perpetrator separate, preserve the crime scene and ensure that the victim does not change clothes, shower or use the bathroom. The institution has developed a "PREA" card which each staff member carries with them. This card outlines and provides a checklist for each staff member should they have an inmate report to them they have been harassed or abused. Additionally, the institutional PREA coordinator has been at many roll calls providing in service training on the need to immediately report any suspicion. Finally, during roll calls visited twice during the week the shift supervisor provided information concerning the need for PREA standards to staff. Policy which covers this standard is: 79-ISA-02.

In reviewing § 115.61(d), ODRC only houses youthful offenders at the Madison Correctional Institution and the Ohio Reformatory for Women.

§ 115.62 – Agency Protection Duties

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

LeCI is governed by 79-ISA-04 in taking immediate steps to protect any inmate they learn is subject to substantial risks. Interviews with staff reveal a good knowledge on how to protect an offender who suffers or is perceived to suffer from risk. There is a system which provides this information to all parties as necessary to include investigators, deputy wardens, the PREA compliance manager, unit management chief, and others who may need to know. There has been only one offender who has reported risk, and he requested protection, because he alleges while at other facilities he was sexually abused by a gang. The unit manager and case manager have attempted without success to verify the veracity of his claim. This offender refuses to go into general population as he claims he will be assaulted and sexually victimized. The institution has taken and continues to take prudent steps in attempts to substantiate his claims.

§ 115.63 – Reporting to Other Confinement Facilities

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

This same inmate as notated in § 115.62, claims to have been sexually assaulted at previous institutions. At two of these there was no record of these alleged assaults being investigated. They came to light during this offender's intake screening by medical at LeCI. This was missed by the case manager during that portion of the risk assessment conducted by unit staff. As soon as the mistake was realized, the investigators were on the phones to the other two facilities to report the alleged abuse at their facilities and to elicit any information concerning the incident. The automated risk assessment form being completed as we speak (Beta version was reviewed) should rectify any issue with omission errors. There has been no incidents where reporting has been more than 48 hours.

§ 115.64 – Staff First Responder Duties

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

While there are designated first responders in the OH system, virtually every employee of the ODRC is a first responder. All staff have been trained in steps to take if confronted with a situation where an offender or other inmate report that there has been an alleged sexual assault. This covers all staff both custody and non-custody. There is a clear outline of those steps to be taken, and once again, the PREA card, provides an immediate checklist for refresher. A review of the cases demonstrated most were reported outside the 96-hour window for DNA testing, in those cases where the allegation was within the window an immediate decision was made if the victim was to be taken to the local hospital for a sexual assault kit. There are significant policy and practice instruments to facilitate this to include: training, flow charts, checklists, the PREA card, and 79-ISA-02, and the coordinated plan response policy. During interviews, it was clear that every staff member at LeCI, to include volunteers and contractors, have been trained on how to manage the safety of any person who alleges they have been sexually abused.

§ 115.65 – Coordinated Response

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

Substantial compliance with this standard was demonstrated by LeCI's Institutional Sexual Abuse Coordinated Response Plan. The plan includes definitions, responsibilities, and responses to an alleged sexual abuse incident for responders, medical and mental health practitioners, investigators, and the institutions leadership's role in ensuring a coordinated response. In addition to the sexual abuse response plan the institution has a Sexual Abuse Review Team chaired by one of the Deputy Wardens. This team reviews every allegation of sexual abuse post incident to determine if changes to practice or procedure are needed. This team takes their role in the zero tolerance of sexual harassment and abuse very seriously and does not "rubber stamp" the investigators findings. This review team enhances the agencies commitment to eliminate sexual abuse and harassment. The plan in addition to reviewing issues concerning sexual assault and harassment reviews incidents to determine if there is any evidence of retaliation. Interviews with offenders and staff demonstrated that there was good awareness these factors.

§ 115.66 – Preservation of ability to protect inmates from contact with abusers

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

LeCI has had three instances where it appears they may be evidence of sexual abuse of offenders. All three of these incidents involved contract food service workers who are not covered by any collective bargaining agreement. During the time of the audit, it was determined one of the food service foremen was pending sentencing, one pending prosecution and one picked up for prosecution. All three had been removed from the institutional setting.

There has been no collective bargaining agreement entered into since June 2012. The current contract is effective until 2015 and allows for the Warden to remove alleged sexual abusers from contact with inmates pending resolution of an investigation or placing the alleged abuser on administrative leave pending completion of the investigation.

§ 115.67 – Agency Protection against Retaliation

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

Policy (79-ISA-02) outlines the agency's position that any retaliation for reporting will not be tolerated and those who are found to retaliate are subject to discipline up and to removal. All staff has been advised of this and of their duty to report if they witness retaliation. During a review of records there was no indication of any finding of retaliation. A few inmates indicated they would not report an incident they saw in fear of retaliation by staff, but again, there was no evidence this had occurred. Nor were there any reported incidents of alleged retaliation. It is clear everyone in the chain of command understood the damming effects should retaliation be allowed.

In addition to the policy, review demonstrates staff making periodic "check ins" with those inmates who had made allegation whether they were sustained or not to determine if there had been any retaliation. All staff is told these checks with those reporting are made. The designated staff member who checks in with offenders is comfortable in doing this. While this was not a recommendation at the time of the audit and it was not reviewed, it is recommended the designated staff member keep a record of contact so evidence is demonstrated that periodic and continual contact is maintained.

§ 115.68 – Post- Allegation Protective Custody

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

Interview with the Warden and institutional PREA compliance manager demonstrates they have not placed anyone involuntarily in protective custody since measuring compliance in June 2012. It was determined that staff have the opinion that restricted housing was restricted to "segregation" and therefore, if an offender was placed in another venue which restricted their movement beyond what was allowed for others in similar living situations, they did not necessarily consider that restricted housing. One example of this was placing an offender in a health care bed. While there was no evidence that anyone was placed in involuntary protective custody, the audit team cautions the institution staff to ensure that placement in any type of restrictive housing is reviewed carefully.

§ 115.71 – Criminal and Administrative Agency Investigations

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

As has been documented in other sections of the report and confirmed by the Warden, Deputy Investigator for the ORDC, investigators and trooper assigned to the facility, the relationship between all parties has been outstanding. Although mandated by policy and MOU, the relationship of these parties appears to go beyond what is required. In a like manner, although the audit team did not interview the District Attorney, it appears the relationship between the institution, trooper assigned and district attorney's office is beyond that which might be expected. This is evidenced by the prosecution of two contract staff who are both female. The experience in many areas of the country is that district attorneys are reluctant to prosecute female staff members of sexual abuse.

Interviews with the investigators reveal they are very astute, experienced and aware of their responsibilities. Further review of investigatory files demonstrates a good system of control (checklist) to ensure that no step is left unturned in any investigation. It is noted that this process is soon to be automated which will serve as an additional check and balance to ensure that all steps are realized. What also was impressive was although PREA investigations and concomitant work is taking a significant amount of investigator time, there was no rush to "close" cases simply to reduce workload. Both of the investigators at LeCI are to be commended as to the seriousness they take their responsibility in ensuring sexual safety.

There is a plethora of policy and regulation which provides guidance to include: 79-ISA-01,

policy provides sound guidance on progressive discipline of employees for violations of behavior other than the actual sexual abuse of an offender. It is clear that the only avenue for staff who demonstrates this is termination. Additionally, it is clear the Warden has a zero tolerance for inappropriate contact with offenders.

§ 115.77 - Corrective Action for Contactors and Volunteers

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

At LeCI, three contract staff workers in food service have been removed from entering the institution or terminated from their employment by their employer. In all three cases the cases were referred for prosecution by the Ohio State Patrol. During the course of the interview, it was learned that one was pending sentencing, one prosecution and in the third case a decision had been made not to prosecute. This demonstrates due diligence in pursuing criminal sanctions against those who have violated state statute involving the sexual abuse of an offender. The food service area where all three of these employees were employed has been designated a high risk area by the institutional PREA coordinator and additional time will be spent in training with this group of staff. Additionally new camera placements for the institution include cameras to be located in the food service area.

§ 115.78 – Disciplinary sanctions for inmates

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

As outlined in ODRC policy and LeCI practice, offenders who are found in an administrative hearing of inmate-on-inmate sexual abuse are subject to inmate discipline as allowed by policy following the tenants of *Wolff*. Sanctions are commensurate with the nature and circumstances of the offense, the offender's disciplinary history and whether mental illness contributed to the offender's actions. A review of the disciplinary records of offenders demonstrated that those involved to include the Institutional Review Board (IRB) had a good understanding of these factors. It was also clear that offenders were provided information concerning rules during admission and orientation and were informed of the zero tolerance toward sexual abuse during inmate education. Further, although this had not occurred since June 2012 offenders were notified if the allegations of misconduct arose to the level of criminal misconduct they could be prosecuted for their behavior. A review of inmate-on-inmate sexual assaults demonstrated the case brought forward was found to be consensual after investigation. Steps were taken in this case to make certain the two inmates were not housed in the vicinity of each other or assigned to work in the same area. In another case where the allegation was unfounded, staff took steps to ensure the two offenders were not housed or assigned to the same area. These actions provide clear evidence on the part of staff they are well attuned to the needs to take extra steps to provide for the sexual safety of offenders.

§ 115.81 – Medical and Mental Health Screenings; History of Sexual Abuse

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

Interviews with medical and mental health staff reveal they are aware of both their ORDC responsibilities toward sexual safety, but they are aware of their professional discipline responsibilities as well. A review of records reveals both staffs complete their responsibilities according to ORDC policy. Recent changes of the risk assessment instrument for medical staff call upon them to make specific comment concerning their perceptions of the sexual safety of an offender. Inmates who identify previous sexual victimization are managed in a sensitive process. They are afforded mental health treatment should it be desired. The medical and mental health staff was aware of their responsibility to provide follow-up for offenders who were identified as being sexually victimized. A review of records and discussion with inmates so identified provide evidence this is being accomplished. One inmate interviewed was very complimentary that staff took the time to check with him after the alleged incident had occurred. He indicated this had never occurred before. It was clear this was a team process, because in addition to the medical and mental health staffs conducting follow-up, two unit managers interviewed revealed they make specific effort to follow-up with these offenders.

§ 115.82 – Access to emergency medical and mental health services

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

Policy dictates and practice demonstrates that any offender who alleges sexual abuse is seen by medical and mental health staff. The medical assessment is conducted as soon as it is safe to do so and is practicable. Inmates are taken to the community hospital under the supervision of the OSP trooper if there is indication evidence might be obtained concerning alleged sexual abuse. In all cases, no matter when the allegation is made medical staff provides an assessment and affords the offender treatment as clinically indicated. Information concerning STDs is provided as necessary and prophylaxis with AZT if offered. As there is twenty-four hour medical care at LeCI staff provides this education concerning possible infection as soon as practicable but in all cases as soon as safely possible.

During the interview process, two offenders did not desire to complete interviews. Both were victims. Mental health staff was made aware of these offenders and steps were taken during the audit to follow-up with them.

It was recommended that additional quality control be undertaken to ensure that the mental health assessment forms were completed in their entirety. In two cases reviewed, while the assessments were completed, the forms dictated for use by ORDC were not completed in their entirety. The importance of completing the forms for possible prosecution was discussed with the Mental Health Director.

§115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

LeCI provides for the ongoing medical and mental health care for both victims and abusers. It was noted that mental health staff provide treatment for both the victim and the alleged abuser. Follow-up is had and evaluations done in a professional and timely fashion. The providers all know of the need for follow-up. As mentioned policy allows for the provision of AZT as clinically indicated for those who would require it from a prophylaxis standpoint. Mental health staff know that follow-up and long-term treatment for cases (victims and abusers) may be necessary.

The portion of the standard regarding female offenders (115.83 d-e) is not applicable as LeCI does not house female offenders.

Interviews with staff and inmates reveal on-going medical and mental health care is available. There is no cost to the offender.

§ 115.86 – Sexual Abuse Incident Reviews

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

LeCI is governed by 79-ISA-03 concerning after action reviews. The SART (Sexual Abuse Response Team) reviews each and every allegation of sexual harassment and abuse. The team is chaired by a Deputy Warden. This auditor was impressed with the care and seriousness this team took their responsibilities. They are not a "rubber stamp" of the investigatory process. They make recommendations in each case for the Warden. The Warden reviews each report and concurs or does not concur with the recommendations made by the team. The ODRC policy governing this process requires that if a recommendation is made and is not followed, specific comment must be made concerning the reason for not following the recommendation(s). Several SART team minutes were reviewed. They were all compliant with policy and the standard.

§ 115.87 - Data Collection

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

ODRC has established a system of records for PREA which allows for the uniform collection of information for each institution. The policy promulgates processes to collect data from the PREA incident packet (done in all allegations). The uniform collection of data allows the agency to submit its annual report to DOJ Survey on Sexual Violence in a timely fashion. Corrective action, if appropriate is taken as a result of analysis of the data. A review was completed of the automated system used as well as the report forwarded to DOJ. Both were satisfactory and supplied the information required to respond to data requests. Being an automated system also allows for the archival of data over a period of time.

§115.88 – Data Review for Corrective Action

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

The website maintained by ORDC concerning PREA is excellent and transparent. The agency puts together detailed report(s) regarding PREA, they are reviewed and signed by the Director of the agency and they are designed to assist in the amelioration of issues brought forth. It is clear a good deal of thought and effort was undertaken in the design of their reports and website. Because of the detail of the report and the ease of function, you could easily make a determination that ORDC exceeds the requirements for the standard; however, retrospectively, the report(s) and transparency is exactly what the standard requires and ORDC complies. It is appreciated the amount of analysis and forethought which went into the report design, the automated nature of the data system, the indicators of corrective action and the report itself. The reports reviewed included: Survey of Sexual Violence, State Prison Systems Summary Form, Annual Assessment and information on the website from private prisons. The website is found at: <http://www.drc.ohio.gov/web/prea.htm>.

§ 115.89 – Data Storage, Publication, and Destruction

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

It was explained to the auditor there was a records requirement for the state concerning records maintenance and retention. This is a standard policy for most jurisdictions. For PREA it was explained that since the information would be maintained indefinitely. As an electronic system, this is more easily accomplished than with paper records and reports. The access to data is controlled. Aggregate data is able to be developed given the nature of the collection system. It is noted that additional automation is underway to include risk analysis and investigatory reporting, which will allow for the further aggregation of information.

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.



A. F. Beeler, Lead Auditor



Date