

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



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

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Northeast Reintegration Center	
Physical address:		2675 East 305h Street, Cleveland, OH 44115	
Date report submitted: 14 June 2014			
Auditor Information		David K. Haasenritter	
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Date of facility visit: 16 – 18 April 2014			
<b>Facility Information</b>			
Facility mailing address: (if different from above)		Same as above	
Telephone number: 216-771-6460			
The facility is:		<input type="checkbox"/> Military	<input type="checkbox"/> County
		<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Private not for profit	<input checked="" type="checkbox"/> State
Facility Type:		<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
Name of PREA Compliance Manager:		Title:	
Barbara King		PREA Compliance Manager	
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<b>Agency Information</b>			
Name of agency:		Ohio Department of Rehabilitation and Correction	
Governing authority or parent agency: (if applicable)		State of Ohio	
Physical address:		770 West Broad Street, Columbus, Ohio 43222	
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<b>Agency Chief Executive Officer</b>			
Name: Gary C. Mohr		Title: Director	
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE:

The first PREA audit in Ohio Department of Rehabilitation and Corrections (ODRC) was conducted April 16 – 18, 2014. Approximately four weeks prior to the audit, the auditor received the PREA questionnaire with attached documents from ODRC through a link established by ODRC. This link has been the easiest system to date to get the questionnaire and review documents, most of which was highlighted and tabbed. This along with providing the link four weeks in advance of the audit enabled the audit to move forward very efficiently. The auditor contacted Just Detention International (JDI); conducted interviews of the Director, Contract Manager, and PREA Coordinator; and reviewed the ODRC website prior to the audit. The auditor and ODRC discussed additional documents required, recommended policy changes, and a tentative schedule. ODRC modified some policies and implemented the changes prior to the audit. Throughout the pre-audit phase ODRC was proactive in working with the auditor. The night before the audit the facility provided an alpha listing of all inmates housed at the facility; lists of inmates for specific categories to be interviewed; and a lists of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

Key facility staff during the audit included LaShann Eppinger, Warden; Sherry Clouser, Deputy Warden; Barbra King, PREA Compliance Manager (Deputy Warden from another facility); Jeffery Bertram, Correctional Warden Assistant 2; Brian Evans, Chief of Security (Major); Grace Motyka, Mental Health Supervisor; and Mark Jones, Health Care Administrator. From the central office Mr. Andrew Albright, PREA Coordinator; Ms. Liann Bower, PREA Compliance Administrator; and Ms. Charlotte E. Owens, PREA Implementation Plan Director.

The auditor toured most of the facility on April 14, 2014 while participating in an American Correctional Association audit. Following the entrance meeting with staff, the auditor retoured certain areas of the facility. Following the tour, the auditor began the interviews. All required facility staff and inmates interviews were conducted on-site. Interviews included at least 12 random staff and minimum of one inmate from every housing area selected, by the auditors from a list of all the inmates and staff in the facility. In addition, inmates who were identified as being in a designated group (i.e., disabled, limited English speaking ability, LGBTI, or who had reported a sexual abuse, etc.) and other identified specialized staff including the Warden, PREA Manager, Investigator, first responders, health care providers, and mental health professionals were interviewed. Additionally, two members of the Ohio State Highway Patrol who conduct or supervise criminal sexual abuse investigations were interviewed. The cooperation and teamwork between NERC and Ohio State Highway Patrol was refreshing. Total interviews conducted were 31 staff, 22 inmates, and three contractor/volunteers. The auditor found the staff and inmates to be aware of PREA. Investigative records, training records, and personnel records were reviewed. The

auditor observed inmate PREA screenings, inmate PREA training, and tested the inmate phone system for reporting allegations.

Eleven investigations of allegations at NERC and two investigations of cases of allegations that occurred at another facility were reviewed. Of the eleven allegations, one was staff harassment (unsubstantiated); five were staff sexual abuse (two unfounded, one substantiated, two pending); and five were inmate on inmate sexual abuse (two substantiated, one unfounded; one unsubstantiated; and one pending).

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked ODRC and NERC staff for their hard work and commitment to the Prison Rape Elimination Act.

During the interim report writing period, the auditor reviewed modified policies; additional documents; and conducted phone interviews with staff and outside agencies. Mr. Albright, Ms. Bower, and Ms. Owens were very helpful in coordinating all the NERC and ODRC phone interviews and additional documentation.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Northeast Reintegration Center (NERC) is an all-female, adult, medium/minimum security facility located in downtown Cleveland, Ohio. The institution is situated on 14 acres of land. Construction was completed in 1988, at a cost of \$14 million dollars. NERC was originally designed to be a furlough center, but a decision was made prior to completion to house male inmates in a pre-release setting. The purpose was initially to assist with the reintegration of inmates into society. The first male inmates arrived in August of 1988. In early 1990, it was converted to a facility housing female inmates and the first female inmates arrived in April 1990. In 2013 Director Mohr the facility name changed from Northeast Pre-Release Center (NEPRC) to the Northeast Reintegration Center (NERC).

Access to the facility parking lot is controlled via a sally port. All staff and visitors must enter the facility through the front entry of the Administration Building and are required to provide identification and pass a metal detector screening. The Administration Building houses administrative offices, control center, armory and lock shop, visitation area, business office, personnel office, records office, labor relations and the commissary.

The control center is located near the facility entrance area and serves as the central hub for all movement within the institution. It contains several touch screen computers, video camera monitors, fence alarm system, key watch system, radios and charging stations, and storage for personal alarms.

B Building houses the Medical Department, computer lab and a classroom. C Building houses the mail room, inmate chow hall, kitchen and a dock area for deliveries. D Building contains the Maintenance Department, with offices, rooms for the individual craftsmen, and areas for the storage of tools and supplies. Adjacent to D Building is a vocational classroom and greenhouse for the Horticulture program.

There are eight buildings designated for inmate housing. The buildings are designated as: E, F, G, H, J, K, L and M Units. Housing units F, G, H, J, K and L can house eighty-eight inmates. E Unit can house ninety-two due to two handicap accessible rooms which house six inmates each. M Unit can house 38 inmates and is used for inmates new to the facility going through reception. The inmates housing units are dormitory style and contain two-person and four-person cells/rooms.

NERC does not have a separate segregation unit. Each housing unit contains a segregation room/cell to house inmates in need of confinement. E, F and G housing units are referred to and known as the "School Zone" or the "Education Pathway". Generally, the inmates housed in these units are assigned to attend educational programming such as Adult Basic Education, Pre-GED, GED, College (Youngstown State University) and Advanced Office Technology programs. Many inmates housed in these units also participate in various apprenticeship programs such as Horticulture, Maintenance or Food Service. Several of the rooms in these units are designated as class rooms, and many of the class rooms are equipped with computers that are utilized under staff supervision. F Unit is also the Military Pathway Unit. Inmates may request to live in this housing unit to have a structured experience similar to the military to include physical training daily. G Unit is an Education Pathway housing unit and has areas for indoor recreation for inmates in segregation.

H Unit is the Wellness Pathway and Mental Health Unit. The majority of full-time Mental Health Staff offices are located as well as inmates participating in a variety of programs and groups facilitated by mental health professionals.

J unit is the home to the Animal Training Program in which inmates care for/train service animals on a full time basis. The Intensive Outpatient Program (OIP) Changing Faces is located in J Unit.

K unit is designates as a "Faith Pathway", Religious Faith Groups and Recreation Activities dorm. The primary design is to give inmates with strong religious conviction the opportunity to participate in programming and activities with an emphasis on rehabilitation that draws upon the strength of religious conviction.

Inmate reception and orientation is the primary focus of L Unit, which also houses general population inmates. Inmates in this unit undergo reception and integration programming as well as all required medical, mental health and Bio-Social Assessments prior to reassignment to their home unit and initial job assignment. This unit also houses the Chief of Security and the RIB (Rules Infraction Board) office and hearing room.

The first floor of M Unit is where the library is located, as well as the property vault, the Count Office, Cell-on (Hair Salon), Medical Pill Call, and Captain's Office. Inmates housed on the 2nd floor of M Unit are newly received inmates undergoing the orientation process.

The NERC is a minimum/medium security women's prison. The mission of Northeast Reintegration Center is to reduce recidivism. This will be accomplished in a safe and secure environment by preparing each inmate, in the best way possible, for release back into our community by providing evidence based programming, educational and

vocational training, meaningful daily recreational and/or community service activities, and a variety of effective faith-based and/or community based programs.

**SUMMARY OF AUDIT FINDINGS:**

On April 16 – 18, 2014, the on site visit was completed. Within a week of the audit being completed, the auditor determined four standards had not met standards. On 16 May (during the 30 day interim report writing period), ODRC and NERC completed corrective action plans on each of the standards and the auditor started the final report. The results of NERC’s PREA audit is listed below:

Number of standards exceeded: 7  
Number of standards met: 35  
Number of standards not met: 0  
Non-applicable: 1

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

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)

The Ohio Department of Rehabilitation and Correction (ODRC) has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. There are five main ODRC 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 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, other agency policies supplement the main PREA policies. Agency policies and procedures were well organized and was recently revised in January 2014.

Mr. Andrew Albright is the PREA Coordinator. His office is two levels below the Director in the Bureau of Agency Policy and Operational Compliance office. He has direct access to the Director, and has the authority. He has a number of staff to include Ms. Liann Bower (PREA Compliance Administrator) and Ms. Charlotte E. Owens (PREA Implementation Plan Director) who assist him in overseeing the agency efforts to comply with PREA. All are very knowledgeable of PREA standards and are actively involved in assisting the facilities. Mr. Albright has the authority to develop, implement, and oversee PREA compliance. He claimed to have enough time to perform his PREA duties, and he and his staff is very active at the facilities.

Ms. Barbara King (Deputy Warden) was the NERC PREA Compliance Manager. She was recently selected to temporarily hold the position pending a selection of a full time PREA Compliance Manager. She was very knowledgeable of PREA standards and was actively involved in PREA activities. Ms. King claimed to have enough time to perform her PREA duties.

Also of note is the knowledge and involvement of Director Mohr. Director Mohr was one of the most knowledgeable agency head this auditor has audited and the results of the audit reflect his leadership and active involvement. Interviews of the Director and his PREA staff demonstrated their knowledge and involvement. Director Mohr created PREA positions within the agency and facilities to ensure designated PREA staff had sufficient time and authority to oversee PREA implementation and activities.

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

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)

Reviewed the ODRC contracts with two private agencies operating private facilities for ODRC. The contracts were modified to ensure private facilities adopted and complied with PREA standards, and provided for monitoring compliance with PREA standards. Discussed with Mr. Albright how monitoring would be accomplished. A good system has been established.

### **§115.13 – Supervision and Monitoring**

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)

ODRC ensures all facilities develop and document a staffing plan that is supplemented by video monitoring to protect inmates against sexual abuse. ODRC policy 79-ISA-01 establishes procedures to develop and monitor staffing plans which included all the requirements in PREA standard 115.13(a). The staffing plan is reviewed annually by the facility, region, and PREA Coordinator. The facility documents all deviations to the plan. Unannounced rounds are documented in logs, and are done randomly by Deputy Warden and Administrative Duty officer on all shifts. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring, interviews verified the policy was being followed. NERC had approximately 120 new cameras installed or replaced in the last few months prior to the audit to increase supervision and monitoring. Staff and inmate interviews confirmed the staffing plans, unannounced rounds by supervisors and the increase in cameras.

### **§115.14 – Youthful Inmates**

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)

NERC does not house any youthful offenders. ODRC policy 71-SOC-05 covers the standard of separating youthful inmates from adult inmates and ensuring youthful inmates have access to programs and work opportunities. Youthful inmates are housed at specific facilities in the system.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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)

Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks; and that opposite gender staff announce their presence when entering an inmate housing unit. All male staff set off an alarm every time they enter a housing area. The alarm is both visual (lights) and auditory (buzzer). The alarm and blinking lights can be heard and seen throughout the housing area. The lights are distinguishable from the fire alarm lights. The auditor observed male staff announce their presence when they enter the housing unit throughout the week. Staff and inmates interviewed confirmed the alarm is set off whenever a male staff enters the housing area.

Through review of policy and interviews of staff and inmates it was determined NERC: does not conduct cross gender strip searches; body cavity searches are only done by medically trained professionals; and staff are prohibited and do not frisk transgender or intersex inmates to determine inmates' genital status.

Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Inmates confirmed females do all the pat down searches and they have not been stopped from attending any program or work opportunity due to lack of female staff to conduct the pat-down searches.

### **§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)

ODRC has taken appropriate steps to ensure that inmates with disabilities (including inmates who are deaf or blind or other disabilities) and inmates who are limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Efforts include use of sign language and close caption in inmate PREA information videos, contracts for translation services through Affordable Language Services, and facility information and agency videos in Spanish. Some staff speak Spanish and both inmates and staff stated inmates are not used as interpreters, especially if it is an issue with sexual abuse and sexual harassment. Staff on shift during interviews knew which staff members could speak Spanish. Policy does not allow inmates to interpret for other inmates unless an inmate signs a waiver. Braille is also available if needed. Opposite gender staff entering a housing area is done through a buzzer and lighting system.

### **§115.17 – Hiring and Promotion Decisions**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Through review of personnel records and interviews it was determined ODRC has established a system of conducting criminal background checks for new employees and contractors who may have contact with inmates to ensure they do not hire or promote anyone who had engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent or refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. Policy and interviews verified that the agency considers incidents of sexual harassment in hiring and promotion of staff and contractors as applicable. ODRC requests previous employers to provide information which was verified by examples of requests. Some examples demonstrated possible employees and contractors who had engaged in sexual abuse was not hired or employed. ODRC provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. An example of a request was reviewed of a former employee who had attempted to get a job at another state corrections agency, and ODRC provided the information on that employee as requested.

ODRC had recently implemented follow-on background checks (every five years) of current staff and contractors. The background checks were previously done only when staff were hired, transferred, and promoted. The facility did conduct background check on all contractors. Not all five year background checks had been completed during the audit. Mr. Albright already had a plan in place to complete the follow-on background

checks within 30 days (while the auditor was writing the interim report). ODRC had to complete negotiations with the unions. The unions agreed and all follow-on background checks had been completed while the auditor was writing the interim report. The auditor verified by randomly reviewing background checks completed and interviews of staff.

Policy required staff to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. This was confirmed during interviews. During the audit it was determined ODRC had to implement a policy, procedure and practice to ask employees each year to disclose any sexual misconduct covered under PREA. ODRC was working a process, and the process was put in place in policy for staff to annually disclose any sexual misconduct under PREA. The form that is being implemented was reviewed by the auditor, and it does meet the requirements for employees to affirm each year they have not engaged in any sexual abuse in a facility; engaged or attempted to engage in sexual activity by force; and has been administratively or civilly adjudicated of such activities. Practice will be accomplished outside of the audit cycle, but the auditor determined they met the standard and was implementing the new policy.

#### **§115.18 – Upgrades to Facilities and Technology**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Though interviews of the Director and PREA Coordinator it was determined that the ODRC considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Per interview with the Director, upgrades in technology is based on analysts of incidents, on-site agency security reviews, and PREA reports. In case of NERC over 150 cameras were added or replaced and was based on blind spots and areas the Warden and staff determined was needed to improve security. Through interviews, observation during tours, and camera purchase documentation they have improved security through the use of technology. There has not been any new facility in the last year.

#### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy and procedures outline evidence protocols for administrative proceedings and criminal prosecutions; and requirements for forensic medical exams. The Ohio State Highway Patrol conducts all criminal investigations. ODRC requested the Ohio State Highway Patrol to follow all PREA investigation and training requirements. The Ohio State Highway Patrol, ODRC, and NERC protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. The auditor conducted interviews with NERC, ODRC central office and Ohio State Highway Patrol investigators. Hospitals with SANE/SAFE are utilized (Metro Health Hospital) and services are provided at no costs to the inmate when requested. No inmate has requested a forensic medical examination during the audit period. NERC has a MOU with the Cleveland Rape Crisis Center to provide a victim advocate to provide victim advocate services to the victim. The hospital contacts the Cleveland Rape Crisis Center in cases of inmate sexual assault/abuse. Additionally, ODRC Office of Victim Services have trained staff to provide victim support to staff or inmates who have been sexually abused. The Cleveland Rape Crisis Center also provides emotional support, crisis intervention, information, and referrals to the victim. The Cleveland Rape Crisis Center provided NERC a phone number and address to write which is clearly posted in each housing area. The auditor did dial the number to test the system during the audit.

### **§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)

ODRC and NERC policy requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority. All cases referred for investigation. The ODRC policy describes the responsibilities of ODRC and Ohio State Highway Patrol. Interviews with investigators demonstrated the responsibilities were clearly established and understood by both 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)

ODRC provides all employees the required training by the standard. Training at NERC is slightly modified due to being a female institution. All employees acknowledge in

writing they understood the PREA training. ODRC requires all staff to pass a post test. Training records were reviewed to ensure all required areas were covered in the training and that staff completed the training and test. Review of the lesson plan demonstrates all the required areas are covered. All staff have been trained. Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting.

### **§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 contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews of contractors and volunteers demonstrated their knowledge of PREA, their responsibilities and the agency zero tolerance policy. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received. Contractors and volunteers take a test following the training.

### **§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)

During intake inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. During facility orientation they receive additional training which consists of a video and additional information which expands on the previous information provided in the pamphlet and handbook. The video includes use of sign language and close caption in the inmate PREA video, and facility information is provided in English and Spanish. The auditor observed orientation during the audit. The video and information was very good and well presented. The PREA Compliance Manager (Ms. King) presented some of the information. Inmates acknowledge receiving the PREA information and viewing the PREA video in writing. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates.

During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy; the difference between sexual abuse and sexual harassment; how to contact an outside victim service agency; and that they have the right to be free from retaliation for reporting such incidents.

### **§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)

All investigators regardless of agency attend the ODRC PREA Investigation training and acknowledge in writing they understood the training. ODRC requires investigators to pass a test. Additionally, all investigators are now required to take the investigator training on the PREA Resource Center website. ODRC investigators also attend the general PREA training required of all employees. The lesson plans, slides and sign in sheets were reviewed and interview of each agency investigators demonstrated they understood the how to conduct a sexual abuse investigation in a confinement setting and what their roles were. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews of investigators from ODRC and Ohio State Highway Patrol verified their knowledge of conducting investigations.

### **§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)

Training records for medical and mental health care staff (employees and contractors) demonstrated specialized and general PREA training was conducted. The auditor checked training records in addition to what was provided with the questionnaire. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. ODRC requires

medical and mental health staff to pass a test. This medical and mental health staff was the most knowledgeable staff on PREA this auditor has done in three different agencies and five facilities.

Medical staff do not conduct forensic medical examinations.

#### **§115.41 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. The screening is completed within 72 hours of arrival by policy, observation of screening and check of inmate records. The PREA screening form is first filled out by medical staff who asks the inmates a series of questions and review of the inmate's medical records. The auditor observed the medical staff process one of the new inmates on the day of arrival. The process was done very professional. The form is then sent to the case manager/classification specialists who reviews the inmate's records and completes part two of the process. The process is then completed by the unit manager or the unit management chief dependent upon the results of the earlier screening. All the criteria referenced in the standard is in the form and questions required to be asked to the inmate is asked. The screening instrument is objective in determining if inmate is at risks for victimization or abusiveness. Between 15 – 30 days the facility reassesses the inmate's risks of victimization or abuseivness and by policy the inmates risks level is reassessed again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor reviewed random screening forms to include those that were reassessments between 15 – 30 days; other reassessments have not been completed to date using this new system. The inmate population remembers being asked the questions and being screened upon arrival. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates.

#### **§115.42 – Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The facility unit management chief uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. The unit management chief makes these decisions on a case by case basis using information from the screen, assigned PREA classification, and good correctional judgment. The process is clearly defined in the policies and implemented in the use of PREA and classification forms. The auditor reviewed random forms and interviewed case manager/classification specialists, unit manager and management chief and central office PREA staff.

By policy assignment of transgender or intersex inmates to a facility for male or female facility is first done on a case by case basis at the reception center. It is later reassessed as needed on a case by case basis based on the inmate's health and safety and security management. By policy Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI) inmates are not housed in dedicated facilities or housing units; and transgender or intersex inmates shall be reassessed twice each year and have the opportunity to shower separately. The facility claimed there were no transgender or intersex inmates at the time of the audit. There were inmates who were lesbian and they acknowledged they were treated with respect and were not housed in dedicated housing area.

#### **§115.43 – Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every 30 days. There were no inmates in protective custody who were high risks for sexual victimization to interview. Staff interviews verified inmates at high risks of sexual victimization are not placed in involuntary segregation unless other measures have been assessed.

#### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC and NERC provide multiple internal ways for inmates to report sexual abuse, sexual harassment and retaliation. Inmates can report verbally and in writing to staff, and ODRC Operations Support Center. Interviews of inmates, staff and review of policies, inmate handbooks and posters demonstrate these inmate reporting systems. During interviews most inmates stated they felt comfortable at NERC reporting sexual abuse and harassment

ODRC has a MOU with Franklin County Juvenile Detention Facility that allows inmates to contact as an outside agency that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The auditor called the Franklin County Juvenile Detention Facility and discussed the process with staff that monitor the phone line. The MOU with Cleveland Rape Crisis Center also allows for inmates to call or write anonymously to report sexual assaults.

Examples of inmate reporting verbally to staff were reviewed when investigative cases were reviewed.

ODRC policy and staff handbook provides ways for staff to privately report sexual abuse and sexual harassment of inmates. During interviews some of the staff knew they could privately report sexual abuse and harassment of inmates.

#### **§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)
- X Non-applicable.

ODRC does not allow for inmates to use the grievance system for allegations of sexual abuse and sexual harassment. All go to the institutional investigator initially.

#### **§115.53 – Inmate Access to Outside Confidential Support Services**

- 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)

Cleveland Rape Crisis Center is used for confidential reporting and outside confidential support services. Phone numbers and mailing addresses are provided to the inmate on posters in the housing units and in the inmate handbook. Currently use staff phones to make the calls confidential, while they upgrade the inmate phone system to allow the number to the Cleveland Rape Crisis Center to be confidential. Inmates are informed that use of inmate phone is currently not confidential but they can request to call the Cleveland Rape Crisis Center using a facility staff phone. The MOU with Cleveland Rape Crisis Center describes all the services to be provided which includes confidential support services. Inmate interviews confirmed the inmates were informed and know of the confidential support services provided.

#### **§115.54 – Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC Web site has a PREA section on their home page, and the PREA section is easily accessible. It provides an email to report sexual misconduct on behalf of an offender. Posters at the facility provides the inmates a telephone number and email family friends can report sexual misconduct to include retaliation as a third party. Discussion with inmates demonstrated they knew how third party reporting could be accomplished.

#### **§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)

ODRC policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Review of investigative files; and interviews of staff and inmates verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator.

### **§115.62 – Agency Protection Duties**

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)

ODRC policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risks. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risks of imminent sexual abuse. Security staff immediately employ protection measures as the information is passed to the Investigator, Unit Management Chief, PREA Compliance Manager, Deputy Warden and Warden. Per interview with PREA Compliance Manager, no inmate has reported substantial risks of sexual abuse.

### **§115.63 – Reporting to Other Confinement Facilities**

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)

ODRC policy requires when an allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interview of the Warden, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. There was no incident reported as such to date.

### **§115.64 – Staff First Responder Duties**

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)

ODRC and NERC policies clearly specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with staff confirm both security and non-security staff knew what to do upon learning an inmate was sexually abused. Good policy and training has prepared the staff to properly respond. Review of investigations further demonstrated security and non-security staff

knew what to do as the first responder to a sexual assault. Though most cases was not in a time period that allowed for collection of physical evidence; security and non-security staff interviewed specifically knew what actions could destroy physical evidence.

#### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The NERC Institutional Sexual Abuse Coordinated Response Plan was reviewed. The plan includes definitions; responsibilities and responses to an alleged sexual abuse incident for first responders, medical and mental health practitioners, investigators, and facility leadership. The response plan also covers inmate housing after an alleged sexual abuse, conducting investigations, administrative and criminal sanctions, and monitoring for retaliation. The plan also includes a first responder flow chart and first responder check lists. Interviews with staff confirmed they were knowledgeable about the PREA Plan and the coordinated duties and collaborative responsibilities.

#### **§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)

ODRC reported there has been no collective bargaining agreement entered into or renewed since June 2012. Current collective bargaining agreements allows ODRC to: remove alleged staff sexual abusers from contact with any inmates; or place the employee on paid administrative leave pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. One staff member during the audit was moved to a position that had no contact with inmates pending the outcome of the investigation.

#### **§115.67 – Agency protection against retaliation**

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)

ODRC and NERC policies designated a staff member to monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed. The policies described procedures to be followed. The facility investigator was responsible for monitoring retaliation. ODRC and NERC policies provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviews of NERC staff and inmates, and review of documentation demonstrated retaliation was not monitored through periodic checks with inmates, review of inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff for up to 90 days. The staff member responsible for monitoring against retaliation had limited documentation demonstrating monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff. She stated she did talk to inmates as she walked the facility grounds, but did not document every time she talked to inmates.

It was recommended a system of documentation be established and used. ODRC had a system and the auditor recommended another system of documentation. ODRC and NERC quickly made the documentation a priority and within 28 days of the audit provided documentation demonstrating monitoring for retaliation was being conducted and documented. The facility provided copies of memorandum for records of monitoring meetings and reviewing of discipline records and program changes since the audit on two inmates. The reviews and meeting with inmates are now well documented.

### **§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)

ODRC policies meets the requirements of the standard. Per interview with Warden, PREA Compliance Manager, staff, and inmates there was no instances of using segregation housing to protect an inmate who had alleged to have been sexually abused.

## §115.71 – Criminal and Administrative Agency Investigations

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)

Based on review of the eleven investigations, ODRC and NERC policies, and interviews of NERC and Ohio State Highway Patrol investigators and inmates it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. All investigators used have received special training in sexual abuse investigations. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. ODRC does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

NERC investigator starts all investigations and conducts administrative investigations. If an allegation appears to be criminal in nature, the Investigator will call Ohio State Highway Patrol who conducts all criminal investigations. ODRC investigative staff provide technical assistance and support to the facility investigator for administrative investigations. There seemed to be a great working relationship between the NERC investigator, ODRC investigator and the Ohio State Highway Patrol investigators.

Eleven investigations of allegations at NERC and two investigations of cases of allegations that occurred at another facility were reviewed. Of the eleven allegations, one was staff harassment (unsubstantiated); five were staff sexual abuse (two unfounded, one substantiated, two pending); and five were inmate on inmate sexual abuse (two substantiated, one unfounded; one unsubstantiated; and one pending).

## §115.72 – Evidentiary Standard for Administrative Investigations

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 review of ODRC and NERC policy, NERC investigations and interviews with the investigator and administrative staff confirm the NERC no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### §115.73 – Reporting to Inmate

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 review of ODRC and NERC policies, a sample of the investigations completed, and notification memorandums indicated that inmates were informed of the outcome of the investigations whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. This process began in August 2013. If the allegation of sexual abuse was by a staff member (except if unfounded), the inmate is informed of the status of the staff member in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, ODRC informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility. Interview of inmates confirmed they were informed of results of the investigation and any applicable action taken.

### §115.76 – Disciplinary sanctions for staff

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)

Per ODRC and NERC policies and interviews with NERC and ODRC staff, staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The staff member who was alleged to have committed sexual abuse resigned.

### **§115.77 – Corrective action for contractors and volunteers**

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)

ODRC and NERC policies prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

### **§115.78 – Disciplinary sanctions for inmates**

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)

Per ODRC and NERC policies and interviews with NERC and ODRC staff, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories; and considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. ODRC prohibit all sexual activity between inmates and discipline inmates for such activity. In the two founded inmate on inmate sexual assault cases: one was consensual and the other sexual abuse was inappropriate touching; and both cases inmates received appropriate sanctions for the offenses.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

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)

During the audit it was determined ODRC policies required medical and mental health follow-up meeting within 14 days for those inmates who experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community. Review of cases demonstrated medical and mental health screening was being conducted normally between 7 – 11 days of the intake screening. Interdisciplinary progress notes are well documented of the follow-up and any future requirements/treatment. Interviews of medical and mental health staff, and inmates confirmed follow-up meetings are scheduled and conducted.

### **§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)

Review of policies and interviews with staff and inmates confirm inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Treatment would be provided to the victim without financial costs. Inmates were very positive about the responsiveness of the medical and mental health staff. It should be noted during the audit, mental health staff were very proactive on checking on inmates who the auditor identified as maybe having been traumatized during the interview. A number of inmates were both very open with previous sexual assaults both in other facilities and outside of correctional facilities and were emotional during the interviews.

Per policies inmate victims of sexual abuse are not offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Policy states during next doctor sick call the information and access would be provided. One example demonstrated information about and timely access to emergency contraception and sexually transmitted infections prophylaxis was not provided till three days following the incident being reported and forensic examination conducted. Medical staff noted there was no reason the nurses could not provide inmates timely information and contact the advanced level practitioner (ALP) to respond if needed. It just required policy changes. Following the audit, policies were changed to ensure inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. It was a simple change of allowing the nurses to provide the timely information and if no ALP on site, the ALP will be contacted to provide appropriate orders to provide the emergency contraception and sexually transmitted infections prophylaxis. Interviews confirmed the change in policy.

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

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)

ODRC policies, interviews with staff and inmates; and medical and mental health documentation demonstrate there is on-going medical and mental health care for sexual abuse victims and abusers. Treatment is at no costs to the inmates. There has been no requirement to offer pregnancy tests. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse, and treatment is offered.

### **§115.86 – Sexual abuse incident reviews**

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)

ODRC policy identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses to conduct sexual abuse incident reviews. The questionnaire provided one example of a review. The auditor additional incident reviews during the audit. Incident reviews have been done on all completed cases beginning in January 2014. The Warden reviews and signs each report. By ODRC policy the facility implement the recommendations for improvement, or shall document its reasons for not doing so.

### **§115.87 – Data Collection**

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 agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. The policy established the procedures of using the PREA incident packet, which is done on all allegations. The system allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action. The agency is also provided incident based and aggregate data from the two private facilities it contracts with. The auditor reviewed the automated system, the DoJ

2012 Survey of Sexual Violence, and the information from the private facilities. The DoJ report was submitted timely.

**§115.88 – Data Review  for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the ODRC website. The annual report was thorough, provided corrective measures taken and addressed the agency progress in addressing sexual abuse. The ODRC website is the easiest to find PREA information in all audits this auditor has done to date. The home page has a PREA link to its PREA page that lists its PREA related policies, posters, DoJ Surveys, and ODRC Annual Assessment (includes link to all documents). The PREA page also has email link to report sexual misconduct for an inmate.

**§115.89 – Data Storage,  Publication, and  Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on ODRC policy, review of the website, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities under its control (includes two private prisons) is readily available to the public through its website.

**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.



Auditor Signature

14 June 2014

Date