# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

- **Final**

**Date of Report**: April 05, 2018

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
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<tbody>
<tr>
<td>James Curington</td>
<td><a href="mailto:jecjrboy@aol.com">jecjrboy@aol.com</a></td>
</tr>
</tbody>
</table>

**Company Name**:  
**Mailing Address**: P.O. Box 2231  
**City, State, Zip**: Alachua, FL, 32616  
**Telephone**: 352-538-2636  
**Date of Facility Visit**: 3/07 – 09/2018

### Agency Information

- **Name of Agency**: Ohio Department of Rehabilitation and Correction  
- **Physical Address**: 770 West Broad Street  
- **City, State, Zip**: Columbus, Ohio, 43222  
- **Mailing Address**: Same  
- **Telephone**: 614-752-1159  
- **Is Agency accredited by any organization?**: Yes

- **Agency mission**: To reduce recidivism among those we touch.

- **Agency Website with PREA Information**: http://www.drc.ohio.gov/prea

**Agency Chief Executive Officer**

- **Name**: Gary C. Mohr  
- **Title**: Director  
- **Email**: Gary.Mohr@odrc.state.oh.us  
- **Telephone**: 614-752-1164

**Agency-Wide PREA Coordinator**

- **Name**: Amanda Moon  
- **Title**: Chief, Bureau of Operational Compliance
## Facility Information

**Name of Facility:** Belmont Correctional Institution  
**Physical Address:** 68518 Bannock Road, St. Clairsville, Ohio 43950  
**Mailing Address:** Same  
**Telephone Number:** 740-695-5169  
**The Facility Is:**  
- ☒ State  
- ☐ Military  
- ☐ Private for profit  
- ☐ Private not for profit  
- ☐ Municipal  
- ☐ County  
- ☐ Federal  
- ☐ Jail  
- ☒ Prison  
**Facility Mission:** Safety first, security always and reduce recidivism amongst those we touch.  
**Facility Website with PREA Information:** [http://www.drc.ohio.gov/beci](http://www.drc.ohio.gov/beci)

## Warden/Superintendent

**Name:** David W. Gray  
**Title:** Warden  
**Email:** david.gray@odrc.state.oh.us  
**Telephone:** 740-695-5169 ext. 2000

## Facility PREA Compliance Manager

**Name:** Dawn Ziants  
**Title:** Operational Compliance Manager  
**Email:** dawn.ziants@odrc.state.oh.us  
**Telephone:** 740-695-5169 ext. 2114

## Facility Health Service Administrator

**Name:** Joseph Murphy  
**Title:** Health Care Administrator  
**Email:** joseph.murphy@odrc.state.oh.us  
**Telephone:** 740-695-5169

## Facility Characteristics

<table>
<thead>
<tr>
<th>Designated Facility Capacity:</th>
<th>Current Population of Facility:</th>
<th>Number of Inmates admitted to facility during the past 12 months</th>
<th>Number of Inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</th>
</tr>
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<tbody>
<tr>
<td>1855</td>
<td>2682</td>
<td>2272</td>
<td>2272</td>
</tr>
</tbody>
</table>

PREA Coordinator Reports to: Agency Chief Inspector  
Number of Compliance Managers who report to the PREA Coordinator: 25
### Facility Name – double click to change

| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 2272 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | 229 |

<table>
<thead>
<tr>
<th>Age Range of Population</th>
<th>Youthful Inmates Under 18:</th>
<th>N/A (range)</th>
<th>Adults:</th>
<th>19-82 (range)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are youthful inmates housed separately from the adult population?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☒ NA</th>
</tr>
</thead>
</table>

| Number of youthful inmates housed at this facility during the past 12 months: | N/A |
| Average length of stay or time under supervision: | 3.97 |

| Facility security level/inmate custody levels: | Medium/Minimum |
| Number of staff currently employed by the facility who may have contact with inmates: | 451 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 35 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 4 |

#### Physical Plant

| Number of Buildings: | 21 |
| Number of Single Cell Housing Units: | 2 TPU wings |
| Number of Multiple Occupancy Cell Housing Units: | 10 |
| Number of Open Bay/Dorm Housing Units: | 10 |
| Number of Segregation Cells (Administrative and Disciplinary): | 48-TPU |

**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.):**

Click or tap here to enter text.

#### Medical

| Type of Medical Facility: | level one medical care |
| Forensic sexual assault medical exams are conducted at: | Outpatient primary care with overnight observation |
| Ohio State University Hospital or local emergency hospital/East Ohio Regional Hospital | 1, OSU Hospital |

#### Other

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 176 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 27 |
Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit for the Ohio Department of Rehabilitation and Correction (ODRC), Belmont Correctional Institution (BeCI) facility was scheduled in December 2017 with a site visit planned for March 7-9, 2018. The methodology, the Audit Instrument (including the new December 2018 PREA Audit Report Template), the Auditors Handbook, supplemental information and guidance was outlined and generally directed by the PREA Resource Center (PRC), and the auditor’s training/testing/experience in conjunction with the aforementioned materials.

Notification of the audit was made in January 2018 by the American Correctional Association (ACA) to certified auditors, James Curington, lead auditor, and Joseph Rion. Scheduling and assignments included James Curington arriving at the facility, March 4 to be part of the American Correctional Association accreditation audit team preceding the PREA audit. This clearly assisted the lead PREA auditor in observing the operations, touring the facility and learning about the facility’s compliance with ACA standards and compliance with PREA standards. Mr. Rion arrived March 6 to proceed with the PREA audit March 7, 2018.

After scheduling and notification, the PREA audit process for Belmont Correctional Institution began with the necessary and appropriate postings and notifications to the facility and to the inmate population of the audit at BeCI. During this pre-audit time, there was an exchange of information between the auditors and the facility; the auditors and the ACA; and the auditors and the PRC. Following the exchange of information, the discussions, the notifications, and the time frame information; the methodology was partly outlined as follows:

1. Scheduling through the American Correctional Association with the Ohio Department of Rehabilitation and Correction.
2. Sending a Pre-Audit Report Form to the PREA Resource Center.
3. Making contacts with the agency/facility and obtaining information, documents, the facility Pre-Audit Questionnaire (PAQ), and other information supplied for the auditors’ review.
4. Sending an agenda to BeCI for the on-site visit.
5. Making an on-site visit to the community and facility to be audited March 4-9, 2018.
6. Making an assessment of compliance/noncompliance prior to, during, and after the site visit with follow-up review of documents and materials. This is the triangulation of pre-audit, on-site visit, and post audit review.
7. Completing an interim/final Auditor Summary Report (the report is the final product of the above-mentioned triangulation of the audit).
8. Notifying the agency/facility of the Summary Report (interim or final report, as appropriate).
9. Sending a Post Audit Report Form with the Final Audit Summary Report attached to the PRC.

The following materials furnished by the PRC (through its website) were used to assess and complete the audit report:

The Auditor’s Handbook, approximately 100 pages of information and helpful guidelines to direct, inform and guide the auditor(s).
The PREA report template document dated December 2017 with the 43 PREA standards and two additional standards – one, Frequency and Scope of Audits 115.401 and two, Audit Contents and Findings 115.403 was used as part of the audit report. Further, the materials included the Audit Instrument - PREA Audit Instrument, Adult Prisons and Jails and its seven sections. The seven sections, A-G are detailed as follows: A) the Pre-Audit Questionnaire (PAQ, used throughout the report as documentation, this document obtained through the ODRC and the institution); B) the Auditor’s Compliance Tool (used during the pre-audit review, and the on-site visit and the summary review); C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor Summary Report; F) the Process Map; and G) the Checklist of Documentation. These materials were used as the basis for the auditors’ assessment process and was used by the agency/facility to help prepare for the audit.

The lead auditor submitted a daily on-site agenda for Belmont Correctional Institution, as follows:

Sunday, March 4
   Evening dinner/introductions/meet and greet – facility staff and auditors for ACA and PREA Lead auditor
   Pre-Audit Meetings as appropriate
   ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Wed., PREA audit, Wed. – Fri.)

Monday, Tuesday, and Wednesday morning, March 5, 6, and 7 – ACA Audit
   The ACA Audit Process including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records including, Litigation, Significant Incidents/Outcome Measures, Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up including the Compliance Tally and Exit Discussion will be coordinated by the ACA Chairperson.
   Tuesday support PREA Auditor (Mr. Joe Rion) arrives.

Wednesday, March 7 – PREA Audit/PREA Agenda
   8:00 a.m. – Support PREA auditor visits on site at the facility (Lead PREA Auditor continues with ACA audit until ACA closeout). Support PREA auditor tours, reviews documentation, and begins interviews. Note the required number of interviews as outlined in the Auditor’s Handbook is at a minimum: 12 Random Staff and 16 Specialized Staff (including volunteers, contractors and visitors); and 50 inmates (see Auditor Handbook, which is on the internet/PRC - page 50).
   12:00 noon – The Lead and support PREA auditor will discuss the Audit Instrument of the PREA Resource Center including 1) the Pre-Audit Questionnaire, 2) the Auditor Compliance Tool, 3) the Instructions for the PREA Audit Tour, 4) the Interview Protocols, 5) the Auditor’s Summary Report (new template) 6) the Process Map, and 7) the Checklist of Documentation
   Attend Shift Briefings – Post Assignments – Afternoon, Evening
Schedule interviews with staff and inmates (facility staff assistance)
Review PREA “Instructions for PREA Audit Tour”. Follow up as needed from ACA audit tour
Review PREA Standards/justifications
Review demographics of the facility
Designated Capacity
Actual Capacity
Age Range/Youthful Offenders
Gender
Security Custody Levels
Number of staff: total, security, non-security, program, medical, contract, volunteers, other.
SPECIAL NOTE: Lists of inmates including complete inmate roster.
Inmates with disabilities
LGBTI inmates
Inmates who are limited English proficient
Inmates in segregated housing
Inmates who reported sexual victimization during risk screening
Inmates who reported sexual abuse
Inmates placed in seg housing for protection from sexual victimization
Complete staff roster
Specialized staff (see Interview Protocols for Staff)
Contractors
Volunteers
All on pages 45 - 59 of the Auditor Handbook
Review facility schematics - # of buildings, # of dorms, # of acres (inside, outside the compound) # of towers, fence (kind, height, length, security features, etc.)
Review Allegations (sexual abuse, harassment, retaliation: investigated-administrative, criminal indicted, prosecuted, referred; founded, unfounded, substantiated, unsubstantiated) and “lists of such”.
SPECIAL NOTE, lists are also critical in the following areas:
All grievances in the past 12 months
All incident reports in the past 12 months
All allegations of sexual abuse and sexual harassment reported for investigation in the last 12 months.
All hotline calls made during the last 12 months.
Again, this is in the Auditor Handbook, page 59.
Interviews with staff and inmates. Note PREA “Interview Protocols” i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates
View/review Offender Orientation/Admission
Thursday, March 8

8:00 a.m. Visit and revisit institutional operational areas. Review specialty program areas.

3:00 p.m. Review PREA standards and new template.


Interviews with staff and inmates. Note: PREA “Interview Protocols” Make sure interviews include all staff “shifts”. Make sure inmates from each housing unit are interviewed.

Friday, March 9

Appropriate to the PREA Auditor’s Summary Report, begin “triangulation” of pre-audit, site visit and interviews, information and report.

9:00 a.m. Tour with Warden, Institutional PREA Compliance Manager

11:00 a.m. Review Auditor’s Summary procedures (interim report/final report) with key staff

12:00 noon Depart Belmont Correctional Institution

Agenda for the PREA site visit was flexible and tentative. The goal was a thorough, comprehensive, professional and expert PREA audit review in conjunction with the facility Warden, staff and inmates, and the agency PREA staff. The auditors thank the facility and headquarters staff for their help and assistance with this agenda.

The above agenda was accomplished, making adjustments as necessary for visiting all areas of the facility, reviewing the operations of the facility, scheduling, interviews, and observing efforts for compliance with PREA. Interviews for staff and inmates were conducted as outlined in the Auditor Handbook. Specifically, 52 Staff were formally interviewed from scripted protocols (22 random staff, including staff from each shift and 30 specialized staff with specific protocol questions). Numerous informal discussions and informal interviews were also conducted with staff throughout the facility. There were 60 formal inmate interviews (random inmate interviews and interviews listed in table one of the Auditor Handbook, including inmates with disabilities, inmates with limited English proficiency, inmates who identified LGBTI, inmates in segregated housing, inmates who reported sexual abuse, and inmates identified as sexually abusive). Many informal discussions and interviews were also held with individual inmates during the on-site visit.

The ODRC and Belmont Correctional Institution are committed to PREA compliance and a Zero Tolerance Policy for sexual abuse and sexual harassment in prison. This was noticeable through the interviews with staff and inmates, and the changing of the historically violent culture of prison, to make it safer for both inmates and staff.

The audit team wishes to acknowledge the leadership, staff and inmates at BeCI for their help and assistance in completing this PREA audit.
Facility Characteristics

The Belmont Correctional Institution of the Ohio Department of Rehabilitation and Correction is located in the eastern rolling hills of Ohio, about 20 miles west of the Ohio River and Wheeling, West Virginia. The address location is 68518 Bannock Rd., State Route 331, St. Clairsville, in Belmont County, Ohio, 43950.

Belmont Correctional Institution is a very large, adult, all-male, medium, minimum correctional facility with an adjacent all-male, minimum security Camp. The Main Unit houses 2201 inmates and the Camp houses 481 for a total of 2682 at the facility. There are no youthful offenders at BeCI (under the age of 18). The main compound is composed of 47 acres housing 2201 inmates of security levels 1 and 2 (a few of level I, minimum; but mostly level 2, medium). The Main compound is enclosed with an oval shaped perimeter road of 1.1 miles with two surrounding 12 foot high chain-link and razor ribbon protected fences. The Camp has 481, level I, minimum custody inmates on approximately 5 acres. The Camp is surrounded by one 12 foot high chain-link fence. The facility is secured by armed patrol vehicles. The ODRC designates security levels on a 1 to 5 scale; level I, minimum; level 2, medium; level 3, close; level 4, maximum; and level 5, high maximum. The higher levels of 3, 4, and 5 are transferred/assigned to other more secure facilities and not housed at BeCI. There are a total of 121 cameras with pan, tilt, zoom, recording capabilities and interior and exterior coverage is accomplished to assist in monitoring and supervision. Recordings are routinely maintained for 21 days, but retention can be extended based on security/investigative needs.

The facility itself was constructed in 1995 and within the main perimeter there are the following buildings: Administrative Building, Multipurpose Building, Inmate Health Services Building, Segregation/Transitional Program Unit (TPU), Inmates Services Building, Recreation Building and 8 secured housing/dormitory buildings. The TPU is a 96 bed cell housing unit for special security needs. It was noted by the auditors that the Segregation/TPU is used very judiciously and only 47 inmates (2682 total population) were housed there during the audit. Outside the main perimeter double fencing, are the parking lots, warehouse, and the fenced Camp complex building with two security housing wings, food service/dining area, offices, classrooms and dayroom/recreation areas.

All inmates at the facility have a work assignment and/or program assignments. Work programs include: orderlies, housekeeping, janitorial; food service with varying levels and stations from janitorial to specialized food preparation and food service positions; maintenance positions of various trades; recreation positions: lawn, landscaping, and grounds positions; departmental assistant positions in the areas from janitorial to the tutor/mentor assistant positions; laundry positions; and clerk positions (non-confidential/non-security, such as regular library, law library, laundry, maintenance, Chapel/religious, housekeeping). Program assignments include academic and vocational education; which covers areas from English as a Second Language (ESL), to literacy, to General Equivalency Diploma (GED), to barbering and other trades; self-help programs, therapeutic community programs for drug treatment, veterans programs, faith-based programs and reentry programs.

The mission of the Ohio Department of Rehabilitation and Correction is:

“To reduce recidivism among those we touch.”
The Belmont Correctional Institution mission statement is:

“Safety first, security always and reduce recidivism among those we touch.”

The Belmont Correctional Institution is accredited by the American Correctional Association, March 2-4, 2015; and recommended for reaccreditation to the ACA Commission on Accreditation March, 2018.

**Summary of Audit Findings**

**Number of Standards Exceeded:** Seven (7) standards

Standard 115.11 Zero tolerance exceeded the standards based on the agency and facility emphasis on the Zero Tolerance Policy and the Belmont Correctional Institution’s management and leadership, including the Warden, the Southern Region Compliance Supervisor for PREA, and the Institutional PREA Manager.

Standard 115.21 Evidence Protocol and Forensic Medical Examinations exceeded standards based on the MOU’s with the Ohio State Highway Patrol and the local rape crisis center.

Standard 115.31 Staff Training exceeded standards based on the staff training, the testing of staff, and the intranet training of staff.

Standard 115.41 Assessment exceeded based on the assessment tool, the utilization of the assessment tool, and the individual treatment observed.

Standard 115.51 Reporting, which was based on the inmate interviews, which supported knowledge of the procedures for reporting as well as the special *89 hotline/anonymous number that was accessible and well known, this standard exceeded.

Standard 115.71 Criminal and Administrative Agency Investigations were found to exceed standards based on the professionalism of the OSHP who had offices at the institutions and the Institutional Investigators who emulated OSHP protocols/professionalism.

Standard 115.88 Data Review for Corrective Action exceeded standards based on the comprehensiveness, thoroughness, and emphasis placed on the Annual Internal Report on Sexual Assault Data and the use of such data by the Agency Director and Agency PREA Coordinator to change the culture of violence in prison and to make inmates and staff safe.
**Number of Standards Met:**

Thirty-six (36) standards  
Plus two (2) standards from new template

In addition to these 36 meets standard, and the above seven (7) exceeds standard in the 115.11 to the 115.89 group, there are now two additional standards in the new template: 115.401 Frequency and Scope of Audits and 115.403 Audit Content and Findings that were assessed as “meets standard”.

**Number of Standards Not Met:**

Zero (0)

This is the Auditor’s Summary Final Report and all standards were met or exceeded standards.

**Summary of Corrective Action (if any)**

Corrective action was not required, this of course is not to say that some standards could be improved, moving towards an “exceeds” assessment or improved upon the level of “meets standard compliance”.

| Number of Standards Met | Thirty-six (36) standards  
Plus two (2) standards from new template |
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<thead>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Standards Not Met</td>
<td>Zero (0)</td>
</tr>
</tbody>
</table>

This is the Auditor’s Summary Final Report and all standards were met or exceeded standards.

**Summary of Corrective Action (if any)**

Corrective action was not required, this of course is not to say that some standards could be improved, moving towards an “exceeds” assessment or improved upon the level of “meets standard compliance”.
PREVENTION PLANNING

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

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)

The auditors found this standard as exceeding the requirement of the standard based on the policies of the Ohio Department of Rehabilitation and Correction (ODRC) and the Belmont Correctional Institution (BeCI); the staff and inmates’ knowledge of the Agency’s Zero Tolerance Policy (substantiated by interviews); the information distributed to all inmates and staff, volunteers, contractors, and interns;
information distributed to the general public: the establishment of an Agency PREA Coordinator and Institutional PREA Managers; and the commitment of staff and inmates, as observed by the auditors, to prevent, detect, and respond to rape in prison.

The ODRC has a policy 79-ISA-01, Prison Rape Elimination, and the BeCI has a policy, Prison Rape Elimination/Institutional Zero Tolerance that directs efforts to eliminate sexual abuse and sexual harassment in prison. Specifically quoted is the ODRC policy “... To provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation, and tracking.”

When interviewed, the staff and inmates at BeCI were and are familiar with the PREA and the Zero Tolerance Policy for sexual misconduct.

Staff are informed about PREA through the intranet, through annual PREA training (on which they are tested), through periodic information handouts, and through meetings, such as turnout/shift briefings. Inmates are informed through posters, handout information, and the Inmate Handbook. Volunteers, contractors and interns are appropriately trained and, when interviewed, were knowledgeable of the Zero Tolerance Policy.

The Agency PREA Coordinator, and the Institutional PREA Manager were both interviewed by the lead auditor and were found knowledgeable, expert, and committed to zero tolerance. They both had time to accomplish and perform their duties and responsibilities. Additionally, the PREA Coordinator had direct access to the Agency Director; and the PREA Manager had direct access to the Warden of the institution.

Information concerning PREA is accessible to the general public on the Agency’s website. The information is also accessible through postings at institutions and at agency headquarters where the general public has access.

The auditors observed through touring the facility and with interviews of staff and inmates, that there was a positive commitment to eliminate sexual misconduct at BeCI.

This standard is assessed as exceeds standard.

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

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)

The Belmont Correctional Institution does not contract with other entities for the confinement of inmates.

The Ohio Department of Rehabilitation and Correction does have facilities with which it contracts for the housing of inmates and these facilities are required to comply with PREA. The contracts were reviewed and the Contract Administrator was interviewed supporting ODRC compliance.

This standard is not applicable to BeCI, thus is assessed as meets standard.

**Standard 115.13: Supervision and monitoring**

**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 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 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)

The ODRC policy 79-ISA-01, Prison Rape Elimination, directs that each institution shall develop, document, and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and, where applicable, supplement with video monitoring supervision, and monitoring efforts to protect inmates. The agency and the facility take into consideration those above factors, so listed in section (a).

This standard was assessed as meeting standard, based on the policies of the ODRC, the review of records, the tour of the facility, observation of facility operations, and interviews with staff and inmates.

ODRC policies 79-ISA-01, Prison Rape Elimination and policy 50-PAM-02 Inmate Communication/Weekly Rounds and the BeCl Staffing Plan, specifically addressed supervision and monitoring; communications; and employee visits.

The auditors reviewed the PREA Staffing Plan (signed by the Warden and reviewed by the Institutional PREA Manager). The auditors also reviewed first, second and third shift schedules for BeCl, PREA Staffing Deviation logs; and the Employee Visits Record/employee signed logs. The Warden signs off on any staffing deviations.
During the tour of the facility and while visiting over three days, the auditors reviewed operations, observed interaction between staff and inmates, and observed custody, care and control. These observations and reviews supported compliance of this standard.

The auditors interviewed the Warden, the Human Resources Manager, the Institutional PREA Manager, and specialized staff, which confirmed compliance with this standard. Higher-level staff conduct unannounced rounds confirmed, both by interviews and supervisory logs.

There are internal and external cameras strategically placed throughout the facility. The Major (Chief Correctional Officer) and his staff are continually monitoring the institution through this technology (sensitive to clothing/toilet/shower privacy issues). Cameras, recordings, and retention, all reviewed by the auditors.

Based on the above policies, reviews, interviews, visit/tour and observations, the auditors assess this standard as meets standard.

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**Standard 115.14: Youthful inmates**

### 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)

The ODRC does not house inmates under the age of 18 at the Belmont Correctional Institution. The facility does not have youthful inmates thus standard is assessed as meets standard.

Standard 115.15: Limits to cross-gender viewing and searches

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
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)

Belmont Correctional Institution is an all-male facility and does not house nor maintain female inmates.

The ODRC policy 79-ISA-01, Prison Rape Elimination, and policy 310-SEC-01 Inmates and Physical Plant Searches address and stipulate that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances. By policy, if any searches are made involving exigent circumstances, policy requires that these searches be documented.
All security staff received annual training, video training, online training, and shift briefing trainings covering policy and procedures, searches, and the inmates’ right not to be sexually abused or sexually harassed. As observed by the auditors, staff are knowledgeable and professional in conducting searches and when interviewed, attested to their training and knowledge of the PREA concerning cross gender viewing and searches. 100% of all security staff have received training on conducting cross gender searches, pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner consistent with security needs.

In the past 12 months there have been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates (this information from the Pre-Audit Questionnaire). The facility requires documentation of any cross gender strip searches and cross gender visual body cavity searches. There have been no searches of female inmates at Belmont by male staff as this facility does not receive nor house female inmates.

The auditors toured the facility including all housing units, inmate bathrooms and showers. It was evident that inmates could shower, use the toilet, and change clothes without being viewed by a staff member of the opposite gender. Noticeable, were appropriate curtains and dividers to assist with privacy.

Staff members of the opposite gender from the male inmates housed at BeCI announce themselves to the inmate population of the housing unit they enter by annunciator/alarm and blinking light. This was visually and audibly observed by the auditors.

Agency policy 79-ISA-05 LGBTI prohibits staff from searching or physically examining a transgender or intersex inmate for determining that inmate’s genital status.

The auditors found this standard in compliance based on the agency policy, the procedures outlined in the policies, the review of bathroom, shower and housing accommodations, and based on staff and inmate interviews, which all confirmed that inmates can perform bodily functions, change clothing, and shower without staff of the opposite gender viewing them.

Based on the above, this standard is assessed as compliant, meets standard, by the auditors.

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

**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
\begin{itemize}
\item 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

\item 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

\item 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

\item 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

\item Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

\item 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

\item 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

\item 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

\item 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

\end{itemize}

\textbf{115.16 (b)}

\begin{itemize}
\item 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

\item Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

\end{itemize}
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)*

The auditors reviewed this standard on inmates with disabilities and inmates who are limited English proficient to ensure that all inmates, including those with disabilities and limited English proficiency: a) benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment; b) have meaningful access to information to prevent, detect, and respond to sexual abuse and sexual harassment, including providing interpretation; and c) do not rely on inmate interpreters/readers except in limited circumstances (zero number of inmate interpreters or readers have been used as stipulated in the PAQ). The ODRC policy 64-DCM-02, titled Inmates with Disabilities, addresses disability needs, interpretation needs, and accommodations. The Prison Rape Elimination policy 79-ISA-01 also addresses inmates with low literacy levels and those who are not fluent in English, such that they may benefit from ODRC’s efforts to eliminate rape in prison.

To quote policy 64-DCM-02 referenced above, “It is the policy of the Ohio Department of Rehabilitation and Correction not to discriminate against individuals on the basis of disabilities in the provision of services, program assignments, and other activities, as well as in making administrative decisions, and to provide reasonable accommodation to inmates when a demonstrated need exists.”

Also, upon reception to the ODRC and as directed by policy, the inmates receive a health evaluation and screening to include intellectual and developmental disabilities. Inmates then receive both oral and written instructions (inmate handbook), not only about zero tolerance but also about: a) prevention; b) self-protection; c) reporting; and d) treatment and counseling. Inmates are also instructed about reasonable accommodations for individual needs. The auditors reviewed these forms and evaluations.

The auditors also reviewed the inmate video with “signing” and with “captioned” subtext. They reviewed the contracts for translation services, effective through 2019, and the contract for deaf service coordination, effective through 2019. The auditors used the above information and reviews; the Spanish-language information, posters, and handbooks; and the interviews with staff, inmates, and disabled inmates to assess this standard as compliant. This standard meets standard.
Standard 115.17: Hiring and promotion decisions

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)
Hiring and promotion decisions at the ODRC and specifically at the BeCI, are: crucial to the safety of the public, the staff, the inmates and affect the operations, management, and the conditions of confinement. BeCI’s Human Resources/Personnel Department coordinates with the ODRC Support Services Office in Columbus, Ohio for background information, background checks, and personal history checks required to employ staff, and to approve volunteers, contractors, and interns.

The auditors reviewed the eight subsections (a-h), addressing hiring, promotion, and background checks. The review consisted of examination of records and discussion and review of the policies, and forms of the ODRC and the State of Ohio (including civil service applications, law enforcement checks, and personal disclosures). The auditors also interviewed the Human Resource staff in the ODRC Central Office and the Human Resource staff at the facility.

The ODRC policy 31-SEM-02 Standards of Employee Conduct and policy 34-PRO-07 Background Investigations are outlined in the specific procedures. The policy procedures prohibit hiring or promoting anyone who may have contact with inmates who has been engaged in sexual abuse in a jail, lockup, community confinement facility, juvenile facility, or other institution. They also prohibit hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, or who has been criminally or administratively adjudicated to have engaged in sexual abuse. The procedures further outlined directions on how to appropriately complete a background check by using the agency “Background Checklist” form for staff; and a Contractor Background Spreadsheet for contractors and interns. Volunteers are also thoroughly reviewed.

The Standards of Conduct requires employees to self-report any criminal, sexual abuse and/or sexual harassment behavior or activity. Acknowledgment PREA forms concerning backgrounds are also signed by volunteers, contractors, and interns.

Based on the auditors’ reviews, above information, and interviews mentioned above, the auditors assess this standard as compliant; meets standard.

**Standard 115.18: Upgrades to facilities and technologies**

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...
There has been no substantial modification or expansion of existing facilities at BeCl. This attested by a “Statement of Fact” signed by the Warden, the PAQ, and review of the previous PREA audits and ACA reports.

There are 121 cameras at the facility and some proposed cameras are being requested. This is a medium, minimum facility and use of technology and any expansion of technology as requested is assessed as appropriate by the audit team. The audit team reviewed camera logs, schematics and placement of existing and proposed cameras, and camera video retention/pan/tilt/zoom use. Cameras are continually updated, and their use reviewed by staff and specifically by the Sexual Abuse Response Team (SART).

The audit team assesses Standard 115.18 as meets standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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)

The auditors reviewed standard 115.21 Evidence Protocol and Forensic Medical Examinations beginning with the Memorandums of Understanding (MOU’s) between the ODRC and the Ohio State Highway Patrol (OSHP); the major forensic hospital, Ohio State University (OSU) Hospital; and the Tri-County Help Center. The auditors then reviewed the ODRC policies 79-ISA-01, Prison Rape Elimination; 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, and appendix A of this policy that addresses investigator protocol, adhering to the National Protocol for Sexual Assault Medical Forensic Exams. Forensic medical exams are accomplished at OSU Hospital or their local hospital in emergency situations. No medical exams are performed at BeCI. In the past 12 months, there was one (1) forensic medical exam referred to OSU Hospital and the exam was performed by a SAFE/SANE practitioner.

The auditors also reviewed the OSHP guidelines: a) Investigative Policy, and b) Evidence Protocol; which are used by this law enforcement investigative agency. Every allegation of sexual abuse and sexual harassment is investigated. Each begins with notification to the OSHP.

Further information concerning this standard was viewed including Victim Support Persons (VSPs) training logs; VSP certificates; lesson plans for VSP training; and incident reports. There are 23 VSPs at BeCI to assist with victim support services as outlined in policy.
Services are provided without cost to sexual abuse and harassment victims.

The auditors interviewed numerous specialized staff, including the Warden, the OSHP, the VSPs, the local hospital staff, and the Institutional PREA Manager all of which were very positive in their commitment to the prevention, detection, and response to sexual abuse and harassment in prison.

The auditors were impressed with the efforts made by the ODRC, the OSHP, the OSU Hospital, the local crisis and help centers, the VSPs at the facility, and the staff at the facility to help eliminate rape in prison.

The auditors assess this standard as exceeds standard.

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

**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)*

The agency policies 79-ISA-01 Prison Rape Elimination and 79-ISA 02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, direct the duty and actions for security and non-security first responders. There is a checklist attached to these policies and the checklist itself is a step-by-step action process that is thorough and comprehensive and helps ensure appropriate referrals.

All allegations of sexual abuse and sexual harassment are investigated. When an allegation is made, the first responders follow the protocols for reporting this process through the appropriate channels to immediate and higher supervisors, the Medical and Mental Health Departments, Victim Support Services, the Institutional Investigator, the Ohio State Highway Patrol, and the PREA Compliance Manager at the facility. There is a “PREA incident packet” for staff to complete as designated by the above noted checklist. The checklist also includes notifications to victims.

During the past 12 months there have been 19 number of allegations of sexual abuse and sexual harassment that were received. Of these 19 allegations, 19 resulted in an administrative or criminal investigation. Ref. PAQ

Based on the above information and review of the allegations of sexual misconduct and interviews with staff and inmates, this standard is assessed as meets standard...

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**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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)

The auditors carefully reviewed this standard and its' sub-sections (a-d). Random interviews of security staff on each shift and non-security staff addressed each of the 10 bullets in subsection (a). The auditors also reviewed the annual training that all employees receive which includes testing on PREA. The answers and test results were impressive. This aforementioned and the agency’s and institution’s efforts to communicate, train and educate reflected a knowledgeable, well-trained, and professional staff. Based on these interviews and responses to the scripted questions; test results; video training and intranet training; turnout/shift briefings (attended by the auditors); and the policies and procedures of BeCI; the auditors assess this standard as exceeds.

The PAQ indicates that since the last audit, all staff who are employed by the facility who have contact with inmates were trained or retrained on PREA requirements. This was 487 staff. PREA training is provided in the form of both annual specialized training, and a dedicated segment of annual in-service training. Either delivery mechanism would meet the standard but the facility provides both thus further supporting an exceeds standard.

In addition to the annual training, the auditors also reviewed orientation training, ODRC’s goals and objectives of its Annual PREA Review, staff training as outlined in policy 79-ISA-01 Prison Rape Elimination, posters and bulletins displayed in staff training rooms, and the interactions and communications between staff and inmates while visiting the facility. This also supported an “exceeds” for standard 115.31.

The Director of ODRC was interviewed, the Warden was interviewed, the Agency PREA Coordinator was interviewed, and the Institutional PREA Manager was interviewed, and all were complementary of the training they and the staff received. Inmates were also interviewed and were aware of their ability to communicate with staff, the institution, the agency, and outside of the staff/institution/agency, if they (the inmates) felt it was necessary.

Many informal interviews were conducted with both staff and inmates. Both were asked if they felt safe at BeCI, and it was clear from the positive responses that in the context of being a prison, it was felt to be a “safe” place.

Based on the auditors’ review, and especially the many formal and informal interviews with the staff and the inmates, the auditors assess employee training as exceeding standard.
### Standard 115.32: Volunteer and contractor training

**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)*

All volunteers, interns, and contractors who have contact with inmates have been trained in their responsibilities regarding PREA. They have also been trained in the ODRC policy regarding sexual abuse, sexual harassment, prevention, detection, and response. This training was reviewed by the auditors: a) as appropriate, b) including how to report an incident of sexual abuse, and c) training logs were maintained.

Specifically, the training acknowledgment form detailed a greater and more extensive training, including the following: zero tolerance for sexual abuse and sexual harassment training; sexual harassment, prevention and protection training; how to respond to sexual abuse and sexual harassment; the identifiers of possible sexual assault victims; and the legal prohibition on any sexual activity with inmates. The acknowledgment form is signed by the contractor/volunteer/intern, dated, and confirmed with a staff witness signature. It is also noted that a test is required of volunteers and contractors regarding sexual abuse/sexual harassment prevention, detection, and response. In the past 12 months, according to the PAQ, 176 volunteers and contractors have been trained regarding PREA.
**Standard 115.33: Inmate education**

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

☐ 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)

Inmate education is directed such that at intake they are aware of the Zero-Tolerance Policy of the ODRC and how to report incidents or suspicions of sexual abuse or harassment. This standard, 115.33 and its subsections (a-f) directs that, within 30 days of intake, inmates receive this important zero tolerance and reporting information as well as being completely educated within 30 days of intake on their rights to be free from sexual abuse and retaliation for reporting sexual abuse and harassment; and that the inmates who are English language deficient or otherwise disabled also be educated. The agency makes this educational material available to all inmates and does maintain documentation of all education of inmates.

The Pre-Audit Questionnaire prepared by BeCI indicates that 2238 inmates, within 30 days of their intake, received information, and that this number of inmates also received comprehensive education on their rights to be free from sexual abuse and sexual harassment.

The PAQ also reports that there are zero (0) number of inmates who did not receive comprehensive education within 30 days of intake as required by 115.30 3(b).

Inmate PREA education is available to, and in formats for, inmates who are limited English proficient, deaf, visually impaired, limited in their reading skills, and otherwise disabled. The agency policy 79-ISA-01 Prison Rape Elimination, addresses seven steps mentioned in the above bullets regarding PREA. All inmates at Belmont Correctional Institution received education and training. Information about PREA policies is continuously and readily available or visible to the inmate population through posters, the Inmate Handbook, bulletins, and other written formats.
Based on the auditors' reviews of policies and documents, the Inmate Handbook, the inmates, educational materials, and based on the interviews of the inmates throughout the facility, this standard is assessed as compliant, meets standard.

### Standard 115.34: Specialized training: Investigations

| 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)*

Specialized training for investigators and those that handle investigations is accomplished by the ODRC using training from the National Institute of Corrections (NIC); specialized ODRC PREA Investigative Training; and specialized consultant training. Training, in the three areas mentioned above, is extended to the Institutional Investigators. NIC training is extended to and required for the Ohio State Highway Patrol investigators who are stationed (have an office) at each correctional facility.

The NIC training addresses specialized training concerning investigating sexual abuse in confinement settings. The ODRC specialized training includes, but is not limited to, interviewing techniques for sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate any case for administrative action or prosecution referral. The specialized consultant training includes 13 modules that address, but are not limited to, the following: the unique nature of sexual abuse investigations in correctional settings; legal issues; agency liability; trauma; first response; the audit process; forensic exams; evidence collection; and investigative scenarios.

The auditors reviewed training logs, training certificates, and the Memorandum of Understanding between the ODRC and the OSHP concerning the cooperative effort in helping eliminate rape in prison.

The auditors also interviewed, OSHP criminal investigative staff, institutional investigative staff, and administrative staff.

Based on the above reviews of training records, training curriculum, investigations, and the interviews, the auditors assess this standard as compliant, meets standard.

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

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)*

To establish overall compliance for specialized training of medical staff, the auditors reviewed policy 79-ISA-01 Prison Rape Elimination; reviewed contractor orientation; infirmary and mental health training; and the PREA medical/mental health video.

Policy 79-ISA-01 Prison Rape Elimination, directs the following: "all full and part-time medical and mental health staff, and contractors receive specialized training to include, but not limited to: a. How to detect and assess signs of sexual misconduct; b. How to preserve physical evidence of sexual abuse;"
c. How to respond effectively and professionally to victims of sexual misconduct; and d. How and to whom to report allegations or suspicions of sexual misconduct.”

The auditors also reviewed the e-learning report that listed names of those who had accomplished e-learning training, reviewed the PREA training session report which included names of staff who received training, reviewed the specialized mental health 2 day training report with a list of attendees, and reviewed the contractor/volunteer/intern training acknowledgment form. The PREA medical and mental health specialized training pretest and test was also reviewed. The number and percent of all medical and mental health care practitioners who work regularly at the facility were numbered 45 and 45 (100%) completed the specialized training as documented in the above list and logs as well as documented by the Pre-Audit Questionnaire.

During the on-site audit, the auditors reviewed health care operations and interviewed staff and inmates about healthcare that was extended to the inmate population. This healthcare was assessed to be comparable or better than the community level of healthcare.

The auditors also interviewed medical and mental health practitioners, administrative healthcare staff, and random staff, all of which supported compliance for this standard. Staff were knowledgeable, professional, and impressive when discussing PREA with the auditors.

Based on the above information, reviews and interviews, the auditors assess this standard as compliant, meets standard.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

#### 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

☒ 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)*

The screening for risk of victimization and abusiveness by Belmont Correctional Institution specifically, and the overall ODRC screening process is considered to be exceeds standard by the two certified auditors that carefully reviewed the standard.

The auditors' review included the Assessment Process and the ODRC Agency Risk Management Tool that is used throughout the Department of Rehabilitation and Correction. The agency’s policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies, interviews with the Unit Management staff, the agency’s PREA Pre-Audit Questionnaire, supporting documentation, and inmate interviews helped to assess an exceeds standard. Clearly no assessment is perfect when it comes to predicting human behavior, but the professional evaluations accomplished by the staff at BeCI clearly assist in making inmates and staff safe and secure at the prison.

ODRC policy 79-ISA-01, was also reviewed with staff and it was clear that the specific directions were being followed as outlined: “all inmates shall be screened and assessed upon admission to the Department and for all subsequent intra-system transfers for the risk of being a victim of sexual abuse or the likelihood of committing sexual abuse”. There is an electronic tracking system used by the ODRC, the Departmental Offender Tracking System (DOTS) that serves as the primary information system on all offenders incarcerated at BeCI and throughout the ODRC. DOTS tracks whether an inmate has mental, physical, or developmental disabilities; tracks the age; the physical build; previous incarceration; criminal history; prior convictions for sex offenses; LGBTI or gender nonconforming status; the inmate’s previous sexual victimization; the inmates own perception of vulnerability; and whether the inmate is detained solely for immigration purposes (none/not held at BeCI). The auditors also reviewed PREA Classification Reports.

In the past 12 months, within 72 hours of their entry into Belmont Correctional Institution, 2238 inmates were screened for risk of sexual victimization or risk of sexually abusing other inmates. Upon any additional relevant information received since intake, Unit Management Teams monitor reassessment of risk of sexual victimization or sexually being abusive within 30 days after the inmate’s arrival. Policy requires that inmates risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmates risk of sexual victimization or abusiveness.

Both auditors assessed this standard as exceeds, based on the quality of the screening instrument; based on the fact that the instrument is a multidisciplinary format, beginning with a review by the medical and mental health staff who then pass it onto Unit Management staff; based on the review of the inmate classification DOTS (accurate information, lists, and use); and based on interviews with staff and inmates.
Standard 115.42: Use of screening information

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

☒ 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)

The use of the Assessment Tool and risk screening has been established and is directed by the ODRC and its polices 79-ISA-01 Prison Rape Elimination; 79-ISA-03 Sexual Abuse Review Team; 79-ISA-04-
Risk Assessment and Accommodation Strategies; and 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex inmates. These policies were reviewed by the PREA auditors and were assessed as exceeds in the previous standard, 115.41. The use of this screening information was observed by the auditors to assist with the safety and security of the inmates at the facility. Unit Management Teams, in conjunction with security and the leadership of the institution, provides safety and security for staff and inmates throughout Belmont Correctional Institution. Unit Management staff, along with medical/mental health staff and key security staff who have a need to know, use this screening information to appropriately place inmates in housing, work, and program assignments.

The compliance of this standard is supported by the Unit Management Teams’ individual treatment of inmates at the facility. It was noticed that the staff takes extra effort to not only assist with individual safety and security of each inmate, but also to make the extra effort to place inmates in specialized programs, meaningful work assignments, and appropriate housing and bed assignments, all on a case to case basis.

Transgender and intersex inmates are not placed in pre-designated housing assignments but assigned by Unit Management Teams on an individual basis.

Based on the policies and procedures, interviews with staff and inmates, and a review of documents and classification information, the auditors assess the use of screening information as compliant per standard,115.42, meets standard.

### Standard 115.43: Protective Custody

#### 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)
ODRC policies 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, and 79-ISA-04 Risk Assessment and Accommodation Strategies prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless assessment of all available alternatives have been made and there is no other option. Belmont Correctional Institution has limited segregation cells and any use of these cells is carefully considered. The policies indicate that if there is any inmate that needs to be separated from the general population, not only will he be carefully reviewed and he must be reviewed every 30 days thereafter. The policy also outlines alternatives before placement in the involuntary housing. This was confirmed by interviews with key staff throughout the facility.

In the past 12 months, there has been zero (0) number of inmates at risk of sexual victimization, who were held in involuntary segregation for any period of time. The auditors assess this standard as compliant, meets standard, based on the policy and procedures, the review of segregated housing, and interviews with staff and inmates.

### REPORTING

**Standard 115.51: Inmate reporting**

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

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)*

The auditors reviewed the Belmont Correctional Institution Inmate Handbook, 2017-2018. Handbooks are available on kiosk machines located throughout the housing units, including the Transitional Program Unit (TPU). Unit staff or library staff make available a hard copy of the handbook.

The Inmate Handbook addresses PREA, Appendix A, detailing: the right not to be sexually abused or harassed; prevention/detection; opposite gender announcements; self-protection; response; treatment; medical and mental health follow-up; and investigations. The first topic is quoted as follows: “You have the right not to be sexually abused or harassed.” This is followed by information that includes you may report to any staff member sexual abuse, sexual harassment, and retaliation either, verbally to any staff member; or in writing to any staff member; to the operational support center at a no cost phone number 614-995-3584; to an outside agency hotline *89 (no cost and accepts anonymous calls upon request); and in writing to the Ohio Bureau Chief of the Office of Quality Assurance and Improvement, Department of Youth Services.

The auditors were especially impressed with the *89 number which was tested and found to be properly working with options for anonymous reporting. Notification of the test was recorded and later communicated back to the auditors. The auditors assess this standard as exceeds.
Standard 115.52: Exhaustion of administrative remedies

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)

The ODRC does not use an inmate grievance process for reports of allegations of sexual abuse or sexual harassment. A memo from the Agency PREA Coordinator details the process for reporting, and the timeframes required to comply with PREA. The ODRC does educate inmates that forms filled out will immediately be channeled to the Institutional Investigator for proper handling and not through the grievance process.

This standard is NA, thus, meets standard as assessed by the auditors.

Standard 115.53: Inmate access to outside confidential support services

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

- 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

☐ 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)

Belmont Correctional Institution is directed by the ODRC policy 79-ISA-01 Prison Rape Elimination, to furnish to the inmate population, addresses and phone numbers for access to outside confidential support services. This is accomplished by BeCI through posters throughout the facility, information in the Inmate Handbook, and verbal and written handouts upon intake.

The auditors reviewed; 1) the above agency policy, 2) the MOU between BeCI and the Tri-County Help Center, 3) the posters, and 4) the Inmate Handbook.

The following confidential support services are detailed:
A) Victims support services are offered through nationwide and area-wide phone numbers and addresses.
B) Victim support services are offered by the facility.
C) Victim support services are offered by the Tri-County Help Center, 10 4 ½ N. Marietta St., Saint Clairsville, OH 43950.
D) The outside agency hotline, *89, from the inmate phone is at no cost.
E) Writing to the Bureau Chief of the Office of Quality Assurance and Improvement, Ohio Department of Youth Services, 30 West Spring St., 5th floor, Columbus, OH 43215.

The auditors accessed the*89 phone number, which acknowledged confidentiality.

Based on the above, and based on the inmates’ and staff’s knowledge of confidential reporting, the auditors assess this standard as compliant, meets standard.
**Standard 115.54: Third-party reporting**

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**

☐ 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)*

In conjunction with 115.51, inmates can accomplish third-party reporting simply by having a friend or family member contact the agency through the phone number (614) 995-3584 or by e-mailing DRC.ReportSexualMisconduct@odrc.state.oh.us

The above is posted in the visiting areas and public areas of the facility. The inmates and staff, when interviewed, were aware of the third-party reporting actions.

Based on the above, and after review of the policy and procedures, staff and inmate interviews, the posters at the facility, and the website on the Internet, the auditors assess this standard as compliant, meets standard.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

☐ 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)

All staff at BeCI are required to report immediately and according to policy 79-ISA-02, Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; any knowledge,
suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at this facility.

Staff must report, immediately, any allegation of sexual abuse or sexual harassment. The ODRC policies also stipulate that retaliation and third-party and anonymous reports must be reviewed and forwarded to the Institutional Investigator. The Institutional Investigator is responsible for monitoring retaliation and working with the OSHP on all allegations of sexual abuse.

Further, policies and procedures require the completion of a checklist/form titled “Sexual Abuse-First Responder Checklist”, this is for security and non-security staff who are made aware of sexual abuse. The checklist requires the completion of an Incident Report PREA which ensures follow-up of each staff members “duty to report”. Random staff were formally interviewed on each shift. Included in these interviews was the question, does the agency “require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility?” This question directly asked of the staff, without fail, was responded to affirmatively. This was a significant indicator of the staff’s knowledge of their responsibility and duty to report as required by the ODRC and the institution.

Training was reviewed by the auditors and confirmed staff’s responsibility to report sexual abuse and sexual harassment. All staff were trained. Records are maintained of all staff training in this area.

Based on the above, the auditors assess this standard as compliant, meets standard.

### Standard 115.62: Agency protection duties

#### 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**

☐ 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)*

All reports require immediate action to protect the inmate as outlined in policy 79-ISA-02 Prison Sexual Misconduct, Response, Investigation, and Prevention of Retaliation. The following is outlined by ODRC policy and the Imminent Risk of Sexual Abuse Form:
1). All reports shall immediately be forwarded to the investigator, Unit Management Chief, and shift supervisor.
2) When considering the protection of staff or inmates, staff shall consider housing changes, transfers, and/or removal of alleged staff or abusers.
3) Risk of imminent sexual abuse shall be investigated by a staff member assigned by the Managing Officer.
4) Inmates shall not be placed in involuntary segregation unless there is no alternative.
5) Appropriate paperwork will be completed.
6) The Managing Officer’s designee shall provide a documented response within 48 hours.
7) A documented final decision shall be made within five calendar days.
8) A copy of the Imminent Risk of Sexual Abuse Form will be sent to Unit Management for special screening in the PREA risk assessment system (part of the DOTS, Department Offender Tracking System).

In the past 12 months there have been zero (0) number of times the agency or the facility has determined that an inmate was subject to substantial risk of imminent sexual abuse (taken from the PAQ).

Based on the policy and procedure, as well as the formal and informal interviews of the staff that confirmed the staff’s knowledge of their responsibility and duty to protect inmates at substantial risk of imminent sexual abuse, the auditors assess this standard as compliant, meets standard.

Standard 115.63: Reporting to other confinement facilities

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
The agency has a policy, ODRC 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation that directs, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Managing Officer of the receiving facility must notify the head of the facility or appropriate office of the agency/facility where the sexual abuse is alleged to have occurred. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was zero (0).

Specialized staff and random staff were interviewed and, although no incidents/allegations were reported in the past 12 months, staff at BeCI were knowledgeable of the fact that these allegations must be reported to other confinement facilities.

During the past 12 months four (4) allegations were received from other facilities alerting Belmont Correctional Institution that an inmate made an allegation of sexual abuse while at BeCI. These cases were investigated and the auditor reviewed the documentation of the cases and noted that the facility was following policy and procedures.

Based on the policy and procedures, review of investigations and documents, and interviews with the Institutional Investigator, the PREA Compliance Manager, and the Warden, this standard is assessed as compliant, meets standard.

**Standard 115.64: Staff first responder duties**

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

☐ 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)

ODRC policy 79-ISA-01 Prison Rape Elimination, directs first responder duties for the staff of the ODRC and the staff at BeCI. There is a Sexual Abuse First Responder Checklist (Appendix D), which is to be used upon report of an allegation of inmate sexual abuse. Staff duties are outlined clearly as follows:

1) The first responder, non-security, separates victim and abuser, advises victim not to destroy any evidence, and completes the incident report (notification).

2) The first responder, security, will separate victim and abuser, preserve and protect the crime scene, review time periods, contact medical services, notify investigator/OSHP, notify PREA Manager, notify victim support, and complete the incident report. (These steps taken directly from policy).

In the past 12 months there have been 18 allegations that an inmate was sexually abused. Of these allegations one (1) time was the number that a security staff member responded to the report and separated the alleged victim from the abuser. Additionally, one (1) time where staff were notified within a time period that allowed for the collection of evidence. There were zero (0) number of times that an allegation was made, where a non-security staff member was the first responder. The auditors reviewed these numbers and they were determined to be accurate, consistent with appropriate follow-up, including investigations, notifications and appropriate reviews. Specific numbers taken from the PAQ and the classification DOTS (tracking system).

The staff is well-trained in the performance of their first responder duties. Training records and interviews support this statement. Training is documented and was reviewed by the auditors.
Based on the above policy and procedure, and interviews with staff and inmates, the auditors confirmed compliance, meets standard.

**Standard 115.65: Coordinated response**

**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)*

Belmont Correctional Institution has a local policy, number 03-E-02 referencing prison sexual misconduct, reporting, response, investigation, and prevention of retaliation, which is quoted as follows. “The purpose of this policy is to establish the facilities coordinated actions taken in response to an incident of sexual abuse among first responders, medical, and mental health staff, investigators, and institutional leadership. This plan shall be used as a supplement to Department policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.”

The policy, addresses procedures which include:

- Reporting sexual abuse
- Response to sexual abuse
- Medical responsibilities
- Mental health responsibilities
- Investigations
- Victim support responsibilities
- Completion of an investigation and monitoring retaliation
- Institutional leadership

There is a local policy review form encompassing actions and procedures, and encompassing the purpose of this institutional policy. The Institutional Compliance Manager is responsible for documenting and overseeing (with the Institutional Managing Officer/Warden), the response.
Based on interviews with the Warden, the Institutional PREA Manager, specialized staff, the Incident Review Team members, and the local policy as well as the agency policy, the auditors assess this standard as compliant, meets standard.

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

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)*

Memo to the file documents the following: “The Ohio Department of Rehabilitation and Correction has entered into a new or renewed Collective Bargaining Agreement since August 20, 2012. Effective July 1, 2015 the below listed unions have entered into a new collective bargaining agreement with the Ohio Department of Rehabilitation and Correction.

- OEA/NEA
- OCSEA/AFSCME
- SEIU/1199”

These agreements allow for the preservation of the ability of the ODRC to protect inmates from contact with abusers.

Based on the above, the review of union contracts, and discussions and interviews with the Warden, the Agency PREA Coordinator, the Institutional PREA Manager and staff, the auditors assess this standard as compliant, meets standard.
### Standard 115.67: Agency protection against retaliation

**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 residents 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)*

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; protects the inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

Protection and emphasis on protection from retaliation is further addressed in the Employee Handbook, on the intranet and the Inmate Handbook for BeCi. Staff and inmates were knowledgeable when interviewed concerning their rights not to be retaliated against and to be protected from retaliation. The formal scripted interviews specifically asks if the inmate knows of his “right” not to be retaliated against for reporting sexual abuse or sexual harassment.
The Institutional Investigator at Belmont Correctional Institution is responsible for monitoring sexual abuse retaliation and does so every 30, 60, and 90 days or longer if necessary. This is more than what is required by the standard itself (the standard requires a minimum of 90 days). The Institutional PREA Manager is responsible for monitoring retaliation for sexual harassment.

In the past 12 months there have been zero (0) number of instances of retaliation that have occurred at the facility. This is detailed in the Pre-Audit Questionnaire.

Based on review of institutional and agency policy, and based on interviews with the Warden, the Institutional PREA Manager, and the Institutional Investigator, the auditors assess this standard as compliant, meets standard.

**Standard 115.68: Post-allegation protective custody**

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)*

The ODRC has a policy prohibiting the placement of inmates, who allege to have suffered sexual abuse, in involuntary segregated housing unless there are no alternatives available. This is outlined in policy 79-ISA-04 Risk Assessment and Accommodation Strategies, which indicates involuntary segregation is used only as a last resort for protection of inmates who have alleged to have suffered sexual abuse.

The Unit Management Teams assist in placing inmates at high risk of victimization into safe circumstances. The Unit Management Teams individually address risk assessment with the inmates at Belmont Correctional Institution. Individualized treatment is the key and was discussed with the Unit Management Teams by the auditors. Inmates are screened to ensure safety, custody, care, and control. Each inmate is afforded an assessment screen and if any inmate is placed in involuntary segregation, the appropriate alternative steps are reviewed and taken if possible.

In the past 12 months there have been zero (0) number of inmates who have been placed in involuntary segregated housing who are awaiting assessment or alternative placement, or who have alleged to have suffered sexual abuse (PAQ documentation).
Based on the above policies and procedures and interviews with key staff including the Warden and the Institutional PREA Manager, this standard is assessed as compliant, meets standard.

### INVESTIGATIONS

**Standard 115.71: Criminal and administrative agency investigations**

#### 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 (l)  
- 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)

The ODRC has a policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation related to criminal and administrative investigations. Every allegation is investigated. Investigations within the ODRC and BeCI are thorough, comprehensive and professional. These investigations are coordinated with the Ohio State Highway Patrol.

The above policy of the ODRC complies with the 12 sub-standards (a-l) on the auditor’s compliance tool. These subsections are addressed not only in the ODRC policy but are also supported by the policy of the Ohio State Highway Patrol, and the laws of the State of Ohio. Evidence protocol and forensic medical examinations, as discussed in standards 115.21 and 115.22, ensure that allegations are investigated and that there is a professional and expert collaboration between the OSHP and the investigative offices of BeCI. The OSHP has an office at BeCI.

The Memorandum of Understanding between the two agencies details the following:

1) PREA incident investigations
2) Victim of sexual abuse forensic medical examinations
3) Victim advocate/rape crisis center assistance
4) Specialized training
5) Investigator evidence collection
6) Investigator interviews
7) Credibility of victims, witnesses
8) Documentation
9) Substantiated allegation referral
10) Departure of victim or abuser from employment or control at the facility

Substantiated allegations that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit was zero (0), this documented by the PAQ and the auditors’ review.

The Ohio State Retention Schedule requires that special investigative case files be retained for 10 years after an inmate has reached final release or 10 years after an employee is no longer employed by the agency. The OSHP requires that records are to be held indefinitely for all criminal investigations.
Based on the above information (investigations, MOU, documents, policy, and etc.), and interviews with the Warden, the OSHP officer assigned to BeCI, and the Institutional Investigator, the auditors assess this standard as exceeds standard.

**Standard 115.72: Evidentiary standard for administrative investigations**

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**

☐ 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)

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigations, and Prevention of Retaliation, states that the agency “imposes a standard no higher than a preponderance of the evidence for administrative investigations”.

The agency policy and interviews with the Institutional Investigator and the Warden support compliance for this evidentiary standard. Based on the auditors’ review and interviews, this standard is assessed as compliant, meets standard.

**Standard 115.73: Reporting to inmates**

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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

☐ 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)

Belmont Correctional Institution adheres to the policy of the ODRC 79-ISA-02, mentioned several times in this report, that requires inmates be notified if an allegation is made that they suffered sexual abuse in an agency facility whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This policy is followed by BeCI.

There have been 19 criminal or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual investigations that were completed, 19 inmates were notified verbally or in writing of the results of the investigation. Notifications (19) were documented. These numbers were taken from the PAQ and these results were checked by the auditors.

The auditors interviewed specialized staff, reviewed the documentation of notification, and the above mentioned policy. This standard is compliant, meets standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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)

Pursuant the Ohio Revised Code, sexual conduct with an inmate or anyone under the supervision of the ODRC is considered criminal. The ODRC will refer and pursue all cases for criminal prosecution. Additionally, ODRC policy 79-ISA-01 Prison Rape Elimination and Personnel Policy 31 SEM 02 Standards of Employee Conduct, and 31 SEM 07 Unauthorized Relationships, stipulate that staff are subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policy.

In the past 12 months there have been zero (0) number of staff from the facility that have violated agency sexual abuse or sexual harassment policies. Further, in the past 12 months there have been zero (0) number of staff from the facility that have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies. Also in the past 12 months there have been zero (0) number of staff from the facility who have been disciplined short of termination for violation of agency sexual abuse or sexual harassment policies. Finally, in the past 12 months there have been zero (0) number of staff from the facility that have been reported to law enforcement or licensing boards for violating agency sexual abuse or sexual harassment policies. This all taken from the PAQ and reviewed by the auditors with the PREA Manager and Warden at the facility.

Based on the above information and supplemented with interviews of the staff and inmates, this standard is assessed as compliant, meets standard.
Standard 115.77: Corrective action for contractors and volunteers

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)

Corrective action for contractors and volunteers is defined by ODRC policy 79-ISA-01 Prison Rape Elimination, and 71-SOC-01, Standards of Conduct for Contractors and Volunteers. The 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). The Ohio Revised Code may also apply to contractors and volunteers mentioned in the above standard 115.76.

Contractors, volunteers and others who fall under this standard, have been trained and alerted to these policies, rules, and regulations.

In the past 12 months there have been zero (0) number of contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of inmates.

Based on the information taken from the PAQ, policies, and interviews with staff and inmates, this standard is assessed as compliant, meets standard.
### Standard 115.78: Disciplinary sanctions for inmates

**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
Disciplinary sanctions for inmates is governed in the ODRC, by the Inmate Rules of Conduct 5120-9-06, by the Administrative Code, by the Rules Violations/Disciplinary Violations, and by the Inmate Disciplinary Process. Further, administrative codes 5120-9-07 and 5120-9-08 define and list the disposition of rule violations. This information is available through the Inmate Handbook, handouts, the law library, and the electronic kiosk machines.

Inmates are subject to sexual abuse criminal prosecution after investigation and referral by the OSHP to the appropriate state prosecutors/judicial authorities or are administratively subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding. In the past 12 months there have been 18 findings of inmate on inmate sexual abuse that have occurred at the facility. There have been zero (0) findings of criminal guilt for inmate on inmate sexual abuse that occurred at the facility.

The agency prohibits disciplinary action for a report of sexual abuse meant in good faith, based upon a reasonable belief that the alleged conduct occurred. The agency prohibits sexual activity between inmates. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse.

Based on the auditors’ review of the PREA Incident Reports/Application Reports, disciplinary policies and procedures, observation of a disciplinary process, and based on the interviews with staff and inmates, the auditors assess this standard as compliant, meets standard.

MEDICAL AND MENTAL CARE

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

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)

The ODRC policy 79-I SA-04 PREA Risk Assessment and Accommodation Strategies, directs that all inmates that have disclosed any prior sexual victimization during assessment screening, pursuant standard 115.41 are offered a follow-up with a medical or mental health practitioner. This follow-up is offered within 14 days of the intake screening. It is noted that 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.
The auditors note that the risk assessment, the follow-up healthcare for the victim and the healthcare opportunity for the abuser is seriously changing the culture of prison incarceration. Issues are not “swept under the rug” the ODRC and Belmont Correctional Institution are addressing rape in prison and complying with PREA law.

A team effort is practiced by the staff at BeCI with intake staff, healthcare staff, assessment staff, Security staff, and Unit Management staff, all working together to treat inmates individually and provide a safe and secure environment.

Information related to sexual victimization or abusiveness is strictly limited to those that need to know and assist in the appropriate safety and security of the inmate. Information obtained in assessment is used to make the assignments for treatment, housing, programs, and security needs.

Based on review of policy and procedures, risk assessments, the intake process, and the auditors’ interviews with inmates, specialty staff and Unit Management staff, this standard is assessed as compliant, meets standard.

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

#### 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)

Inmates receive unimpeded access to medical and mental health treatment and crisis intervention at BeCI. Healthcare is available 24/7. Mental health care services are available during the week by appointment or by walk-in/waiting room attendance. Mental health care services are available through on-call services, during off duty working hours (nights and weekends). For serious healthcare emergencies, there is emergency transportation services through 911 services and hospitalization at the local St. Clairsville Regional Medical Center or East Ohio Medical Center. Victim support services are available through the Tri-County Help Center, Inc. (rape crisis center) or by facility VSPs.

The auditors reviewed the ODRC Office of Correctional Health Care guidelines for Sexual Conduct or Recent Sexual Abuse. This policy and protocol B-11 states the purpose “is to provide standardized guidelines for the medical assessment, treatment, and referral of inmates who have been involved in sexual conduct, and/or recent sexual abuse.” The policy outlines, defines, and gives direction for medical care of inmates who report sexual conduct, and/or recent sexual abuse, including notifications, medical exam reports, incident reports, medical care, examination, treatment and counseling. Note, “no forensic evidence shall be collected at the institution by medical staff” (quoted from policy B-11). SAFE/SANE nurses shall be used where possible, or by other qualified medical practitioners for the appropriate forensic examinations. Forensic exams are available through the Ohio State University Hospital or the local hospitals.

Treatment services are provided for every victim of sexual abuse without financial cost. Inmates of sexual abuse are provided timely information about transmitted infectious prophylaxis in accordance with professionally accepted standards and with care where medically appropriate.

Based on the above information and interviews with randomly selected inmates, and interviews with specialized randomly selected staff, the standard was assessed as compliant, meets standard.

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

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)*

The ODRC policy 79-I SA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; the ODRC Medical Protocol, B-11, Medical Care, Guidelines for Sexual Contact, or Recent Sexual Abuse; policy 67-MNH-02, Mental Health Screening and Classification; policy 67-MNH-04 Transfer and Discharge of Mental Health Caseload; and policy 67-MNH-15, Mental Health Treatment; all offer and direct medical and mental health evaluation and care, as appropriate, to all inmates who have been victimized by sexual abuse in any prison, jail, etc.

Ongoing medical and mental health care for those victimized by sexual abuse is available for inmates at BeCI. Ongoing mental health treatment and evaluation of all inmate on inmate abusers is available at the facility. Abusers are evaluated within 60 days of learning of such abuse history and offered treatment, as deemed appropriate, by a mental health practitioner.

The auditors’ review of the above policies and procedures, formal and informal interviews with inmates and interviews with specialized medical and mental health staff confirmed the institution’s compliance with this standard. This standard is assessed as compliant, meets standard.

### DATA COLLECTION AND REVIEW

#### Standard 115.86: Sexual abuse incident reviews

**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)

Belmont Correctional Institution, in conjunction with the ODRC policy 79-ISA-03 Sexual Abuse Review Team, requires its key staff to review all sexual abuse incidents, unless determined to be unfounded, within 30 days of the conclusion of the investigation. This policy directs that the Managing Officer will establish a Sexual Abuse Response Team (SART) that includes, at a minimum, the following:
1) An Institutional Operation Compliance Manager (OCM)-Chair
2) A deputy Warden
3) An Institutional Investigator
4) A designated Victim Support Person (VSP)
5) Any staff member, that may have relevant input, such as unit staff, line supervisors, medical and mental health professionals

“The SART shall review all sexual abuse incidents, unless determined to be unfounded, within 30 calendar days of the conclusion of the investigation. This team will complete the Sexual Abuse Case Review and document such in the PREA Incident Reporting System.”

The SART team uses a checklist such that it will consider issues in the following sections: Inmate’s Concern; Committee Considerations (which include change in policy or procedure, motivation, physical barriers, inadequate staffing, and monitoring technology); Committee Recommendations; Committee Referrals; Committee Signatures; Warden’s Comments/Actions Ordered; and Committee Recommendations Approved (yes or no).

In the past 12 months, the number of investigations of alleged sexual abuse completed at the facility excluding only unfounded incidents was eight (8). These eight (8) reviews of alleged sexual abuse were accomplished within the 30 day timeframe following the completion of the investigations. The reviews are documented and maintained.

Based on the review of the documents, policies, the SART reports, and interviews with SART members, and specialized staff, including the Warden, the auditors assess this standard as compliant, meets standard.

**Standard 115.87: Data collection**

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)

The Ohio Department of Rehabilitation and Correction collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control.

ODRC policy 79-ISA-01 Prison Rape Elimination directs eight steps of data collection and monitoring:

1) Monthly reports by the Institutional Investigators.
2) The automated reporting module shall be accurately completed and aggregated at least annually.
3) The Agency PREA Coordinator and other employees will review aggregated data.
4) The report shall be approved by the Director and posted on the ODRC internet site.
5) The Agency PREA Coordinator will ensure that aggregated data concerning sexual misconduct will be made available to the public, at least annually on the internet site.
6) All personal identifiers will be removed from public availability.
7) The DOTS portal screens will be used to identify abusers and victims (restricted access).
8) All data of sexual misconduct, findings and recommendations, etc. will be securely retained in accordance with the ODRC records retention schedule.

The auditors reviewed the ODRC policies and procedures relating to sexual misconduct; reviewed documents and investigations; reviewed the ODRC Institutional Aggregate Annual PREA Report; reviewed the Survey on Sexual Violence (SSV), and the privately operated facilities report.

Based on the auditors' review of the documents, reports, and based on interviews with the Warden, the Agency PREA Coordinator, and the Institutional PREA Manager, this standard is assessed as compliant, meets standard.
### Standard 115.88: Data review for corrective action

**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**

- ☒ 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)*

The Agency PREA Coordinator has prepared the ODRC Annual Internal Report on Sexual Assault Data (Annual Report) for 2013, 2014, 2015 and 2016. These reports contain information for the annual Survey of Sexual Violence (SSV), which is required by the federal government. The institutional
information reports (including Belmont Correctional Institution) contain uniform data which is sent to the agency headquarters to assist in the accumulation of this aggregate data.

The Annual Report outlines its purpose which is to make use of this information to identify problem areas and formulate corrective measures. The report, information, and insights compiled by the ODRC and its Compliance Office is impressive and the auditors assess this standard as “exceeds”. The thoroughness and completeness of the information and data, as well as corrective actions, warrants this assessment.

The ODRC Annual Report itself was divided into four areas:

1) Introduction
2) Data/information
3) Problem area identification and corrective measures.
4) Conclusion with attachment/spreadsheet’s individually addressing each ODRC institution and detailing, at a minimum, staff on inmate contact sexual assault and inmate on inmate confirmed sexual assault.

The report is signed by the Agency PREA Coordinator and approved by the ODRC Agency Director. Agency information and the Annual Report is available through the public website. The Annual Report reflects, in the auditors’ judgment, the ODRC’s commitment to safety and security of staff and inmates and the commitment to reduce sexual violence in prison.

Based on the interviews with the Agency Director, Agency PREA Coordinator, Institutional Warden and Institutional PREA Manager, the auditors assess this standard as exceeds.

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

**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**

☐ 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)*

The ODRC has a policy 79-ISA-01 Prison Rape Elimination, which outlines and directs in its section on data collection and monitoring that all documents will be securely retained in accordance with the ODRC records and retention schedule. This retention schedule is at least 10 years.

The ODRC makes this information available through its public website: [http://www.drc.gov/web/prea.htm](http://www.drc.gov/web/prea.htm).

The agency redacts or removes all personal identifiers before making the information public.

Based on the auditors’ review of the above policy, and the retention schedule (including the state retention schedule), this standard is assessed as compliant, meets standard.

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**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)

☒ Yes ☐ No ☐ NA
115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

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

☐ 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)

The auditor reviewed subsections a, b, h, i, m, n, and can attest to their accuracy and compliance based on his personal review or review of supporting documentation. Meets standard.
Standard 115.403: Audit contents and findings

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)*

The auditor has reviewed the agency website, and interviewed both the Agency Director and the Agency PREA Coordinator. Based on the review of the website, and the interviews, the auditor assesses compliance, meets standard.
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.

James Curington 4/05/2018
Auditor Signature Date