

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    June 12, 2018

### Auditor Information

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Company Name: [Click or tap here to enter text.](#)

Mailing Address: 141 Skyline Drive

City, State, Zip: Clinton, Mississippi 39056

Telephone: 601 832-5238

Date of Facility Visit: May 2-4, 2018

### Agency Information

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

City, State, Zip: Columbus, Ohio 43222

Mailing Address: Same

City, State, Zip: Same

Telephone: 614 752-1159

Is Agency accredited by any organization?  Yes     No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: Reduce recidivism among those we touch

Agency Website with PREA Information: <http://drc.ohio.gov/prea>

### Agency Chief Executive Officer

Name: Gary C. Mohr

Title: Director

Email: Gary.Mohr@odrc.state.oh.us

Telephone: 614 752-1708

### Agency-Wide PREA Coordinator

Name: Amanda Moon

Title: Chief, Bureau of Operational Compliance

Email: Amanda.Moon@odrc.state.oh.us

Telephone: 614 752-1708

PREA Coordinator Reports to: Agency Chief Inspector	Number of Compliance Managers who report to the PREA Coordinator 25
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### Facility Information

Name of Facility: Allen Oakwood Correctional Institution	
Physical Address: 2338 North West Street, Lima ,Ohio 45802	
Mailing Address (if different than above): Click or tap here to enter text.	
Telephone Number: 419 224-8000	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Facility Mission: Allen Oakwood Correctional Institution seeks to reduce recidivism through programming efforts while meeting the comprehensive needs of our offenders to ensure successful reentry into society.	
Facility Website with PREA Information: <a href="http://drc.ohio.gov/prea">http://drc.ohio.gov/prea</a>	

### Warden/Superintendent

Name: James Haviland	Title: Warden
Email: James.Haviland@odrc.state.oh.us	Telephone: 419 2225-8102 Click or tap here to enter text.

### Facility PREA Compliance Manager

Name: Veronica Dinkins	Title: Operational Compliance Manager
Email: Veronica.Dinkins@odrc.state.oh.us	Telephone: 567 242-2417

### Facility Health Service Administrator

Name: Landon Kohls	Title: Health Care Administrator
Email: Landon.Kohls@odrc.state.oh.us	Telephone: 567 242-2423

### Facility Characteristics

Designated Facility Capacity: 1,669	Current Population of Facility: 1,567
Number of inmates admitted to facility during the past 12 months	496
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	460

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			483
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			425
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-89	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			12 years, 1 month
Facility security level/inmate custody levels:			1, 2, 3
Number of staff currently employed by the facility who may have contact with inmates:			467
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			95
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			17
<b>Physical Plant</b>			
Number of Buildings: 22		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		30	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>There are 131 inside cameras and 18 outside cameras, some with PTZ capability and all strategically placed. The control room in C Building at Allen monitors all cameras throughout the complex. Oakwood also has a control room, but its monitoring capability is limited to Oakwood.</p>			
<b>Medical</b>			
Type of Medical Facility:		Outpatient primary care with overnight observation	
Forensic sexual assault medical exams are conducted at:		St. Rita's Medical Center, 730 West Market Street, Lima, Ohio 45801	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			371
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			1

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The second PREA audit of the Allen Oakwood Correctional Institution (AOIC), Lima, Ohio, was conducted on May 2-4, 2018, by Douglas K. Sproat, Jr., a Department of Justice-certified PREA Auditor.

Approximately five weeks before the on-site visit, the Ohio Department of Rehabilitation and Correction (ODRC) PREA Implementation Director, mailed the Auditor a pass-word protected thumb drive containing the facility's Pre-Audit Questionnaire (PAQ), along with a comprehensive list of all standards with relevant policies and secondary documents supporting each subsection of a standard. The secondary documents included, but were not limited to, PREA incident reports, training documentation, inmate risk-assessment materials, and records of inmate notifications of PREA investigation results. These documents were well-organized and comprehensive. The supporting materials for the PAQ were embedded within it, making the process for reviewing materials very auditor-friendly. It should be noted that the contents on the thumb drive covered every aspect of AOIC's operation, so that a thorough review of the materials would permit an auditor a good understanding of the facility prior to the on-site visit.

On May 2, 2018, the Auditor met with ODRC and facility staff in an entrance briefing to discuss the PREA protocols for the on-site part of the audit. The Auditor served as a member of the ACA audit team prior to the PREA audit. This allowed an opportunity for a visual inspection of all areas of the facility that related to PREA issues a few days before the actual start of the PREA audit, as well as the chance for some informal interviews.

The standards require the Auditor to view areas of the facility that must be observed carefully to verify compliance with the standards:

- Intake/reception screening areas,
- All housing units, dormitories, and individual rooms,
- Health care/mental health departments,
- Recreation, food service, and program areas, and
- Renovations or additions.

These areas were all examined, and the Auditor had sufficient opportunity to view inmate-staff interaction. There was also ample time for observing the nature and quality of inmate supervision throughout the audit, and in all instances the Auditor witnessed appropriate respect on the part of both inmates and staff. Sight lines were closely examined, as well as the potential for blind spots. Throughout the facility the Auditor noticed ample PREA signage and educational posters displayed to advise inmates of their right to be free from sexual abuse and harassment. These materials also provided directions on how to report PREA violations.

During the initial tour of the facility and while making revisits to different areas, the Auditor informally interviewed and questioned inmates and staff about their knowledge of PREA. Staffing logs were reviewed for unannounced rounds conducted by intermediate or higher level supervisors. The Auditor observed the consistent use of the opposite gender buzzer/light system when females entered the housing units and/or any other areas where an inmate might be undressed, showering or using the restroom. The Auditor also made a careful inspection of the placement of cameras and the use of mirrors in order to determine whether coverage was sufficient for monitoring and whether placement of either cameras or mirrors gave rise to any PREA-related privacy/viewing issues.

On May 2, the Auditor began the formal interview process of both staff and inmates. There are six different categories for interviews during an audit to provide information relevant to PREA compliance: the agency head, the facility director, PREA coordinator, specialized staff, random staff, and inmates. Not all categories, such as the head of an agency, may be available during the audit, but the broader the range of interviews, the more comprehensive a view an auditor can gain of the facility being audited. Following the interview PREA-established protocols for each category gives PREA auditors the structure to gather information in a consistent way to assess compliance.

The Auditor formally interviewed 27 inmates:

- four LGBTI,
- four who reported prior victimization at another facility or in the community,
- four who reported sexual abuse at AOCI during the audit period,
- two who were developmentally disabled,
- one with limited English proficiency (LEP),
- and twelve who were randomly selected.

The Auditor also informally interviewed 22 inmates. During the audit there were no inmates in segregation for risk of victimization, nor had there been any placed in segregation for the audit period. The Auditor's review of the total of 49 formal and informal interviews clearly established that inmates at AOCI are receiving the proper PREA education. All inmates interviewed could describe the protections of PREA and the different ways to report allegations of sexual misconduct at the prison: verbal, written, to staff or third parties, by mail or by telephone, anonymously, etc. The Auditor's interview with the facility investigator revealed that there had been 10 PREA allegations during the audit period. The Auditor reviewed the files for the investigations, all of which had been completed in a timely and appropriate manner. It was obvious the investigations were handled in accord with ODRC policies and procedures and were compliant with applicable PREA standards.

The Auditor observed the intake process with the initial AOCI risk assessment for inmates. He reviewed a sampling of risk assessment outcomes, along with reviewing the memorandum of understanding (MOU) with the Ohio Highway State Patrol (OHSP) regarding investigations, one with St. Rita's Medical Center regarding forensic examinations, and an MOU with Rape Crisis of Crime Victim Services (RCCVS) for victim support. He also reviewed documents pertaining to inmates who arrived at AOCI during the audit period and reported having been previously abused in another facility or in the community.

Twenty-five staff were formally interviewed, either on-site or by telephone. Most were ODRC staff, although one was a trooper with the OSHP, another was a Sexual Assault Nurse Examiner (SANE) employed at St. Rita's Medical Center, and the third was a victim advocate at RCCVS, a community agency providing victim support. Those interviewed were

- one facility administrator,
- two assistant facility administrators,
- one unit management chief,
- one assistant to the warden who carried out the role of the operational compliance manager during the audit,
- two inspectors,
- two investigators (one employed by OSHP),
- one health care administrator,
- one mental health administrator,
- one labor relations officer,
- one sexual assault nurse examiner (employed by St. Rita's Medical Center),
- one chief of security,
- one personnel director,
- one victim advocate (from the community organization, Rape Crisis for Crime Victim Services)
- and nine random staff.

Another 20 staff on-site were informally interviewed. These interviews collectively reflect a deep knowledge of PREA, along with an appreciation of the purpose behind it and the importance of its role in the everyday operations at AOCI. It was clear through all formal and informal staff interviews that the administration at AOCI is committed to ensuring compliance with all standards of the Prison Rape Elimination Act.

On May 4, 2018, at the conclusion of the on-site portion of the audit, the Auditor conducted an exit briefing with the staff of AOCI and ODRC. At that time the Auditor did not provide a final tally from the audit, but he did give a preliminary assessment that all standards were at least at the "Meets Standard" level. He expressed his gratitude for the materials supplied to him in advance, for their cooperation and hospitality during the audit, and for their commitment to PREA.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Allen Oakwood Correctional Institution (AOCI), a part of the Ohio Department of Rehabilitation and Correction (ODRC) system, is a Level 2 (medium security) facility in Lima, Ohio, for adult males. According to the Pre-Audit Questionnaire (PAQ) that was completed in March, 2018, the designed facility capacity is 1,669, with an average daily population of 1,567. Although it is designated as a Level-2 facility, it houses inmates of levels 1, 2, and 3. The age range for inmates is 18-89, with the average length of stay being 12 years and one month. Its mission is to reduce recidivism through programming while meeting the comprehensive needs of the offenders to ensure a successful reentry into society.

It is comprised of 47 buildings in all, with 15 of them within two secure fences, and 32 more outside the fenced areas. The AOIC compound covers approximately 43 acres, with an additional 720 acres outside the secure fences. Previously this facility was comprised of two separately operated units: the Allen Correctional Institution (hereafter Allen) and the Oakwood Correctional Facility (hereafter Oakwood). At the end of December, 2011, the departments and services of the two facilities were formally combined. This combination necessarily required many changes, such as certain functions being combined and the transferring of some programs or services from one component to the other, but the operation of the AOCI is that of a single efficiently-functioning facility, even though the Allen part of the compound houses many of the core functions of the entire prison, such as the warden and his key staff, personnel and business administration operations, network administration services, etc.

Both components of the prison have their own secure fences. The secure perimeter fences are 16 feet high with razor wire top and bottom. The deterrent function of the razor wire is augmented with a Southwest Microwave/Micro-net Intrusion Detection System. The system also includes microwave and Doppler detectors located in critical areas within the complex. There are no manned gun towers at AOCI, but there are three armed perimeter vehicles that provide perimeter security 24/7. Two are dedicated to Allen, with the third vehicle for Oakwood. The inside and outside perimeters are lighted by high-pressure sodium lights on poles. There are also 18 dome cameras located around the compound. On each shift an officer at both Allen and Oakwood walks the inside of the perimeter fence to inspect for damage and signs of washout. There are 131 strategically-placed cameras throughout the buildings on the compound.

A Building, the front entry building, is the entry point for all staff and visitors for the Allen compound. This building is approximately 3900 square feet and houses visitor and staff check-in stations and visitor restrooms. There is a walk-through metal detector at the manned security post for the screening of all entrants, and everyone is required to show a picture ID and present purse, briefcases and the like for inspection. On the outside of A Building are the armory and the lock shop with a separate entrance.

B Building is adjacent to the front entry. It contains inmate health care services, parole board offices, and the network administrator. It also houses the centralized chemical distribution area, the Transitional Program Unit (TPU), segregation, and the inmate intake/processing area. Although this building has a large visitation room with tables, chairs, and a children's reading area, there are also video visitation kiosks in a number of other locations around AOCI.

C Building, containing about 7600 square feet, is the administration building and houses many of the prison's key functions. One part holds offices for the warden, the business manager, investigators, the operational compliance manager (OCM), labor relations manager, and personnel director. The mailroom is also located in C Building, as are various conference rooms and restrooms, along with space for shift assembly, staff showers and a staff break area. The AOCI control center, which is the hub for all movement on the institution grounds, is

here as well. It has a full complement of the kind of equipment found in any modern prison, such as computers, video monitors, fence alarm systems, key watch systems, radio charging stations, and switchboard. All equipment and keys in daily use for Allen come from this location. The control center, which has its own exterior entrance and cannot be accessed from within C Building, is staffed by three officers on each shift. The camera feed from both Allen and Oakwood can be viewed in this control center. Oakwood part of the AOCI complex has its own control center which functions in a similar manner for the operations at the Oakwood, but its camera feed is limited to the control center in Oakwood.

In the south wing of C Building are a number of other offices, including those of the inspector, deputy warden of special services, deputy warden of operations, the operational compliance manager, the unit management chief, the chief of security, the quality improvement coordinator, the count office, and the shift commander's office.

D Building is the location for recreation, and recreational offerings include basketball, volleyball, ping-pong, board games, isometric exercise equipment, a music program, and arts and crafts activities. Indoor activities are supplemented by outdoor recreation, with a softball field, basketball courts, a track, and putt-putt golf available for offender use. D Building also houses the chaplain's office and the chapel; all religious services are held in this building, as well as large institutional events such as banquets or award ceremonies. The security threat group office is also located in D Building.

E Building houses education (both academic and college), the general library and the law library, Ohio Penal Industries (OPI) garment shop, and the vocational education department, which offers training in small engine repair and vocational building maintenance. E Building is also the location for various other prison functions, such as the quartermaster, transportation operations, commissary, food service, and maintenance. Behind E Building in the Vocational Turf Management Building.

The sally port for Allen, which is manned Monday through Friday from 7:30 A.M. to 3:30 P.M., is located at the rear of the complex. It is operated from central control in C Building, and it serves as the entrance for all vehicles that must enter the secure perimeter--normally limited to vehicles delivering inmates and vehicles delivering food requiring immediate refrigeration. If there is a need to open the sally port during unmanned hours, a rover is dispatched to manage the admission of the vehicle. Behind the sally port is a small maintenance garage where grounds equipment is stored.

Most inmate housing is on the north side of what was originally the Allen Correctional Institution part of AOCI, with most of these housing units being original to the opening of that institution in the late 1980's. The housing units currently in operation are H1, H2, H3, H4, and H5. H6 was closed prior to the audit period. H1 houses specialized offender populations, with H1A holding the 81-bed Residential Treatment Unit (RTU) for seriously mentally ill offenders, and H1B holding a 122-bed day treatment program. Approximately 20 years ago a connecting addition was constructed on the back of H1 that provides space for programming, along with offices for the mental health recovery services staff.

H2 holds a new recovery services program, as well as the PETS program, offenders who work to train shelter dogs for adoption. H2B houses general population offenders in an interfaith setting. H3 and H4 house general population offenders, with H5 being used to house offenders who are 40 years of age and older. The remaining offenders live at Oakwood, as detailed below.

To the north of Allen is Oakwood, a self-contained facility with its own secure perimeter fences. There is a single two-story building with east and west wings. There is an entry area for processing staff and visitors. To the right

of the entry area, there is a room for staff training, a staff computer lab, several administrative offices, and restrooms. The Oakwood control center is past the entry area, and it essentially is a duplicate of the one at Allen. It has computers, video camera monitors, a fence alarm system, key watch system, telephone switchboard, and radio charging stations. As at Allen, all equipment and keys used daily at Oakwood are dispensed here. The main hallway provides access to a visitation area, attorney/consultation area, medical, mental health recovery, library, recreation, unit management, food service, commissary, sally port maintenance, receiving, education, religious services, employee break area, conference room/ shift assembly, shift supervisor's office, and programming that is unique to Oakwood.

In contrast to the housing in multiple building at Allen, Oakwood housing is in the same building with all of the managerial, treatment, security and other support operations for Oakwood. East 1 holds a 51-bed cognitive deficit (dementia) unit. East 2 contains the 62-bed Sugar Creek Developmental Unit (SCDU). The SCDU houses developmentally disabled offenders; it is the only unit of this type with ODRC. West 1 houses a 50-bed assisted living unit, along with 58 beds designated for general population, security level 1 (minimum security) offenders. West 2 holds security level 2 protective custody (PC) offenders, who are separated from the other populations, with all movement being controlled to ensure little or no contact with the other offenders at Oakwood.

Outside the secure fence are the compost complex, warehouse, powerhouse, and garage facilities. The warehouse and garage share a structure. The warehouse is the institution's central storage and distribution location, and the garage is the site for maintenance and repair of vehicles and equipment by institutional staff. The compost complex consists of several barns, a bagging area, and area of storage and maintenance of equipment. The compost complex represents a public-private partnership between the ODRC and Barnes Nursery and Landscaping of Huron, Ohio.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 10

115.16, 115.21, 115.31, 115.33, 115.34, 115.41, 115.42, 115.64, 115.71, 115.88

**Number of Standards Met:** 35

115.11, 115.12, 115.13, 115.14, 115.15, 115.17, 115.18, 115.22, 115.32, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

All standards were met or exceeded.

### Summary of Corrective Action (if any)

There is no corrective action required of the Allen Oakwood Correctional Institution for the PREA audit period that ended December 31, 2017. All standards were either met or exceeded.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the

facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)

Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

The Ohio Department of Rehabilitation and Correction (ODRC) has several agency policies define/set forth its policy of zero tolerance of sexual misconduct or in some way operationally support the intent of these policies, including--but not limited to--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 Assessments and Accommodation Strategies), and 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex). Policy 3E1 is the specific policy of Allen Oakwood Correctional Institution (AOCI) for implementing these agency policies which are designed to prevent, detect, and respond to sexual abuse and sexual harassment.

PREA is a priority for ODRC agency Director, and he voiced this support to the Auditor shortly before the formal beginning of the PREA audit. His long and dedicated support for PREA is evidenced by Ohio's stellar record of PREA certification for all of its facilities, including contract facilities.

The Chief of the Bureau of Operational Compliance is the PREA coordinator for ODRC. She has direct access to the agency Director, meeting with him regularly to discuss PREA concerns. She has a group of central office staff who work directly on PREA policy, standards adherence, and computer streamlining of the audit process and monitoring. She and her staff have a solid understanding of the standards and audit procedures, along with a keen appreciation of how PREA compliance can benefit the correctional system. She acknowledged that she has sufficient time to dedicate to ensuring that PREA standards are met and all related concerns are addressed.

AOCI's operational compliance manager (OCM) with whom the Auditor had dealt prior to the site visit, was on medical leave at the time of the actual audit. The Assistant to the Warden, who supervises the OCM, served in the OCM's role during the audit. She demonstrated a thorough understanding of all the PREA standards and of the audit process, and she was easily able to fill in for the OCM without any disruption to the audit process.

Although she was balancing the duties of two jobs, she stated that she has ample time to devote to her PREA tasks, and, of course, she has direct access to the warden. Until such time as the OCM returns to her position, it appears to this Auditor that the Assistant to the Warden is quite capable of handling any PREA matters that would normally have been managed by the OCM.

## Standard 115.12: Contracting with other entities for the confinement of inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

The Auditor has reviewed and adopts the written summary of an interview with ODRC's Deputy Director-Administration, conducted in February of 2018 by another DOJ-certified PREA auditor. The Deputy Director oversees the contracts ODRC has for the operation of the agency's private prisons: Lake Erie Correctional Institution, North Central Correctional Complex, and North East Ohio Correctional Center. All contract facilities are required to follow ODRC policies, which include all zero tolerance of sexual abuse and sexual harassment policies. There are ODRC contract monitors on site at each of the privately run prisons, and they complete a compliance review checklist for documentation. If anything pointing to an immediate risk is identified, the contract monitor is able to respond promptly. Other concerns are noted, with feedback being given to the contractor. The facilities also undergo numerous policy compliance site visits. Each of the private prisons has achieved PREA certification. The Auditor reviewed the contracts with the privately-run facilities and verified the inclusion of the provisions related to maintaining the PREA policies of the agency. The contractors running the three prisons named are CoreCivic and Management and Training Corporation.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components

of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  
 Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

ODRC requires each of its institutions to create and maintain a staffing plan. AOCI's plan reflects an understanding of how staff must be assigned in order to maintain direct supervision according to generally accepted detention practices in an inmate population of the type housed at AOCI and confined in a physical plant of the type exemplified at the facility. It also takes into account the circumstances and location of any substantiated and unsubstantiated sexual abuse allegations. The Auditor reviewed the staffing plan, and the Warden stated in his interview that he monitors all deviations from the staffing plan. He noted to the Auditor that there were no deviations from the plan during the 12 months of the audit period. At least annually, under policy 79-ISA-01 the facility must review the staffing plan in conjunction with the agency PREA coordinator to evaluate the facility's use of staff deployment and video monitoring to determine whether adjustments are needed.

Agency policy 310-SEC-31 requires documented unannounced rounds on each shift by intermediate level and higher supervisors. Policy 50-PAM-02 prohibits staff from alerting other staff members that the supervisory rounds are occurring unless there is a legitimate operational reason for the announcement. The Auditor confirmed adherence to the policy during interviews with supervisors, along with reviewing records that documented these unannounced rounds on all shifts.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

AOCI is an adult-only facility. This standard does not apply since no youthful offenders are housed at AOCI.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No  NA

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

ODRC policy 310-SEC-01 prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The Warden confirmed during his interview that AOCI did not conduct any cross gender strip searches during the 12 month audit period. Should such a search occur, the policy requires that it be logged, along with the relevant exigent circumstances. Required staff training includes how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. The training reinforces the ODRC policy of not frisking transgender and intersex inmates for the purpose of determining their genitalia status. Line staff and supervisors all confirmed the policy and practice during the interview process. Cross-gender pat

searches are permitted, and the auditor observed several pat searches conducted in an appropriate and respectful manner by female correctional officers of male inmates.

The Auditor observed areas with showers and toilets. All showers had curtains. Most toilets were in cells, with toilets in the dormitory areas having doors. The shower curtains and toilet doors allow inmates to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their private areas. If brief viewing does occur, it is incidental to routine cell checks.

Agency/facility policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. When a female employee enters a male living area, she is required to set off an alarm each time she enters. The alarm is both a buzzer and a blinking light. Interviews with random inmates, including some developmentally-disabled inmates, verified they understood the meaning of this sight and sound alarm system, and the Auditor observed female staff using the system without fail during the site visit.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities 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, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities 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, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities 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, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities 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, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities 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, including: inmates who have speech disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities 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, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

ODRC policies 79-ISA-01 and 64-DCM-02 require disabled inmates and inmates who exhibit a limited proficiency in English (LEP) to have an equal opportunity to participate in and benefit from all aspects of the agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment. AOCI has a contract with Affordable Language Services to provide signing for the deaf, as well as providing interpretive services for all languages. The facility distributes to each inmate on the day of his arrival an inmate handbook in English or Spanish that contains, among other things, information explaining the agency's PREA policy. It details how and to whom to report sexual abuse, including relevant phone numbers and addresses. It also provides information on how to contact an outside support group, specifically the Rape Crisis for Crime Victim Services (RCCVS) organization that provides services through a Memorandum of Understanding (MOU) with the facility for support services to inmates.

Additionally, usually on the second day after arrival, the inmates view a video on the agency's zero tolerance of sexual abuse and harassment. This video is closed captioned as well as signed. During the on-site visit, the Auditor interviewed an LEP inmate and confirmed he had received the zero tolerance information in a language he understood. He stated he knew how to report sexual abuse if necessary. The inmate verified he understood the meaning of third party reporting, and he also remarked that staff went out of their way to make sure he understood PREA and what rights it gave to him.

The ODRC policy prohibits staff from relying on inmate interpreters, inmate readers, or other types of inmate assistants except in limited situation where a protracted delay in acquiring an effective interpreter could impact the inmate's safety. This practice was confirmed during the Auditor's interviews with case managers and unit managers.

In addition to its general population inmates, AOCI also houses specialty populations at both the Allen part of the complex and at the Oakwood portion of the complex: at Allen, the 81-bed Residential Treatment Unit (RTU) for seriously mentally ill inmates; and at Oakwood the 62-bed Sugar Creek Developmental Unit (SCDU) for all of ODRC's developmentally/intellectually disabled inmates, and the 51-bed Cognitive Deficit Unit for inmates with dementia. These specialty populations are provided the same benefits of the agency's zero-tolerance policy as the general population inmates.

The employees providing supervision for these inmates are highly skilled in communicating with this population on a level that ensures the inmates understand how PREA affects them. The Auditor interviewed several of the specialty-population offenders from Oakwood, and it was clear from their answers that they understood the protections of PREA and how they could make a report about sexual abuse or sexual harassment. Because these interviews were held at Oakwood, the auditor had ample opportunity to observe the interactions between the

correctional officers and the special population inmates; the effective--yet patient and respectful--way the officers supervised a population that can be challenging was very impressive.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC policy 34-PRO-07 prohibits hiring or promoting anyone having contact with inmates whose backgrounds include a variety of sexual misconduct issues. It also prohibits using the services of any contractor who may have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution. They are not allowed in any ODRC facility if they have been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse consent, or anyone who had been civilly or administratively adjudicated to have engaged in such activity. The Standards of Employee Conduct (31-SEM-02) mandate that employees must disclose to the facility any sexual misconduct allegation made against them under PREA, along with other misconduct that must be reported. The personnel director advised the Auditor during an interview that no one can have contact with inmates, begin work, or enter into the facility prior to passing the background check.

Policy 79-ISA-01 requires that criminal background checks be conducted at least every five years for current employees and contractors who may have contact with inmates. The personnel director confirmed that AOI is current with these five-year rechecks, and the auditor viewed a sampling of employee and contractor personnel files and verified their background checks were current.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Since the last PREA audit in 2015, there have been no substantial new construction, expansions and/or modifications at AOCI. However, there have been a number of cameras added since that time. Forty-six camera have been added, bringing the total to 149—131 inside cameras and 18 outside cameras. The Warden stated he had asked for money for camera additions/upgrades in this budget year. Should the money become available, he said the Sexual Abuse Review Team (SART), which includes the OCM, would be involved in the decisions about camera placement.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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There are two on-site investigators at the prison, one is an AOCI investigator and the other is an investigator assigned to AOCI by the Ohio State Highway Patrol (OSHP).

The AOCI investigator is responsible for conducting a preliminary work up on all allegations of sexual abuse or sexual harassment. After the initial work up, every allegation is turned over to the OSHP investigator as a potential criminal case. If the OSHP investigator determines an allegation doesn't constitute a crime, it goes back to the facility investigator for handling as an administrative investigation. If the OSHP investigator concludes a crime has been committed, the case is then passed to the appropriate entity for prosecution. During the 12-month audit period, there were eight allegations of sexual abuse, one allegation of sexual harassment, and one allegation of retaliation. Of the total allegations, only one was determined to be criminal, and the case was sent to the appropriate prosecutor for further handling. Both the facility investigator and the OSHP investigator verified they had received the same specialized investigatory training conducted by contract with the Moss Group. The Auditor reviewed the training curriculum and also viewed the training certificates for both investigators. The arrangement whereby there is actually a sworn law enforcement officer on-site to handle criminal investigations is a tremendous asset to AOCI; it prevents criminal cases from languishing in a local sheriff's office or police department where it may not get the same attention as cases from the community. Additionally, based on the Auditor's interview with the OSHP investigator, he maintains an excellent working relationship with the local prosecutor's office.

The Rape Crisis for Crime Victim Services (RCCVS) provides support services for inmates at AOCI, and a victim advocate from this organization is available to inmates at the facility. There is a three-year Memorandum of Understanding (MOU) with the organization to provide advocacy services to any victims of sexual assault at AOCI. The auditor held a telephone interview with the supervisor at the RCCVS, and she verified the services offered, and she stated there had been six requests for these services during the audit period. Posters from the RCCVS with contact information are placed throughout AOCI.

The Auditor also interviewed a specially-trained AOCI victim support person from each shift and verified the training received. The Auditor was informed that this one-time training included, among other things, the forensic exam process. These specially-trained support staff described to the Auditor that, if necessary, they would accompany and support an AOCI victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

St. Rita's Medical Center is the hospital AOCI uses for all forensic exams. There is no cost to the inmate for any part of this exam or any follow up. The Auditor conducted a telephone interview with the Sexual Assault Nurse Examiner (SANE) at St. Rita's, who stated that there had been no forensic examinations during the audit period; she noted that one inmate, after agreeing to go to the hospital for a forensic exam, refused the exam once he got to the hospital. If there is no SANE or Sexual Assault Forensic Examiner (SAFE) available, the examination can be conducted by other qualified medical personnel.

There is no requirement that a victim name a perpetrator in order to receive any medical examination, treatment, or support/advocacy services.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 79-ISA-02 requires all facilities within ODRC to conduct an investigation (administrative and/or criminal) on every allegation of sexual abuse or sexual harassment alleged to have occurred. The OSHP investigator is legally authorized to conduct criminal investigations, and OSP 103.07, Appendix P, sets out the protocol for evidence collection for the OSHP investigator. The facility investigator handles the administrative investigations. The Auditor conducted interviews with both the OHSP investigator and the AOCI investigator. Both of these individuals confirmed that an investigation is initiated and completed on every allegation of sexual abuse or sexual harassment, regardless of how the allegation was made or received (written, verbal, anonymous or third party). The AOCI investigator and the OSHP investigator outlined the process each follows when allegations occur. The two investigators have adjoining offices, and, based on the interactions observed by the Auditor and a review of files, they appeared to have a common desire to work all PREA allegations as needed and seemed not be hampered by any issues of their working for separate state agencies.

All PREA allegations are documented, with 10 PREA allegations occurring at AOCI during the audit period: eight sexual abuse, one sexual harassment, and one retaliation. Only one of these allegations was determined to be criminal. The criminal case was referred for prosecution, with the other cases handled as administrative investigations. Therefore, of the total allegations for the audit period, two (including the criminal case just mentioned) were found to be substantiated, seven were found to be unsubstantiated, and one was determined to be unfounded at the conclusion of the investigations. ODRC publishes their investigative policy on its website (<http://drc.ohio.gov/policies/investigations>). The site gives an overview of its PREA policy and provides additional information by clicking on the topic link.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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Having a staff well-trained on the zero-tolerance policy of both the agency and of AOCI is a primary objective at AOCI. The Auditor reviewed the training curriculum and confirmed that it covered all areas outlined in the standard. All correctional officers have completed their academy training, which includes a PREA component, before being placed on shift at a facility. Other employees receive relevant training, again including a PREA component, before assuming their duties. All staff interviewed, whether security or non-security, knew their responsibilities for how to deal with sexual abuse and sexual harassment, and the agency maintains records of the employees' confirmation of understanding the training. Both during random staff interviews and through general questions asked during the tour, the Auditor was able to further confirm staff understanding of the zero-tolerance policy. Through a review of training records, the Auditor confirmed that all staff members had received their initial and up-dated PREA mandatory training.

ODRC's policy requires annual refresher training on PREA, rather than the basic PREA requirement of every two years. This training takes place both in classes on the complex and online. The training director tracks the training requirement for each staff member and notifies the person's supervisor when additional training is required; the supervisor is then responsible for notifying the employee and for scheduling someone to cover the employee's work assignment while the employee is meeting the training requirement. The Auditor believes the reason that staff who were interviewed were so knowledgeable about PREA's purpose and their responsibility to effectuate its intent, is the facility's frequent and valuable PREA training. Additionally, having an annual requirement for PREA training serves to underscore the importance ODRC and AOCI accord the principles of PREA.

## Standard 115.32: Volunteer and contractor training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors 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?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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All contractor and volunteers at AOCI are required to receive PREA training prior to assuming their responsibilities. The Auditor reviewed training records for volunteers and contractors currently working and confirmed that each person trained signed a document verifying their understanding of the PREA training. The Auditor interviewed a religious volunteer, a food service contractor, a medical contractor, and a mental health contractor about their training. All confirmed they had completed PREA training before starting their duties, and all were well aware of the facility's zero-tolerance policies. The Auditor also verified that the training each of them received included the consequences for violations of ODRC's PREA policies. The emphasis on training staff, contractors, and volunteers helps to ensure there will be a consistent response if some sort of PREA-related occurrence arises.

### Standard 115.33: Inmate education

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

**115.33 (c)**

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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AOCI has a diverse inmate population with a range of ability to process information. Employees appear to go out of their way to make sure every inmate understands the agency's zero-tolerance policy regarding sexual abuse and sexual awareness, and they seemed very aware that varied approaches might be necessary for all inmates to have a real understanding of the specifics of what behavior is inappropriate and how/to whom to report any problems. For example, the language used to explain PREA to a general population inmate might be quite different from the language needed for an inmate assigned to SCU.

Since the inmates coming to AOCI are intra-system transfers or are coming from a reception center, they have already had PREA education. However, he again receives PREA education at AOCI. On the day he arrives, he receives an inmate handbook, which is available in English and Spanish. The handbook details the zero-tolerance policy and how/to whom he can report any incident. The handbook also details how to contact support services for victims of sexual assault or harassment. It lists the toll free numbers for an operation support center and for an outside agency hot line. It provides inmates in restricted housing with an address for making a written allegation (anonymously, if desired) to the Office of Quality Assurance and Improvement of the Ohio Department of Youth Services. Within three days of an inmate's arrival at AOCI, each inmate receives an in-depth orientation on PREA that includes a video that is closed captioned and signed; the video is followed by

a question and answer session with a staff member. If there are any barriers—whether mental or physical—to an inmate’s fully comprehending this information, the facility accepts the responsibility of doing whatever is required to communicate the information to each inmate.

Interviews with intake staff and interviews conducted with inmates verified that PREA information is provided both verbally and in writing. Interviews confirmed that inmates know they can report sexual abuse or harassment to staff, contractors, and volunteers; and that they can also have someone else make an allegation on their behalf. Each inmate interviewed knew that reports could be made anonymously and knew they could contact a victim support group or other organization by using a toll-free number. They were well aware of the posters throughout the prison mentioning PREA and giving contact information for help or support.

The Auditor reviewed a sampling of inmate files to confirm documentation of the date PREA training was received by inmates, both those who received the training at intake and those who were already at AOCI when the agency’s PREA policies were established. All files reviewed contained the required dates.

## **Standard 115.34: Specialized training: Investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  
 Yes    No    NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Both the facility Investigator and the OHSP investigator have completed an extensive PREA investigator's training workshop through the Moss Group. This training addressed, among other things, making sure that all administrative and criminal investigations are handled properly so as to make sure cases are not compromised by poor communication. The training included techniques for interviewing sexual abuse victims in confined settings, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence required to substantiate a case for criminal prosecution or administrative action. The Auditor viewed the training curriculum and the signed training acknowledgement forms for both investigators. The Auditor also viewed documents attesting to the facility Investigator's having completed additional training for investigators through the on-line NIC-PREA Learning Center.

When interviewed, each investigator evidenced a clear understanding of the issues involved when the need arises to interview some of AOCI's special population inmates who may have mental limitations or other disabilities. The two investigators appear to have an excellent working relationship based on constant communication and a shared commitment to their role in carrying out the facility's zero-tolerance policy.

## Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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ODRC requires all full time and part time medical and mental health staff (whether AOCI employees or contractors) to have specialized training beyond their mandated staff PREA training. Additionally passing a post-test with a minimum score of 80% is required.

The Auditor reviewed the substance of the specialized training. It covered essential topics such as how to detect signs of sexual abuse and harassment, how to respond to victims, how/to whom to report incidents, and how to preserve evidence. The Auditor’s interviews with the Health Care Administrator and the Mental Health Administrator verified they and their staff had received the training; a review of training records confirmed all full and part time medical and mental health staff at AOCI had received this training and had achieved a passing score. Because of the diverse population at AOCI that ranges from young adults to the elderly, from inmates with developmental disabilities to those with dementia, contact between the medical/mental health departments at AOCI and the inmates is perhaps more frequent than in other prisons, and this specialized training can potentially have a real impact on improving the service delivery by these health care professionals.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

**115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

### Auditor Overall Compliance Determination

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- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC policy 79-ISA-04 requires offenders to be screened for risk of sexual victimization or sexual abusiveness toward other inmates whenever they are admitted to a facility or transferred to another facility. This screening is normally completed on the day of arrival since it must occur within 72 hours of arrival. The policy also requires that the facility reassess each inmate's risk of victimization or abusiveness from 15-30 days after the inmate's arrival at the facility, based on any additional relevant information received by the facility after the intake screening. The ODRC PREA risk assessment is automated, which permits each facility to easily share information system-wide.

The screening is a detailed, multi-step process. The Auditor observed the beginning of this process when an inmate arrived at AOCl and was sent to medical. All new arrivals to AOCl are immediately assessed by the medical department, with the assigned nurse beginning the assessment and completing the first screen. Key points covered by the nurse are (1), whether the inmate has a mental, physical, or developmental disability; (2) the age of the inmate; (3) the physical build of the inmate; (4) whether the inmate has previously been incarcerated; (5) whether any criminal history is exclusively nonviolent; (6) whether the inmate has prior convictions for sex offenses against an adult or child; (7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8), whether the inmate has been previously been sexually victimized, (9) the inmate's own perception of vulnerability, and (10) whether the inmate is being held solely for civil immigration purposes. There is no discipline imposed for an inmate's failure to reveal personal information to any of the screening questions. The Auditor observed a completed assessment of this first step. The assessment is then put in a queue for the case managers, and any inmate potentially at risk based on this screening is sent to mental health or medical.

The case managers review their "In Progress" assessments at least daily and complete the second screen. The assessment then goes into the unit manager queue, and the unit managers determine whether or not an inmate

requires one of four PREA classifications: **Victim** (High Risk)--an automatic classification for any previous victim of sexual abuse in an institution setting; **Abuser** (High Risk)--an automatic classification for anyone who previously abused another in an institutional setting; **Potential Victim**--at risk of victimization; or **Potential Abuser**--at risk of abusing another.

If a PREA classification is recommended, the Unit Manager Chief (UMC), along with the unit team, decides on the final classification and develops the PREA accommodation strategy. The strategy encompasses housing, programs, work and education, all with the goal of keeping the inmates safe. All transgender and intersex inmates are automatically referred to the PREA Accommodation Strategy Team. That team is chaired by the OCM and includes the unit team, together with medical and mental health staff. The teams meet with the inmate to discuss his views and develop a PREA accommodation strategy.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

## Auditor Overall Compliance Determination

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## Instructions for Overall Compliance Determination Narrative

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AOCI uses the information from the risk screening process to inform housing, bed, work assignment, education, and program assignments with the ultimate goal of keeping separate and closely monitoring these inmates at high risk of being sexually victimized from those who are at high risk of being sexually abusive. Because some of the special population offenders at the AOCI may be more vulnerable to victimization than general population inmates, staff must be very diligent about recognizing issues that might adversely impact those inmates. The Auditor was able to observe staff/inmate interactions at Oakwood for an extended period of time while conducting interviews at that location, and he was truly impressed with the way the employees seemed to always be unusually alert to any special issues that arose regarding the inmates they were responsible for.

If an inmate is designated as a victim or potential victim or as an abuser or potential abuser, the Accommodation Strategy Team pays special attention to that inmate's housing, work assignments, and program assignments. The auditor reviewed documents reflecting the work of this team. Supervisors in each of these areas have limited access to the risk assessment information, only allowing them to know the PREA classification (victim or potential victim/ abuser or potential abuser), but not the reasons for it. The Auditor viewed various inmate assessments, including one with a directive not to house a given inmate with any inmates having a victim/potential victim classification because of that inmate's having a PREA classification as an abuser. The Auditor interviewed several inmates who were LGBTI. None reported any difficulty with housing, work assignments, or program assignments related their sexual preference.

Assignments for transgender and intersex inmates are done individually after discussions with the inmates. The Auditor confirmed how the information was used during the interview with the Unit Management Chief. Transgender and intersex inmates receive special screening every six months regarding their placement and programming assignments using the PREA assessment strategy. There were no transgender or intersex inmates held at AOCI during the audit period.

## Standard 115.43: Protective Custody

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization 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?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC policy 79-ISA-04 forbids the placing of inmates at high risk for sexual victimization 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 separating a likely victim from a likely abuser. During his interview, the Warden confirmed the agency policy. He said that if a situation ever arose where an inmate alleging victimization needed placement other than in general housing, he would most likely be placed in the hospital until it would be safe to put him in general housing. In the 12 months of the audit period, there was no instance where segregation was used for the placement for inmates at high risk of victimization. Among the four inmates in protective custody (not for PREA-related issues) who were interviewed by the Auditor, no inmate at risk of victimization indicated he had ever been placed in segregation for protection.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

**115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No  NA

**115.51 (c)**

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

**115.51 (d)**

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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Inmates arriving at AOCI have already had some introduction to PREA principles since they come to AOCI as transfers from another ODRC facility or from a reception center. When they get to AOCI, they all get PREA information again: the inmate handbook they receive on arrival has a detailed PREA section, and normally within a day or two of arrival they view a PREA video and have an opportunity to ask questions. Posters at AOCI, particularly at the entrance and visitation areas, detail how reports can be made by third parties such as family members or friends on behalf of the inmate.

The handbook clearly sets out that reports of "incidents or suspicions of sexual abuse, sexual harassment and retaliation" can be made (1) orally or in writing to any staff member, (2) to the Operation Support Center at a phone number for which there is no charge if the call is from an inmate phone, and (3) to an outside agency hot line by using \*89, which allows the call to be made without cost. The handbook also provides an address for the Bureau Chief of Quality Assurance and Improvement with the Ohio Department of Youth Services (ODYS) for use by inmates in restricted housing. ODYS and the Franklin County Juvenile Detention Facility (FCJDF) in Columbus, Ohio, are the public/private agencies used by AOCI for inmates to report sexual abuse, harassment, or retaliation. Neither has any organizational connection to ODRC. The phone number for FCJDF is monitored 24/7. When a call comes in regarding a PREA allegation, FCJDF notifies ODRC's chief inspector, who then contacts the AOCI investigator so a PREA case can be initiated. The Auditor reviewed the MOU's that are in place with both ODYS and FCJDF to confirm this information. The Auditor also viewed a notification received at AOCI as a result of a third party report made by an AOCI inmate to one of the phone numbers published in the handbook and on the posters.

In addition to information directed to the inmate in the handbook and on posters about making reports to staff, ODRC policy 79-ISA-02 mandates that staff accept reports of sexual assault or sexual harassment made verbally, in writing, anonymously, and from third parties. Staff must document verbal reports. This duty is emphasized in staff training, and the Auditor verified the understanding of and practice of this process during numerous interviews with random staff and the AOCI investigator.

AOCI does not detain persons solely for civil immigration purposes.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC considers that the standard is applicable but that they are exempt. ODRC takes this position because of the PREA guidance that “An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.” AOCI’s grievance process is the appropriate mechanism for inmate use for other operational areas, but it does not use the grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. AOCI informs offenders (inmate handbooks and Policy 79-ISA-02) that they should not use the grievance process for sexual abuse or sexual harassment allegations. The offenders are not absolutely prohibited from using grievance forms to make written PREA allegations, but they are instructed that any PREA allegations received on grievance forms will be immediately forwarded to the AOCI investigator for proper handling under ODRC Policy 79-ISA-02.

## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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Inmates at AOCI have access to outside confidential support services through the Rape Crisis of Crime Victim Services (RCCVS) in downtown Lima, Ohio. This organization offers offenders access to a victim's advocate for the providing of emotion support and other services related to sexual abuse. Posters throughout AOCI give the phone number and mailing address. Contact with this organization by either mail or phone is considered confidential and is not monitored, checked, or recorded. There is no charge for telephone calls to RCCVS. AOCI renewed its MOU with the organization in 2017 to ensure on-going support and advocacy services; the MOU is effective until May 28, 2020. The Auditor spoke with the organization's director via telephone interview before the on-site audit at AOCI. She confirmed the services that the organization makes available, but she reported that there had been no mail or phone calls from any offender at AOCI during the 12 month audit period.

Twenty-seven formal interviews with targeted and random offenders reflected the offenders' general understanding that there was an organization off the prison grounds that could be contacted in regard to victim support; however, no inmate interviewed seemed sure exactly what services were provided, since none of those

interviewed had ever made contact with the RCCVS. However, all of these inmates knew there were victim support people at the prison if they decided they did not want to contact an outside support source.

AOCI does not detain persons solely for civil immigration purposes.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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Throughout the living areas and visitation rooms at AOCI are readily visible posters instructing that sexual misconduct or retaliation can be reported through a third party, such as a staff member. Some of the posters, particularly at the main entryway to AOCI and in the visitation room, are targeted to "family and friends" and explain how to report abuse, harassment and retaliation by calling certain numbers or by emailing ODRC to make a report by email. Reporting information is also provided in the inmate handbook, along with telephone numbers to call without charge so that reports can be made, anonymously if desired.

The Auditor verified that the ODRC's agency web page has a PREA section that includes a link that allows anyone to make a sexual abuse allegation concerning or on behalf of any inmate, by submitting information through that link. The Auditor conducted formal interviews of 27 targeted or random offenders, along with informally

questioning 22 others during the facility tour and revisits. Of the inmates formally interviewed, all understood they could report sexual abuse to another person or organization who could then report it on their behalf, but they did not actually understand the term “third-party reporting.” The same could be said of any of the 22 inmates informally questioned who were queried about the topic. They were aware of the procedure for accomplishing third-party reporting, but they did not know what the procedure was called. Whether the Auditor was formally interviewing inmates or informally questioning them, he found no inmate indicating he had had a need to use third party reporting for any allegation of sexual abuse or harassment.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

##### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

##### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

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- Does Not Meet Standard** (*Requires Corrective Action*)

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ODRC policy 79-ISA-02 requires all staff to report immediately any knowledge, suspicion, or information they receive about an incident of sexual misconduct, sexual harassment, or retaliation (whether it arises through personal knowledge, from an inmate, through a third party or anonymous report, or some other method) that occurred in a facility, whether or not it is part of the agency. Staff may privately report sexual misconduct by completing an Incident Report marked confidential and submitting it directly to the OCM or the ODRC PREA Coordinator; the report will then be routed to the AOCI investigator. Any employee who receives a verbal or written report from an inmate, an anonymous source, or a third party of about an incident of sexual misconduct or retaliation shall immediately notify the shift supervisor and complete an Incident Report, marked confidential, with a copy to the OCM and institutional investigator. This policy prohibits staff from revealing any information related to such report to anyone other than to the extent necessary to make treatment, investigation, security, and management decisions. The Auditor's questioning of 45 staff, both formally and informally, verified that everyone understood his or her duty to report and the mechanics of how to report.

### Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Agency policy 79-ISA-02 requires that whenever the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, staff takes immediate action to protect the inmate. Random interviews conducted with staff indicated that they would follow the same protocols as if an inmate actually reported he was sexually assaulted. The first act would be to separate the inmate from potential danger and then notify a shift supervisor. Upon receipt of a report, security staff take immediate action to employ protection measures to ensure the inmate's safety. The information would then be reported to the Unit Management Chief, the facility investigator, and the OCM.

Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting system. An initial investigation is completed within 48 hours and a final outcome is determined within 5 days. When considering the protection of staff or offenders, staff must consider housing changes, transfers of inmate victims or abuser, and removal of alleged staff or inmate abusers from contact with victims.

This process was verified with the Warden during his interview. There have been no reports of imminent substantial risk to any inmate during the past audit period.

### Standard 115.63: Reporting to other confinement facilities

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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ODRC policy 79-ISA-02 requires that whenever an inmate reports being abused at another facility, the AOCI warden must notify the head of that facility or the appropriate office of the agency/facility within 72 hours. The facility had three allegations of prior sexual misconduct at another facility against an inmate housed at AOCI during the current audit period. The Warden confirmed the process for handling such allegations. The notifications are documented on an incident report, and the Auditor viewed the records of an allegation being reported in a timely manner to the head of the facility where the incident was alleged to have happened.

Notification is made from warden to warden via email correspondence and/or ODRC 1000 Incident Report. During the audit period, an offender at another ODRC facility reported having been abused at Allen Correctional Institution (now incorporated into AOCI) in the 1990's. Appropriate notification was made to the AOCI Warden, with an ensuing investigation, since such notification triggers an investigation in the same manner as if it were an allegation from an inmate currently housed at AOCI. The Auditor reviewed the documents in the file, from notification to the AOCI Warden, to investigatory reports, to closure notifications; all documents were in accord with policy requirements.

### Standard 115.64: Staff first responder duties

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

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- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC policy 79-ISA-02 sets out the responsibilities of security and non-security staff acting as first responders when allegations of sexual abuse arise, along with AOCI policy 03E-02, the facility’s Sexual Abuse Coordinated Response Plan. The Auditor interviewed multiple security and non-security personnel about their duties as first responders. No doubt due to the extensive initial and annual refresher PREA training, everyone interviewed knew his or her duty to separate the inmates to ensure safety for the victim while also ensuring the protection/preservation of any physical evidence. The first-responder checklist provided during training is a vital tool in helping employees remember what they are to do.

Additionally, contractors and volunteers must complete PREA training before assuming their duties/assignments at AOCI, and the Auditor reviewed signed documents attesting to their having completed training that included, among other things, how to respond to sexual abuse or harassment. The Auditor further reviewed the “Contractor/Volunteer Training Script” to confirm the nature of the instruction regarding the duties of a first responder.

Because of the facility’s commitment to the principles of PREA, everyone who had contact with inmates—whether employee, contractor, or volunteer—has been trained in the role of a first responder.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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AOCI policy 03E-02 is the written institutional plan that sets out how the actions of first responders, medical/mental health practitioners, victim support persons, investigators, and facility leadership are to be coordinated to provide the most effective response possible to an incident of sexual abuse. This local policy works in conjunction with ODRC policy 79-ISA-02. The Auditor reviewed the institutional plan, and various staff interviewed--including the Chief of Security, the Unit Management Chief, and the facility Investigator--verified what their individual roles would be in case of an incident.

## Standard 115.66: Preservation of ability to protect inmates from contact with abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC engages in collective bargaining, and it has three current collective bargaining agreements that were renewed July 1, 2015. The state retains the right to hire and transfer employees, and to remove staff alleged to have engaged in sexual misconduct by removing him/her from inmate contact or by placing the employee on paid leave pending the outcome of an investigation. It further retains the right to make rules and regulations

regarding employment and to determine the basis for hiring, retaining, and promoting employees. The Auditor reviewed materials pertaining to the agreements with the unions.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment 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?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Retaliation monitoring for any inmate and any staff member who has reported sexual abuse/harassment and/or cooperated with a sexual abuse or sexual harassment investigations is described in Policy 79-ISA-02. There is a minimum time of 90 days for this monitoring unless the incident requires more time; the monitoring be documented and periodic. Monitoring duties for all cases involving sexual abuse for both inmates and employees are handled by the facility Investigator. If the allegation involves sexual harassment involving staff or inmate, the monitoring of retaliation falls to the OCM. The duty to monitor ceases if the retaliation allegation is deemed unfounded or if the inmate victim or witness is transferred to another institution or is released.

During the Auditor's interview with the facility Investigator, the Investigator reported there had been one allegation of retaliation by an inmate during the audit period, with the retaliation as a result of a sexual abuse allegation. Shortly after the retaliation allegation was made, the investigator closed the case as unsubstantiated. However, he did recommend that the named perpetrator be transferred to another Level 2 facility. In less than three weeks after the accusation was made, the file reviewed by the Auditor showed that the inmate was being transferred. Consequently, the duty to monitor would have ended with the transfer of the named perpetrator. According to the Investigator, all retaliation monitoring for staff and inmates is periodic and continues for a minimum of 90 days and longer if necessary. The 30, 60, and 90 day monitoring checks are documented and the signature of the inmate on the dates the monitoring occurs becomes part of the institutional case file.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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ODRC policy 79-ISA-04 prohibits placing inmates who allege sexual abuse into segregated housing involuntarily unless there are no alternatives available. A placement using involuntary segregation would occur only as a last resort for the protection of inmates alleging sexual abuse. An involuntary placement into segregated housing is to last no longer than the time it takes to find suitable housing where the inmate can be protected from abuse, normally no longer than 30 days. Should the involuntary placement extend beyond 30 days, every 30 days unit management is to afford the inmate a review to determine the need for a continued separation from the general population.

According to interviews with the Chief of Unit Management and the Chief of Security, this type of involuntary placement had never been used during their time of employment at AOCI. The Warden, who confirmed that there had been no involuntary placement in segregated housing during the audit period, stated that placement in the medical department would probably be used before resorting to a placement in segregated housing.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
  
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
  
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
  
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

**115.71 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

**115.71 (g)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

**115.71 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

**115.71 (i)**

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

**115.71 (j)**

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

**115.71 (k)**

- Auditor is not required to audit this provision.

### 115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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A criminal or administrative investigation must be done promptly, thoroughly and objectively on every allegation of sexual abuse that is received or the facility becomes aware of. This requirement is found in Policy 79-ISA-02. An MOU dated February 14, 2014, with the Ohio State Patrol lists further considerations concerning victims' rights and investigatory procedures. These two documents detail the process for the completion of sexual abuse and sexual harassment investigations conducted at AOCI. Regardless of the circumstances of how AOCI learns of an allegation, every allegation of sexual abuse must be immediately reported to the OSHP investigator on-site. Once notified, he will determine if elements of a crime exist in the case. If so, he conducts a criminal investigation. If there is no criminal conduct, the facility Investigator conducts an administrative investigation. Both agencies require the investigators receive specialized training, and the Auditor verified through interviews and through a review of their training certificates that both investigators had completed the specialized training. Auditor's interviews with both investigators indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. Both investigators also indicated they do not require the inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with an investigation.

During their interviews with the Auditor, both investigators detailed the investigative process. The cases involve gathering and preserving direct and circumstantial evidence, conducting interviews with alleged victims, perpetrators, and witnesses. An investigation also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of AOCI does not provide a basis for terminating any investigation.

The Auditor reviewed all 10 case files for the audit period and found each file contained direct and circumstantial evidence as described during the interviews with the investigators. These case files included all interviews, photos, recorded video footage, first responder details, outcome notifications, retaliation monitoring (when required) and incident reviews. Of the 10 cases, eight alleged sexual abuse. There was one sexual harassment allegation and one of retaliation. One case was substantiated and determined to be criminal; it was referred for prosecution. Of the remaining allegations, one was substantiated, seven were unsubstantiated, and one was unfounded. One of these allegations (the one found to represent a crime) resulted in the inmate being sent out for a forensic exam but he refused after arriving at the hospital and was returned to the institution without a forensic exam. ODRC publishes its investigative policy on its website: <http://drc.ohio.gov/policies/investigations>.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Auditor confirmed this threshold during his interview with the facility Investigator.

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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Policy 79-ISA-02 requires that inmates who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The inmate is provided a written decision into his allegation by the facility Investigator. This same policy requires that whenever an inmate alleges that a staff member has committed sexual misconduct against him, the facility will inform the inmate (unless the investigation has determined the allegation was unfounded) when the employee is no longer assigned on his unit, no longer employed in the facility, and if the employee was charged or indicted. Any inmate making an allegation against another inmate must be notified about the outcome of the allegation-- whether criminal or administrative--and any consequences arising out of the allegation. If the allegation ultimately results in an indictment and trial, he must also be informed of the outcome of the trial. Based on the Auditor's review of the files from allegations made at AOCI during the audit period, appropriate notifications were made. In nine of the cases, a final notification was appropriate; in the tenth case, criminal charges were still pending at the time of the on-site audit, precluding final notification to the inmate.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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?  Yes  No

### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC policies 79-ISA-01 and 31-SEM-07 direct that facility employees are subject to disciplinary sanction up to and including termination for violating agency sexual abuse, sexual harassment, and/or retaliation policies. These policies also require that disciplinary sanctions for violations of agency policies related to sexual abuse or

sexual harassment be commensurate with (1) the nature and circumstances of the acts committed, (2) the employee's disciplinary history, and (3) sanctions imposed on other staff with similar histories for comparable offenses.

According to the facility investigator, there have been no terminations or discipline imposed on any employees (as distinguished from contractors) during the audit period. The Auditor reviewed the files of all allegations made during the past year. Although a contractor was named in one allegation, no ODRC employee at AOCI was named in any of the ten allegations.

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Corrective action for contractors and volunteers is defined by ODRC policy 79-ISA-01 and policy 71-SOC-01, Standards of Conduct for Contractors and Volunteers. These policies require that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and reported to law enforcement agencies and/or relevant licensing boards (unless the activity was clearly not criminal). Contractors, volunteers and others who fall under this standard have been trained about these policies, rules, and regulations.

In the 12 months of the audit period, there was one contractor found to be in violation ODRC's policies regarding sexual misconduct. The incident involving this female contractor occurred on third shift, and as soon as the incident was discovered, the facility Investigator was contacted; he came to the facility shortly thereafter and ultimately removed her from the premises. After an investigation by the OSHP investigator, she was charged with a felony and was awaiting trial at the time of the on-site audit. This contractor was assigned to the prison's medical services department; in addition to being reported to law enforcement, she was reported to the appropriate licensing body as well.

## Standard 115.78: Disciplinary sanctions for inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions 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?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policies 56-DSC-01 (Inmate Disciplinary Process) and 79-ISA-02 detail administrative and criminal sanctions for inmates determined to be guilty of sexual abuse and sexual harassment. AOCI inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse, sexual harassment, or retaliation. They are also subject to disciplinary sanctions following a criminal conviction for inmate on inmate sexual abuse. The 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. Special considerations are required if the inmates charged with or suspected of a disciplinary infraction are developmentally disabled or mentally ill. If that situation occurs, it is necessary to determine if the disability or illness contributed to the behavior when deciding what type of sanction should be imposed. The facility Investigator indicated during his interview that these special considerations are used during the disciplinary process.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

Policies 79-ISA-02 and 79-ISA-04, along with 67-MNH-02 (Mental Health Screening and Mental Health Classifications), set forth protocols on what actions are to be taken related to screening of inmates who are actual or potential victims or abusers. When the facility becomes aware--either through disclosure by the inmate or a notation anywhere in his record--that he has experienced prior sexual victimization either in an institution or in the community, or if he is perceived to be at risk of victimization, he is to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the facility becoming aware of this situation. The same protocol is applied to inmates who are determined to be actual or potential abusers.

During the course of observing the intake screening process, the Auditor was able to informally interview a nurse doing a screening. She informed the Auditor that whenever she encounters information (or perceives a reason, based on her professional judgment) that points to the need to offer a medical or mental health referral, she always does so; she advised, however, that she has never had anyone accept such a referral.

Policy 79-ISA-04 mandates that all information related to sexual victimization or abusiveness is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, work, education, and program assignments, or as otherwise required by federal, state, or local law. Interviews with the OCM, the Mental Health Administrator, and the Health Care Administrator indicated that all information is shared only on a need to know basis and is password protected.

Medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that occurred in the community; an exception to this requirement would exist for inmates under 18 (AOCI does not house offenders under 18) and for vulnerable adults. Confidentiality rules and related mandatory reporting laws are clearly explained to offenders and acknowledged by them in writing.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

Policies 67-MNH-09 (Suicide Prevention) and 79-ISA-02, and medical protocol B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) set out the guidelines medical staff at AOCI must follow to ensure that victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services. These policies and guidelines allow the nature and scope of the services provided to the inmates be based upon the medical/mental health practitioner's professional judgment.

Interviews with medical and mental health staff at AOCI confirmed every inmate victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis. These interviews further confirmed that the nature and scope of the services provided are based on their professional judgment. If required, the outside hospital—normally St. Rita's—typically starts the medication, which is then continued at AOCI. All treatment services, whether physical or mental health, are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation. The Auditor interviewed one of the inmates who had made an allegation of sexual abuse during the audit period. He was seen by the medical department, although there was apparently no need for a forensic exam. He reported that he was offered mental health and victim support services, and he was aware there were no charges involved for any sort of medical or mental health services for victims.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

Policies 67-MNH-02 (Mental Health Screening and Mental Health Classifications), 67-MNH-15 (Mental Health Treatment) and 79-ISA-02 require that the facility offers, without cost, medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Health Care Administrator and the Mental Health Administrator confirmed to the Auditor that the evaluation and treatment of any victim includes, as needed, follow-up services, treatment plans, and, when required, referrals for continued care following their transfer to, or placement in, other

facilities, or their release from custody. These services are provided to victims without cost and regardless of whether the he names the abuser or cooperates with any investigation.

The Auditor interviewed one inmate who had made a sexual abuse allegation, and he confirmed that he had been offered both medical and mental health services. In reviewing various other files generated because of an allegation of sexual abuse, the Auditor noted that there was always documentation that the inmate had been offered treatment services.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 79-ISA-03 requires the AOCI warden to establish a Sexual Abuse Review Team (SART) comprised of, at a minimum, of a deputy warden, the investigator, the OCM (who will serve as chair), a victim support person, and other staff that may have relevant input, such as a mental health professional. This policy also requires the SART to conduct an administrative review within 30 days of the conclusion of a sexual abuse investigation, unless an allegation was deemed to be unfounded. The SART team responsibilities require a thorough review of the circumstances of each incident. Their review and report must contain the following:

- the name(s) of the person(s) involved;
- events leading up to and following the incident;
- a consideration of whether the actions taken were consistent with agency policies and procedures;
- a consideration of whether the allegation or investigation shows a need to change policy or practice to better detect, or respond to sexual abuse;
- a consideration of whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;
- an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts;
- an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

- recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

The Sexual Abuse Case Review must be completed in the electronic PREA Incident Reporting System, and it must document the SART's findings and recommendations for improvement; the OCM will then advise the "managing officer," i.e., the warden, of the completed review.

AOCI would then be required to implement any recommendations resulting from this review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on the nine cases determined to be substantiated or unsubstantiated during the audit period. The Auditor reviewed a completed SART review, including the recommendations to the warden. This review established that the team evaluated the issues listed above. When interviewed, the Warden, the Warden's Assistant serving as the OCM during the audit, and other SART members (a deputy warden, along with both a medical and a mental health professional) reported their reviews consider staffing, inmate movement, area blind spots, a review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements to supplement supervision are needed.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

ODRC 79-ISA-01 requires uniform data to be collected for every incident of sexual abuse alleged to have occurred at AOCl, using a standardized instrument and set of definitions. Data from AOCl is then aggregated annually in Columbus with data from all other ODRC facilities. The incident-based data includes information needed to complete this standardized instrument, Survey of Sexual Violence (SSV), for the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews must be maintained, reviewed, and collected as needed to complete the SSV. The *2017 ODRC Annual Internal Report on Sexual Assault Data* is available for review on the agency's website. ODRC and the PREA Coordinator aggregate this incident-based sexual abuse data annually. The Auditor reviewed the 2015 SSV, the 2016 SSV, and the current *Annual Internal Report on Sexual Assault Data* as part of the audit process.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Taking corrective action on an ongoing basis?

Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC policy 79-ISA-01 requires the agency to review incident-based sexual abuse data to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, procedures, and training by (1) identifying problem areas, (2) taking corrective action on an ongoing basis, and (3) preparing an annual report of findings and corrective actions for every facility, as well as for ODRC as a whole.

ODRC collects, maintains, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility, including the three private facilities it contracts with. AOCI provides sexual abuse statistics to the agency's central office to assist in creating the ODRC *Annual Internal Report on Sexual Assault Data* that helps to identify trends, concerns, etc., by the use of this aggregate data. The data the agency receives from the private facilities are not included in this aggregate number submitted in the Survey on Sexual Victimization (SSV) provided each September to DOJ. The information supplied in this report to DOJ is accumulated from each facility using the PREA Incident Report system.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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ODRC policy 79-ISA -01 requires that aggregated sexual abuse data from facilities under its direct control, including all privately-run facilities, is annually updated. This information, stripped of any personal identifiers, is readily available to the public on its website. The most recent compilation, the *2017 ODRC Annual Internal Report on Sexual Assault Data*, contains a comparison of incidents from 2015 and 2016; it can be viewed at this web address: <http://drc.ohio.gov/prea>. The online publication of this data was verified through the Auditor's accessing the ODRC web site and viewing the most recent report.

ODRC maintains all case records (including incident and investigative reports, case disposition, medical and counseling information, and recommendations for treatment) arising from an allegation of a PREA violation regarding a given inmate for 10 years after the inmate has reached final release, expiration of sentence, or death. These records are also kept for 10 years after any employee named in a PREA violation leaves the employ of the agency. The actual case records maintained by ODRC are password protected so that the data remains confidential. The OSHP investigator advised the Auditor that any criminal records are maintained forever.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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#### Instructions for Overall Compliance Determination Narrative

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The Auditor had free access to all parts of AOCI, and he had easy access to both digitally-stored and hard-copy information. He had a private office for conducting inmate interviews.

Starting August 20, 2013, and during each three-year period thereafter, ODRC ensured that each of the facilities operated by the agency or a private company contracting with ODRC was audited at least once. The entire agency has been PREA compliant since 2016.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

The Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2014 and continues to post them (<http://www.drc.ohio.gov/prea>) within approximately 2 weeks of the documents being provided to them by the auditor.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Douglas K. Sproat Jr.

June 12, 2018

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.