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

☐ Interim  ☒ Final

Date of Interim Audit Report:  Click or tap here to enter text.  ☒ N/A
If no Interim Audit Report, select N/A
Date of Final Audit Report:  Click or tap here to enter text.

Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Thomas Eisenschmidt</th>
<th>Email:</th>
<th><a href="mailto:tome8689@me.com">tome8689@me.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Click or tap here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>26 Waterford Lane</td>
<td>City, State, Zip:</td>
<td>Auburn, New York 13021</td>
</tr>
<tr>
<td>Telephone:</td>
<td>315-730-7980</td>
<td>Date of Facility Visit:</td>
<td>April 7-9-2021</td>
</tr>
</tbody>
</table>

Agency Information

| Name of Agency: | Ohio Department of Rehabilitation and Correction (ODRC) |
| Governing Authority or Parent Agency (If Applicable): | State of Ohio |
| Physical Address: | 4545 Fisher Road | City, State, Zip: | Columbus, Ohio 43228 |
| Mailing Address: | Click or tap here to enter text. | City, State, Zip: | Click or tap here to enter text. |
| The Agency Is: | ☐ Military  ☐ Private for Profit  ☐ Private not for Profit  ☒ State  ☐ Municipal  ☐ County  ☐ Federal |
| Agency Website with PREA Information: |  https://drc.ohio.gov/prea |

Agency Chief Executive Officer

| Name: | Annette Chambers-Smith |
| Email: | Annette.Chambers@odrc.state.oh.us | Telephone: | 614-752-1164 |

Agency-Wide PREA Coordinator

| Name: | David Kollar |
| Email: | David.Kollar@odrc.state.oh.us | Telephone: | 330-540-1713 |
| PREA Coordinator Reports to: | Amanda Moon |
| Number of Compliance Managers who report to the PREA Coordinator: | 25 |
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Correctional Reception Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>11271 State Route 762</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Orient, Ohio 43146</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>PO Box 300</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Orient, Ohio 43146</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☐ Military ☐ Private for Profit ☐ Private not for Profit</td>
</tr>
<tr>
<td>☐ Municipal ☐ County ☒ State ☐ Federal</td>
<td></td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison ☐ Jail</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.drc.ohio.gov/prea">https://www.drc.ohio.gov/preh</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</td>
<td>☒ ACA ☐ NCCHC ☐ CALEA</td>
</tr>
<tr>
<td>☐ Other (please name or describe):</td>
<td><a href="#">Click or tap here to enter text.</a></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td>Internal Management Audit</td>
</tr>
</tbody>
</table>

### Warden/Jail Administrator/Sheriff/Director

| Name: | George A Frederick II |
| Email: | George.Frederick@odrc.state.oh.us |
| Telephone: | 614-585-5001 |

### Facility PREA Compliance Manager

| Name: | David McCartney |
| Email: | David.McCartney@odrc.state.oh.us |
| Telephone: | 614-585-5044 |

### Facility Health Service Administrator ☐ N/A

| Name: | Anthony Ayers |
| Email: | anthony.ayers@odrc.state.oh.us |
| Telephone: | 614-585-5067 |

### Facility Characteristics

<p>| Designated Facility Capacity: | 1562 |
| Current Population of Facility: | <a href="#">Click or tap here to enter text.</a> |</p>
<table>
<thead>
<tr>
<th><strong>Average daily population for the past 12 months:</strong></th>
<th>1658</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has the facility been over capacity at any point in the past 12 months?</strong></td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>Which population(s) does the facility hold?</strong></td>
<td>☐ Females ☒ Males ☐ Both Females and Males</td>
</tr>
<tr>
<td><strong>Age range of population:</strong></td>
<td>16-80</td>
</tr>
<tr>
<td><strong>Average length of stay or time under supervision:</strong></td>
<td>40 Days</td>
</tr>
<tr>
<td><strong>Facility security levels/inmate custody levels:</strong></td>
<td>Level 1, 2, 3, 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Number of inmates admitted to facility during the past 12 months:</strong></th>
<th>9831</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</strong></td>
<td>9831</td>
</tr>
<tr>
<td><strong>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</strong></td>
<td>9831</td>
</tr>
</tbody>
</table>

| **Does the facility hold youthful inmates?** | ☒ Yes ☐ No |
| **Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)** | 23 |
| **Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?** | ☐ Yes ☒ No |

| Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies): | ☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. | ☒ N/A |

| **Number of staff currently employed by the facility who may have contact with inmates:** | 481 |
| **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** | 36 |
| **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** | 8 |
| **Number of individual contractors who have contact with inmates, currently authorized to enter the facility:** | 86 |
| **Number of volunteers who have contact with inmates, currently authorized to enter the facility:** | 187 |
### Physical Plant

**Number of buildings:**
Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

| Number of buildings: | 17 |

**Number of inmate housing units:**
Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

| Number of inmate housing units: | 17 |

**Number of single cell housing units:**

**Number of multiple occupancy cell housing units:**

**Number of open bay/dorm housing units:**

**Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**

| Number of segregation cells | 73 |

**In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates):**

| Yes | No | N/A |
| ☒ | ☐ | ☐ |

**Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.):**

| Yes | No |
| ☒ | ☐ |

**Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months:**

| Yes | No |
| ☒ | ☐ |

### Medical and Mental Health Services and Forensic Medical Exams

**Are medical services provided on-site?**

| Yes | No |
| ☒ | ☐ |

**Are mental health services provided on-site?**

| Yes | No |
| ☒ | ☐ |
| Where are sexual assault forensic medical exams provided? Select all that apply. | ☐ On-site  
☒ Local hospital/clinic  
☐ Rape Crisis Center  
☐ Other (please name or describe: Click or tap here to enter text.) |

<table>
<thead>
<tr>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal Investigations</strong></td>
</tr>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
</tr>
</tbody>
</table>
| When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply. | ☐ Facility investigators  
☐ Agency investigators  
☒ An external investigative entity |
| ☐ Local police department  
☐ Local sheriff's department  
☒ State police  
☐ A U.S. Department of Justice component  
☐ Other (please name or describe: Click or tap here to enter text.)  
☐ N/A |

| **Administrative Investigations** |
| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? | 2 |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | ☒ Facility investigators  
☐ Agency investigators  
☐ An external investigative entity |
| ☐ Local police department  
☐ Local sheriff's department  
☐ State police  
☐ A U.S. Department of Justice component  
☐ Other (please name or describe: Click or tap here to enter text.)  
☒ N/A |
Audit Findings

Audit Narrative (including Audit Methodology)

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

Notice of PREA Audit: The PREA audit notice for the Correctional Reception Center (CRC) in Orient, Ohio was provided to Thomas Eisenschmidt DOJ certified PREA auditor via email on March 2, 2021 by the agency PREA Coordinator David Kollar. Audit notices (Spanish and English) were posted in common areas, the entrance to the facility and inmate living units approximately seven weeks prior to the site visit. Due the rescheduling of the audit due to covid-19 the notices were only posted 5 weeks prior to the audit the Auditor asked the notices remained up until April 16, 2021. These extended posting was verified by email photograph, and the original postings were observed by the auditor while on site and interviews with random inmates. The auditor did not receive any letters any from inmates or staff prior to arrival.

PRE-Audit Questionnaire and Documentation Review:

The auditor reviewed the Pre-Audit Questionnaire (PAQ) and documentation for each of the 43 standards that he received on a thumb drive approximately 5 weeks prior to the onsite examination. This thumb drive information was provided by the agency PREA Coordinator by overnight courier. The auditor reviewed policy and procedures, documents and files during the pre-audit, onsite audit, and post-audit phases as related to each PREA standard to include secondary documentation submitted both onsite and post audit. Reviewing the agency’s PAQ and supporting documentation the auditor found information provided neatly organized and accentuated allowing for ease of auditing. The auditor communicated with the facility’s Operational Compliance Manager (OCM) on all matters relating to the audit via the telephone and email prior to and after the onsite examination.

Onsite Audit Activities:

An entrance briefing was held on Wednesday April 7, 2021 with the following individuals in attendance: Warden George A Frederick II, OCM David McCartney, David Kollar Agency PREA Coordinator and members of the Warden’s Executive staff.

After introductions, the auditor discussed the PREA audit process for the onsite phase of the audit and explained the triangulation methodology he would utilize to obtain evidence through observing facility practices; review of written policies and procedures; facility site review observations; staff and inmate interviews, and additional documentation review to confirm practice. The Auditor explained that a PREA audit process is much more invasive than a typical correctional audit and that the association between facility staff and the auditor should be a collaborative undertaking to ensure the Correctional Reception Center achieves full compliance with each of the PREA Standards. He also advised those present that the Department of Justice (DOJ) expects that some corrective action will be necessary and is a normal part of the audit process and should not be viewed adversely. Since the last PREA audit was held in 2018 the auditor informed those present that the requirements including interviews and documentation review would be more extensive due to additional guidance provided by DOJ and the PREA Resource Center.
CRC opened on September 22, 1987. As a close/maximum security institution, CRC serves as one of two adult male reception centers within the Ohio Department of Rehabilitation and Correction (ODRC). CRC accepts admissions from 63 of the 88 counties within Ohio. The primary mission is intake assessments for reception inmates to include medical, mental health, education, social services, classification, and overall general orientation to the correctional system. The multidisciplinary assessments create a baseline for service delivery that equate with risk level, programmatic need, and continuity of care. New intakes are provided religious services, recovery services, education, recreation and a number of various services on a weekly basis. Each unit is responsible to ensure inmates have meaningful activities while waiting to be assigned to their permanent facility. The facility where they are assigned permanently is responsible for long term program delivery. In addition to reception, the facility is a permanent assignment for approximately 250 general population inmates (Cadre), a Residential Treatment Unit (RTU), a Sex Offender Risk
Reduction Treatment Center, and recently began housing the Juvenile Offender Unit which was moved from Madison Correctional Institution in September 2014.

Entrance into the CRC is made in Building 1 - as you go through security and the sally port doors on the left is Building 2, Building 2 features the Control Center and Visiting Area. To the right is Building 3 which is made up of four different areas:

1) Administration Offices – This is directly inside the building as you enter from Front Entry this features the Warden’s Suite, Personnel, Business Office and the Deputy Warden of Special Services Suite.
2) TPU (Temporary Protection Unit) – This area is entered separately to the right of the Administration Offices. This serves as CRC’s Restricted Housing Area
3) Operations Suite – This area houses the Captain’s Office, Deputy Warden of Operations, Major and Unit Management Chief’s Office. Outside of this area past the Medical Suite is the Investigator’s Office and Conference Room
4) Medical Suite – This is the Main Medical Area for the Facility and it is connected to Operations.

Next to Building 3 is Building 16 – This is a trailer that is typically used for Recovery Services Programming but during COVID has been used as an alternative medical Office where Reception Inmate receive their physcals, Initial Dental Screenings and Lab draws.

When you take the walkway past Building 2 and 3 to the Left are Building 11 and Building 12. Building 11 (C Unit)– Houses the Cadre Unit, C-1 and C-2, and the Residential Treatment Unit for the Mental Health Population is housed in C-3. Building 12 (D Unit) – This area holds the Offices for Mental Health Staff. The housing units in this area are: D-1-(inmates in Mental Health Crisis status); D-2 -Separation and higher security Inmates; D-3-Medical Unit for Reception Inmates with significant medical and mobility needs and D-4 is the Juvenile Unit with sight and sound separation from adult inmates, this area also has classrooms and has a separate recreation area that can be used when needed.

As you look across the yard from the entrance you will find Buildings 4 and 5. Building 4 east side of the building is the staff training area. The Middle section of the building contains the facility gymnasium with the recreation yard behind it. The rest of the building contains the Education area, Library and Chapel. Building 5 contains the Commissary, Food Service and Dining Hall, Maintenance, Quartermaster and Chemical Room and the Release, Discharge and Classification areas where the initial processing of all inmates arriving at CRC takes place.

When you take the walkway past Building 2 and 3 to the right you will see the reception units Buildings 6-10 they house the following: Building 6 contains housing units R1 and R2 during normal functioning this is where inmates receive their 7 day orientation. Building 7 contains housing units A1 and A2 which are reception units. Building 8 contains housing Units A3 and A4 which are also reception units Building 9 contains housing units B1 and B2 which are reception units. Building 10 contains housing units B3 and B4. B3 is a reception unit and B4 typically houses inmates who are completing the intake and educational programming for the Sex Offender Risk Reduction Unit.

**ON-SITE DOCUMENTATION REQUEST and REVIEW**

- 10- Random Employee background checks.
- 2- Contractor background checks.
- 10- Random Employee PREA training documentation.
- 5 -Random Medical/Mental Health PREA Specialized training documentation.
- 5- Medical/Mental Health PREA specialized training documentation.
- 5- Random Contractor/Volunteer PREA training documentation.
- 10-Random Medical/Mental Health PREA Specialized training.
- Samples of written PREA Inmate education material, i.e. Inmate handbooks, posters, brochures.
- 10-Random Inmates that received PREA comprehensive education within 30 days of arrival.
- 10- Random Inmate Risk screenings for sexual victimization/abuse to include reassessment within 30 days of arrival.
- Copies of completed sexual abuse & sexual harassment investigations; PAQ reported (all during audit period).
- Sample documentation for monitoring retaliation of sexual abuse & sexual harassment investigations.
- All Sexual Assault Reviews during (audit period) for completed investigations of sexual abuse, excluding unfounded cases.

**Staff Interviews:**

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff (Total)</td>
<td>12</td>
</tr>
<tr>
<td>Specialized Staff* (Total):</td>
<td>34</td>
</tr>
<tr>
<td>Total Staff Interviewed</td>
<td>46</td>
</tr>
</tbody>
</table>

**Breakdown of Specialized Staff Interviews:**

- Agency contract administrator                        : 1
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment : 4
- Line staff who supervise youthful inmates - N/A       : 2
- Intake Staff                                         : 2
- Program staff who work with youthful inmates – N/A   : N/A
- Medical staff                                        : 2
- Mental health staff                                  : 1
- Facility Victim Support Staff                        : 1
- Non-Medical staff involved in cross-gender strip or visual searches - N/A : N/A
- Administrative (human resources) staff               : 1
- SAFE and/or SANE staff - N/A                         : N/A
- Volunteers who have contact with inmates             : N/A
- Contractors who have contact with inmates             : 2
- Investigative staff – agency level                   : 1
- Investigative staff – facility level                 : 1
- Staff who perform screening for risk of victimization and abusiveness : 2
- Staff who supervise inmates in segregated housing    : 1
- Staff on the sexual abuse incident review team       : 1
- Designated staff member charged with monitoring retaliation : 2
- First responders, security staff                     : 9
- First responders, non-security staff                 : 2
- Intake staff                                         : 2
Interviews were also conducted with the following people:

Chris Lambert- Agency Director Designee
David Kollar- PREA Coordinator
David McCartney- Operational Compliance Manager
Roberta Banks- Central Office HR
Ken Kopycinski- Contract Administrator
Sexual Assault Response Network of Central Ohio (SARNCO)- Center Sexual Assault Awareness Advocate

Inmate Interviews:

Based upon the inmate population of 1341 at CRC on the first day of the onsite phase of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 21 targeted inmate interviews are required. The Operational Compliance Manager and other staff facilitated interviews of all inmates in a private setting located in a programming area. The random inmates were selected across all housing units including general population units and the segregation unit to ensure diversity. The auditor made selections from a list of all inmates provided by the facility on the first day of the onsite portion of the audit. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Number of Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Inmates (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Targeted Inmates* (Total):</td>
<td>21</td>
</tr>
<tr>
<td>Total Inmates Interviewed</td>
<td>41</td>
</tr>
</tbody>
</table>

Breakdown of Targeted Inmate Interviews:

- Youthful Inmates
- Inmates with a Physical Disability
- Inmates who are Blind, Deaf, or Hard of Hearing
- Inmates who are LEP
- Inmates with a Cognitive Disability
- Inmates who Identify as Lesbian, Gay, or Bisexual
- Inmates who Identify as Transgender or Intersex
- Inmates in Segregated Housing for High Risk of Sexual Victimization
- Inmates Who Reported Sexual Abuse
- Inmates Who Reported Sexual Victimization During Risk Screening

Total Targeted Inmate Interviews* 21

Allegation Breakdown:
Correctional Reception Center allegations are broken down by sexual harassment and sexual abuse. During the previous 12 months there were no allegations of sexual harassment made at CRC. During this same period there were 6 allegations of sexual abuse filed with all 6 of them made against other inmates. CRC reported each of these six allegations to the Ohio State Highway Patrol (OSHP) and conducted an administrative investigation on each of the allegations. All of the investigations were completed with three allegations unfounded and three unsubstantiated. There were five allegations reported elsewhere having occurred at CRC. These five were investigated. There were forty allegations reported to Correctional Reception Center staff occurring at another facility. This 40 incidents were reporting to the institution where the allegation was reported occurring.

Onsite Visit Closeout:

The auditor conducted an exit briefing on April 9, 2021 with: Warden George A Frederick II, OCM David McCartney, David Kollar Agency PREA Coordinator and members of the Warden’s Executive staff. The Auditor could not give an outcome of the audit but did provide some insight into his preliminary findings. The Auditor thanked facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the post site visit phase of the audit the auditor communicated with the PREA Compliance Manager via phone calls requesting additional documentation, clarification on policies, procedures and agency practices.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

<table>
<thead>
<tr>
<th>Standards Exceeded</th>
<th>Number of Standards Exceeded: 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded: 115.31, 115.35, 115.41</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standards Met</th>
<th>Number of Standards Met: 40</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Standards Not Met</th>
<th>Number of Standards Not Met: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Not Met: Click or tap here to enter text.</td>
<td></td>
</tr>
</tbody>
</table>
PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

a) CRC adheres to the five main agency policies (79-ISA-01, 79-ISA-02, 79-ISA-03, 79-ISA-04 and 79-ISA-05) dealing with sexual harassment and sexual assault. These agency policies outline for all staff and inmates' protocols for dealing with the Ohio Department of Rehabilitation and Corrections (ODRC). Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018 section V page 3 mandates the requirement each of the facilities within the system 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. This mandated zero tolerance of sexual abuse also pertains to the facilities ODRC contracts for the confinement of their inmates. The policy defies for staff, contractors, volunteers and inmates prohibited acts and behaviors. Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 outlines the responding requirements that every allegation of sexual misconduct and/or sexual harassment be administratively and/or criminally investigated by trained investigators.

(b)(c) ODRC has designated David Kollar as the agency wide PREA Coordinator. His interview confirmed he has sufficient time and authority to develop, implement, and oversee ODRC efforts to comply with the PREA standards in all of its facilities. He confirmed he has 25 institutional PREA Compliance Managers who report directly to him. The auditor was provided and reviewed the agency organizational chart demonstrating the position of the PREA Coordinator in the agency’s organizational structure. The CRC OCM was also interviewed, and he indicated he has enough time and authority to coordinate the facility’s efforts to comply with the PREA standards. During the three-day site examination, the Auditor was present and observed him during his workday. It was apparent to the Auditor that he is well known as the point of contact for PREA information by inmates and staff at CRC.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC Organizational Chart
- Review (PAQ)
- Interview (Warden)
- Interview (PREA Coordinator)
- Interview (OCM)

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

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

115.12 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

(a)(b) ODRC has three confinement facilities under contract with two companies (CorCivic and Management and Training Corporation). These companies operate the Lake Erie Correctional Institution, the North Central Correctional Complex, and the Northeast Ohio Correctional Center. Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018, section A (9) on page 6 direct the agency that all new or renewed contracts for the confinement of ODRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contracts or contract renewals shall provide for contract monitoring to ensure the contractor is complying with PREA standards. The interview with Ken Kopycinski, who is responsible for contract monitoring at each of these contract facilities, confirmed the contract monitor oversees all the operational practices, contract practices, and day to day operations of that particular contracted facility. He indicated that his primary responsibility with monitoring each of these facilities is to ensure that each is PREA compliant and following ODRC Policies and Procedures. Each of these institutions have and continue to PREA audited.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Review of Contract with Private Companies
- Interview (Contract Monitor)

**Standard 115.13: Supervision and monitoring**
115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  
  ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  
  ☒ Yes ☐ No
115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
(a)(b)(c) CRC is required by policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018 section B (1), “to develop, document, and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and video monitoring, and to protect inmates against sexual misconduct.” The policy also requires CRC when determining staffing to consider: “any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility’s physical plant including any “blind-spots” or areas where staff or inmates may be isolated; the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.” Warden Frederick must be informed of any deviations from the staffing plan. His interview confirmed inmate supervision posts are never closed at CRC and he stated the facility would move staff to other shifts requiring coverage or utilize overtime to ensure all supervision posts are covered. This same policy requires CRC to conduct an annual staffing plan and consider the same elements found in subpart (a) of this standard. The PAQ indicated and the Warden interview confirmed that there was one deviation from the staffing plan during the previous 12 months. This occurred in November 2020 when inmates were placed in the Chapel and Recreation areas due to Covid. The auditor was provided staffing reviews conducted in 2018, 2019, and 2020. The reviews are conducted in October of each year and reviewed by the Regional Office and then forwarded to the Agency PREA Coordinator. As required by the policy and the standard the reviews took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies, findings of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant including “blind-spots” or areas where staff or inmates may be isolated. The CRC operates with less than a 10% vacancy rate. During the three days of the site examination on all three shifts it appeared to the Auditor that CRC had adequate levels of supervision of inmates assigned to the facility.

(d) ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) January 2, 2018, details the purpose of the policy is “to establish uniform guidelines to ensure that institution department heads, supervisors, and administrative staff conduct weekly rounds of inmate living and activity areas. Section VI A 3 (c) on page 3 requires that the shift Lieutenant and Captain conduct unannounced rounds on each shift to identify and deter staff sexual abuse and sexual harassment.” Supervisors from each of the three shifts were interviewed during the site visit. Each confirmed they made daily-unannounced documented rounds to every area inmates may be during the shift to deter sexual abuse and sexual harassment. They also indicated the facility policy prohibits staff from alerting other staff when they are making rounds but stated they stagger times and locations when conducting rounds. The Inmate areas of the institution having logbooks were randomly checked and the Auditor found signatures of supervisors at different times making unannounced rounds on each shift (night as well as day) in each of the logbooks checked.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) January 2, 2018
- Interview (Warden)
- Interview (Shift Supervisors)
- Staffing Reviews (2018, 2019, 2020)

Standard 115.14: Youthful inmates
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Youthful inmate Program Management require, “and shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, the prison shall either maintain sight and sound separation between the youthful, incarcerated individuals and adult incarcerated individuals or provide direct staff supervision when they have sight, sound, or physical contact. Confinement of inmates under the age of eighteen (18) in Extended Restrictive Housing is prohibited. Absent exigent circumstances, the institution shall not deny youthful inmates daily large-muscle exercise and any legally required special education services. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. All incarcerated individuals under 18 years of age are to be separated from the population of the institution and only housed with each other. An incarcerated individual under 18 years of age is top priority with initiating the classification process and should be transferred to the youthful inmate unit at CRC or ORW (females) within three business days of their arrival. To accomplish this, the classification paperwork must be completed by the reception coordinator.” The Auditor interviewed two staff who directly supervise the juveniles at CRC. Each indicated the juveniles are processed and housed separate from the adult inmates and remain under direct supervision of staff at all times. The Auditor observed the juvenile living areas that are located outside sight and sound of the adult inmates. During the site examination the Auditor did not observe juveniles who were not being directly supervised by staff.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 71-SOC-05 (Youthful inmate Program)
- ODRC 52-RCP-01 (Reception Admission Procedures and Policy)
- Interviews (Staff)
- Auditor Observations

Standard 115.15: Limits to cross-gender viewing and searches

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

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

115.15 (b)
- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☒ 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 if the facility does not have female inmates.)
  ☒ 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? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)

- Does the facility have policies that enable 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 have procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes ☐ No

- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

(a) (c) ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches, February 25, 2019, section (b) on page 5 requires, "The institution shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Employees must always display the highest degree of professionalism when conducting searches. The institution shall document all cross-gender strip searches, cross-gender visual body cavity searches and all cross-gender pat down searches of female incarcerated individuals on an Incident Report (DRC1000). As noted earlier the Auditor interviewed 12 random security staff. Each of them confirmed that cross gender strip searches or cross gender visual body cavity searches are not conducted at CRC and the restrictions and search processes were presented during their search training. The interviews conducted with medical staff indicated that the CRC medical staff has not performed any body cavity searches in the last 36 months. The facility PAQ also indicated that there was none completed as well.

(b) The PAQ and the Auditor observations indicated that CRC does not house female inmates.

(d) ODRC policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018, section E (2)(3) on page 10 from requires, "All institutions shall ensure inmates are able to shower, perform bodily functions, and change clothing without non-medical 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, which includes viewing via video camera. All employees, contractors, and volunteers of the opposite-gender, whether assigned to the unit or not, shall make the following announcement upon their arrival in a housing unit: "Male/Female in housing unit." If at any time the employee leaves and returns to the housing unit, the preceding announcement shall be repeated. The announcement is only required when an opposite-gender employee, contractor, or volunteer enters a housing unit where there is not already another opposite-gender employee present. The institution shall determine how to make employees aware that an opposite-gender staff is already in the housing unit. If opposite gender staff remain in the unit during shift change, the announcement shall always be made at the beginning of each shift. Once the facility installs the PREA buzzer at the entrances of each housing unit that, when pushed, makes a unique audible sound, the verbal announcement of opposite gender staff will no longer be necessary. It will be replaced with the activation of the audible sound, which must have the ability to be heard at the farthest point within the housing unit. The only exceptions will be from 10:00 pm to 8:00 am at which time the verbal announcement shall be made instead of the use of the PREA buzzer." While on site at CRC the Auditor did observe opposite gender announcements being made prior to entering the inmate housing units. The interviews with 41 inmates mostly confirmed that these announcements and use of the buzzer by female employees were being made.
(e)(f) ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) policy, July 19, 2018 requires, Staff shall not search or physically examine a Transgender or Intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it may be determined through conversations with the inmate or by reviewing medical records. If staff members are unable to determine the inmate's genital status, the inmate shall be referred to medical for a broader medical examination conducted in private by a medical practitioner." Policy 79-ISA-01, Prison Rape Elimination requires, “all security staff shall be trained on how to conduct searches of Transgender and Intersex inmates. Searches shall be done in a professional and respectful manner using the least intrusive means while maintaining consistency with security needs.” The interviews with the 12 randomly selected security staff confirmed their knowledge of the prohibition of searching any inmate for the sole purpose of determining their genital status. They stated if that information was needed, the inmate would be referred to medical for a broader medical examination conducted in private by a medical practitioner. The security staff also indicated that the search training they receive specifically includes searching transgender and intersex inmates in a professional and respectful manner. The auditor reviewed the content of the search training curriculum and the video provided in the training and found it addressed the standard requirements of searching transgender and intersex inmates professionally and respectfully. The auditor also randomly sampled training documents for security staff and found the search training listed and completed. The auditor interviewed two transgender inmates and questioned them about searches conducted on them. Each indicated that they were always treated professionally by staff during search procedures and were never strip searched in order to determine their genitalia.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches), March 22, 2016
- ODRC policy 79-ISA-01 (Prison Rape Elimination), January 23, 2017
- ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 9, 2018
- Interviews with random staff
- Interviews with random inmates
- Interviews with targeted inmates
- Review of Mental Health Suicide Policy
- Search Training Curriculum
- Review (Search Training Video)
- Completed PRE-Audit Questionnaire

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes  ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,
and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

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

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

☒ Yes ☐ No

115.16 (c)

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations?

☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) ODRC policy 64-DCM-02 Inmates with Disabilities and policy 79-ISA-01(Prison Rape Elimination) requiring “It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) 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. Staff shall make appropriate provisions for inmates not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided pursuant to section VI.D.I-3 of this policy. In accordance with DRC Policy 64-DMC-02, Inmates with Disabilities, the agency PREA Coordinator shall ensure all inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of DRC’s efforts to prevent, detect, and respond to sexual misconduct. An inmate interpreter, inmate reader, or other inmate assistant shall not be used 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, or the investigation of the inmate’s allegations. Interpreting services for these programs may be provided only by qualified non correctional staff members or contract interpreters. If the deaf or hard of hearing inmate approves, a qualified correctional staff member or inmate may otherwise assist in the case of an emergency, when another interpreter is unavailable, if confidentiality will not be violated by the use of a qualified correctional staff member or inmate. If the deaf or hard of hearing inmate approves the use of another inmate to interpret, the deaf or hard of hearing inmate must sign a statement waiving the right to an interpreter who is not an inmate. See Appendix A. Interpreters may be provided in person or through teleconferencing.” The inmate handbook outlines for the inmate the procedures to follow in order to receive an accommodation, regardless of their disability. During the interview with the Agency Director,
she confirmed that inmates within the ODRC system, who have a disability or who are limited English proficient, are provided an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The two-intake staff interviewed indicated information, including sexual safety, is readily available to inmates in two major languages, Spanish and English. The PREA informational video is provided in Spanish, English, sign language and closed captioned. Inmates that read or write any other language for which the facility has no staff interpreter are referred to a case manager. The case manager would provide the orientation information to the inmate in a language they understood through an interpreter service (Vocalink). This interpretation service is provided under contract with ODRC. The Auditor interviewed one inmate with limited hearing and one inmate with a physical disability. Each of them indicated they were provided information on PREA and was made aware of how and whom to report if it became necessary.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 64-DCM-02 (Inmates with Disabilities) March 5, 2018
- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Review (Interpretive/Translation Contract (Vocalink)
- Interview (Agency Director)
- Interview (Intake Staff)
- Interview (Case Manager)
- Interview (Targeted Inmates-3)

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
• Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes  ☐ No

115.17 (b)

• Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes  ☐ No

• Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes  ☐ No

115.17 (c)

• Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes  ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

• Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes  ☐ No

• Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes  ☐ No

• Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes  ☐ No

115.17 (g)
- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(g) Policy 34-PRO-07 (Background Investigations) October 1, 2019, states, “It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) to ensure a background investigation is conducted on each state employee, intern, contractor, and volunteer under primary consideration for employment or entrance into any of its offices/institutions unless otherwise exempted by this policy. The purpose of the background investigation is to identify offenses or behaviors that may impact job performance, volunteer participation or internship work, or their ability to provide services. The appointing authority/designee shall review and personally approve the proposed work location and plan for supervision of all state employees, interns, contractors, and volunteers prior to authorizing their services. ODRC shall collaborate with the JTTF or other like agencies if suspect information regarding potential terrorism connections is retrieved. CFR § 115.17:(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the 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; 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; Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph of this section. The agency shall 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. The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in this section in written applications or interviews for hiring. “The Auditor was provided interview responses from the Central Office Human Resources Administrator that indicated...
that prior to hiring anyone who may have contact with any ODRC inmates the individual is specifically questioned if they ever: engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile; 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 or been civilly; administratively adjudicated 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. The CRC HR staff confirmed that an affirmative response to any of those questions are a permanent exclusion for employment in the agency dealing with inmates. She also outlined the background process for every prospective employee, contractors and volunteers. Each receives a Law Enforcement Agencies Data Systems (LEADS) background check, fingerprint check and a local law enforcement background check. The Warden and the PREA Coordinator confirmed that staff currently assigned at CRC receive an initial background check and an additional check completed every five years along with one on every promotion. The background check for promotions are performed by either the Facility Investigator, Central Office or the OSHP depending on the level and position of the promotion. The auditor reviewed 10 random employee files (to include a promotion and new hires) and 2 random contractor files and found background checks completed prior to their contact with inmates.

(e) Policy 34-PRO-07 (Background Investigations) dated October 1, 2019 requires, “Background investigations for the purposes of compliance with PREA shall be conducted in accordance with the Prison Rape Elimination Act and directives from the Office of the Chief Inspector and/or the Bureau of Operational Compliance. Criminal background checks shall be conducted on all employees and contractors every five (5) years or a system shall be in place for otherwise capturing such information, when available. All employees and contractors shall have a completed Authority for Release of Information form (DRC1404) or a PREA Background Check Authorization form (DRC1422) on file prior to the five-year background check. The facility investigator is the individual responsible to conduct these 5-year checks. The Auditor interviewed the Investigator and randomly reviewed 5-year random background rechecks and found them up to date for both contractors and staff.

(f) ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018 requires, “All employees who may have contact with inmates shall complete a Prison Rape Elimination Act Annual Acknowledgement (DRC1214). The OCM shall ensure the PREA Annual Acknowledgement (DRC1214) is completed by all employees by December 31st of each year and forwarded to the personnel office. It is the responsibility of the OCM to ensure any positive responses on the PREA Annual Acknowledgement form (DRC1214) are also forwarded to legal services for review. The personnel office shall maintain the documents in the employee's personnel file. This form asks the employee: have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution; have you 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; have you been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; have you been civilly or administratively adjudicated 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 and also reminds them as they sign it about their affirmative duty to disclose any such misconduct. The document information is acknowledged by signature. The random and specialized staff random confirmed that on an annual basis they are required to provide this information. The OCM confirmed that the facility is current with the 2020 acknowledgement with these documents provided to HR for placement in each staff members employee file.

(h) Policy 34-PRO-07 (Background Investigations) October 1, 2019 section F (3) requires, “Requests from institutional employers for information on substantiated allegations of sexual abuse or sexual
harassment involving former ODRC employees shall be forwarded or referred to ODRC legal services for response. Unless prohibited by law, ODRC shall 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. The interview notes from the agency HR Administrative staff and the facility HR staff member confirmed all requests for information on former staff would be immediately forward to the agency legal department and unless prohibited by law would be provided.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 34-PRO-07 (Background Investigations) October 1, 2019
- ODRC policy 79-ISA-01 (Prison Rape Elimination), January 23, 2018
- Interview (HRM-Central Office)
- Interview (HRM-CRC)
- Background Checks (Staff)
- Background Checks (Contractors)
- Interview (Investigator)
- Interview (OCM)
- Review of 5-year background checks.
- Review (Form DRC 1214)
- Interview (PREA Coordinator)
- Interview (Warden)
- Interviews (Staff)

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

(a) The Agency Director confirmed ODRC has not acquired any new facilities or made any substantial expansion at CRC since the last PREA audit.

(b) Warden Frederick and the OCM indicated that the facility installed new cameras during the previous 12 months. These cameras were added to the garage and the warehouse. Cameras (272) are found throughout the inside and outside of the Correctional Reception Center including in each of the living units. All cameras (tilt, pan, and zoom) can be viewed in the 24-hour control center and in the offices of the Warden and Deputy Wardens. The auditor went to each location with viewing capabilities and found no privacy/cross gender viewing concerns.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Agency Director)
- Interview (Warden)
- Interview (OCM)
- Auditor Observations

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)
- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- 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 agency 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 always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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(a)(b)(f) ODRC Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires, “The evidence is collected in accordance with the Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection kit Protocol (revised, February 2011) and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition- April 2013).” . According to documentation (MOU) provided to the Auditor, “All PREA Incident Investigations shall follow a uniform evidence protocol adapted from the Department of Justice’s Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/ Adolescents," or similarly comprehensive and authoritative protocol developed after 2011.the OSHP protocols are developmentally appropriate for youth and adults and are based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication”

(c) Policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) dated April 15, 2010, Section C (5) and Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 require, “all victims of sexual abuse have access to a forensic
medical examination at an outside facility without financial cost where evidentiary or medically appropriate. ” During the interview with the HAS and a Nurse the Auditor was informed inmate victims of sexual assault are never charged for services associated with the assault and all serviced are provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. They also confirmed forensic examinations are not performed on site at CRC. Inmates requiring this type of examination would be taken to Ohio State University Hospital where the exam is performed by a SANE practitioner. CRC had one forensic examination, at this hospital, during the previous 12 months. The Auditor interviewed one inmate who reported sexual abuse. This inmate confirmed he was never charged for medical or mental health services as a result of reporting the incident.

(d)(e) The Sexual Assault Response Network of Central Ohio (SARNCO) provides advocacy and emotional support services in conjunction with medical and social services at Ohio Health Emergency Departments and other local facilities in central Ohio. The CRC has an MOU with this advocacy group. The Auditor had the opportunity to speak with the Agency Director Heather Heron. She confirmed her agency provides CRC victims with emotional support services, crisis intervention services and phone on a 2019 MOU with SARNCO with no sunset date. CRC also has trained Victim Support staff who provide support to victims of sexual abuse when needed. The auditor interviewed one of the trained staff advocates and verified the training each of them receives. The auditor was informed that this one-time training included among other things the forensic exam process. The auditor was also told that this staff advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary. The Auditor observed contact information (telephone number and mailing address) posted in each of the housing units.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Ohio State Patrol (OSHP) MOU Review
- ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) April 15, 2010
- Policy B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) September 28, 2015
- Interview (Facility Investigator)
- Interview (Medical Staff)
- Interview (Facility Victim Advocate)
- Interview (SARNCO)
- Interview (Inmate)

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

Auditor is not required to audit this provision.

115.22 (e)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires, “All allegations of sexual misconduct and/or retaliation shall be administratively and/or criminally investigated. The Interview with the Director designee confirmed ODRC will conduct a criminal and/or administrative on every allegation the agency becomes aware of. The CRC
Warden and Investigator also confirmed this protocol. As noted earlier in the narrative CRC had no allegations of sexual harassment and six (6) allegations of sexual abuse. Each of these allegations were inmate against another inmate none involving a juvenile. All of them were reported to the OSHP and were not determined to be criminal. An administrative investigation was conducted on each of the six. All of the investigations were completed with three allegations unfounded and three unsubstantiated. There were five allegations reported elsewhere having occurred at CRC. These were investigated. There were forty allegations reported to Correctional Reception Center staff occurring at another facility.

(b) The MOU between ODRC and the OSHP along with Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 page requires, “All allegations of sexual misconduct shall be referred for investigation to the OSHP unless the allegation does not involve potentially criminal behavior. The Agency PREA Coordinator/designee shall maintain a document that describes the responsibilities of the DRC and the OSHP for criminal investigations.” As noted above each of the allegations reported to have occurred at CRC were reported to OSHP. None of these referrals was retained by the OSHP for criminal prosecution.

(c) ODRC publishes their investigative policy on its website (http://drc.ohio.gov/policies/investigations). The site gives an overview of their PREA Policy and provides additional information by clicking on each topic hyperlink.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- MOU (OSHP)
- Web Site Review (http://drc.ohio.gov/policies/investigations)
- Interview (Warden)
- Interview (Agency Director designee)
- Interview (Facility Investigator)
- Review (Investigative Case Files)

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

**115.31 (b)**

Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

**115.31 (c)**

Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

**115.31 (d)**

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

**Auditor Overall Compliance Determination**
☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

(a)(b) Policy 39-TRN-10 section B1(Employee Orientation Training) requires, “Written policy, procedure, and practice provide that all new full-time employees must minimally complete a formalized 40-hour orientation program before undertaking their assignments. Policy 79-ISA-01 (Prison Rape Elimination), requires, “All new employees shall receive instruction related to the prevention, detection, response, and investigation of sexual misconduct during New Employee Orientation (NEO) training at the Corrections Training Academy (CT A). This training shall include, but not be limited to, the following: DRC policies that address the agency’s zero-tolerance for sexual misconduct; The employee's responsibilities regarding sexual misconduct prevention, detection, reporting, and response policies and procedures; The inmate's right to be free from sexual misconduct; The inmate's and employee's right to be free from retaliation for reporting sexual misconduct; The dynamics of sexual misconduct in confinement and the common reactions of sexual misconduct victims; How to avoid inappropriate relationships with inmates; Effective and professional communication with inmates including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and How to comply with relevant laws for mandatory reporting of sexual abuse to outside authorities. How to detect and respond to signs of threatened and actual sexual abuse. Each institution shall provide training on sexual misconduct annually during staff in-service. Such training shall be tailored to the gender of the inmates at that facility. Employees who transfer to an institution that houses incarcerated individuals of a different gender shall receive training tailored to that gender of incarcerated individual as part of their orientation training and in accordance with PREA Standard 115.31b.” The Auditor interviewed uniform and non-uniform staff during the site examination. Each of them confirmed the subject matter of the training included the subpart (a) requirements. The training curriculum was also reviewed confirming the subpart (a) requirements being covered. They also stated the training involved a written test at the conclusion of the presentation with a passing score of 80% or the employee must retake the training. The staff sign into the class and the passing score is their indication and verification that they understood the material presented. As noted earlier the auditor reviewed 10 employee (2 contractor, 2 new hires and 6 seasoned staff) training files for PREA training records. Except for staff out on long-term absence all staff receive the ODRC mandatory PREA training for training years 2020, 2019 and 2018. The facility exceeds the standard as it provides PREA training annually.

(c) Policy 79-ISA-01 (Prison Rape Elimination), requires, “Each institution shall provide training on sexual misconduct annually during staff in service. Interviews with the random selected staff and review of the 10 training files confirmed staff receives PREA refresher training annually exceeding the standard requirement of refresher training every two years.

**Policy, Materials, Interviews and Other Evidence Reviewed**
• ODRC policy 39-TRN-10 (Employee Orientation Training) April 24, 2017
• ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
• Review of Training Curriculum (PREA)
• Interviews (Random Security)
• Training Records Review (2020, 2019, 2018)
• Interviews (Security Staff)
• Interviews (Non-Security Staff)
• Review (Training Files)

**Standard 115.32: Volunteer and contractor training**

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

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

115.32 (c)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
(a)(b) ODRC policy 79-ISA-01 (Prison Rape Elimination requires, “All routine volunteers, special event volunteers (as defined by DRC Policy 71-SOC-01), Long Term Contractors and Non-Escorted Contractors (as defined by DRC Policy 39-TRN-12) who have contact with inmates shall be notified of DRC’s zero-tolerance regarding sexual misconduct and how to report such incidents. All volunteers and contractors shall also be trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training shall be based on the services they provide and the level of contact they have with inmates. All training shall be documented on the PREA Contractor/Volunteer/Intern Training Acknowledgment Form (DRC1173). The Auditor interviewed two random contractors and reviewed two other contractor training files. The interviews confirmed contractors received the training as outlined and required by subpart (b). The two training records reviewed contained signed DRC 1173 acknowledgement forms. Due to the epidemic with covid-19 there were no volunteers present at CRC during the site examination. The Auditor reviewed 4 randomly chosen volunteer training records while on site and found completed 1173 forms in each.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (Training Officer)
- Interview (Contractors)
- Review of Contractor/Volunteer Training Curriculum
- Training Records Review (DRC1173)

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)
Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ 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)*

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(d)(e)(f) ODRC policy 79-ISA-01 (Prison Rape Elimination requires, “Oral and written information (inmate handbook) shall be given to all inmates upon their arrival at a reception center or parent institution which explains DRC’s zero tolerance policy regarding sexual misconduct and shall include: Prevention; Self-protection; Reporting; and Treatment and counseling. Within seven (7) calendar days of arrival at a reception center or parent institution, all inmates shall be provided comprehensive education through the viewing of the PREA education video. The PREA education video shall inform the inmates of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The inmate’s participation in this orientation and education is documented on the Inmate Orientation Acknowledgement Checklists (DRC4141E). The PREA education video shall also include the DRC policies and procedures for responding to such incidents.” Two intake staff were interviewed at the time of the site review. The Auditor interviewed 41 inmates while on site at CRC. One of those inmates indicated he had never received an orientation while at CRC. The Auditor reviewed his file and 9 random inmate files and found signed form 4141E acknowledging receiving orientation. The other 40 inmates indicated that they had received written, verbal and video orientation materials within the 7-day requirement. They also confirmed receiving, on arrival, PREA information. As noted in standard 115.16 those with low literacy levels, and those with disabilities that hinder their ability to understand the information are dealt with individually depending on the disability. The two-intake staff interviewed informed the Auditor that inmates are provided a handbook, in Spanish and English, upon arrival along with oral PREA information. They also indicated inmates must view the PREA video within 7 days of arrival as well. As noted in standard 115.16 CRC has a procedure in place to provide inmates, who do not speak English or Spanish or have a disability, information about the facility and sexual safety.

(c) According to the interview with the OCM and the PREA Compliance Coordinator inmates at CRC and throughout the agency prior to 2014 received the required PREA training prior to their 2014 audit during “town hall” meetings on each of the housing units. Since that 2014 date all inmates arriving at CRC would have received this training/information upon arrival. The previous PREA audit also documented information provided inmates prior to the 2014 date.

(f) ODRC policy 79-ISA-01 (Prison Rape Elimination) requires, “The institution OCM shall ensure that information is continuously and readily available using materials such as posters, handbooks, etc. At a minimum, the inmate reporting posters identifying the hotline numbers and the local rape crisis center posters (if available) shall be posted in all housing units, restrictive housing units, receiving and discharge department, medical, mental health and the library. Posters for third party reporting (i.e., family and friends) shall be posted in all visitation areas and front entry buildings. Throughout the institution in all of the housing units, the segregation unit, the intake area, the medical and mental health areas and the facility library informing inmates on how to report allegations of sexual abuse to any staff member; the Chief Inspector; and through the hotline telephone numbers is available through postings. The Auditor also observed posters for third party reporting (family and friends) posted in the visitation area and in the front entry and visitor processing areas. The random interviews with inmates confirmed their knowledge of the reporting signage throughout the facility and how and whom to report incidents of sexual abuse if they needed to.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 2018
- Inmate Orientation Acknowledgement Checklists (DRC4141)
- Inmate Handbook
• Completed PRE-Audit Questionnaire
• ODRC policy 64-DCM-02 (Inmates with Disabilities) March 5, 2018
• Interview (OCM)
• Interview (Intake Staff)
• Interviews with random inmates
• Interview with targeted inmates

**Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

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

**115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).)  ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).)  ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).)  ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).)  ☒ Yes ☐ No ☐ NA

**115.34 (c)**

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

**115.34 (d)**

- Auditor is not required to audit this provision.
Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) ODRC policy 79-ISA-01 (Prison Rape Elimination) requires," Prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include, but not be limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training shall be documented on the PREA Training Session Report (DRC1680). The training may be received through the National Institution of Corrections (NIC). Completion of the training shall be documented with a certificate of completion." There are two trained investigators at CRC. Their training curriculum and interviews confirmed the training included the subpart (b) requirements. Both investigators received investigator training through the National Institution of Corrections (NIC) which was documented on the PREA Training Session Report (DRC1680). The interview with one of them detailed his training course content that included interview techniques, evidence collection in confinement settings, use of Garrity warning and criteria and evidence to substantiate administrative cases. The Auditor reviewed the NIC curriculum and found in coincides with the training requirements of the standard and the detailed curriculum by the investigator. The Auditor reviewed all 6 investigative case files and found each was conducted by a trained Investigator.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 2018
- Review of NIC Investigator Training
- Review of Training Reports (DRC 1680 - Investigator Training)
- Review of Training Certificates.
- Interview (Facility Investigator)
- Review (Sexual Abuse Investigation Case Files)

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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 or the agency does not employ medical staff.) ☒ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA
Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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(a) ODRC policy 79-ISA-01 (Prison Rape Elimination) requires, “All full and part-time medical and mental health staff and contractors shall receive specialized training to include, but not be limited to: How to detect and assess signs of sexual misconduct; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual misconduct; and How and to whom to report allegations or suspicions of sexual misconduct.” The Auditor interviewed two medical staff and one mental health staff. Each confirmed that along with the PREA training all staff receive they receive the additional specialized training through the Enterprise Learning Management (ELM) System (E-learning). The OCM along with the Training department provided a document demonstrating all 50 medical/mental health staff have received this specialized training. The Auditor reviewed the training curriculum that covered the standard requirements as well. The facility exceeds the standard as the facility provides this specialized training annually and the standard only indicates staff receive it once.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 2018
- Review (Training Records)
- Interview (Medical Staff)
- Interview (Mental Health)

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)
- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)
- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

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

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

115.41 (e)
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as 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, as 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, as 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 an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate’s risk level when warranted due to 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)

Instructions for Overall Compliance Determination Narrative

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(a)(b)(f) ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) requires, “All inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. These screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings conducted pursuant to ODRC policy 52-RCP-06, Reception Medical Intake Screening and during health screenings pursuant to ODRC policy 68-MED-01, Medical Services. Unit management shall complete the screening within 72 hours of the inmate’s arrival at the facility. No sooner than fifteen calendar days, but no later than thirty calendar days from the inmate’s arrival at any institution, the inmate shall be reassessed (30 Day Review) regarding their risk of victimization or abusiveness based upon any additional, relevant information received since that institution’s intake screening of the inmate. Unit management shall complete this reassessment. The inmate shall be present during the thirty-day reassessment. A thirty-day reassessment shall not be conducted after the completion of a special assessment or existing inmate assessment.” The initial assessment screening is conducted by medical staff upon arrival and prior to being placed in general confinement. If there are any concerns raised about the inmate during the initial screening by the nurse both security and the OCM are notified. The second page of this vulnerability assessment is completed at CRC by a member of the Classification staff. These staff members review the entire record on the inmate when making decisions about their vulnerability or abusiveness. As noted earlier 41 inmates were interviewed during the site examination. Three of these 41 inmates indicated they had not received a reassessment within the first 30 days. The Auditor reviewed their files as well as seven random files to ensure inmates received their initial by the nurse on arrival and reassessment with the first 30 days. The file review demonstrated the initial assessment was completed within 72 hours of the inmate arrival and the reassessments, for those requiring them, were completed within the first 30 day.

(c) The auditor reviewed and discussed with the agency PREA Coordinator the objectivity of the assessment tool used at CRC. He indicated that the questions ODRC utilizes to determine vulnerability were developed over time with input from medical and mental health practitioners. He stated that the
questions are unbiased without allowing personal opinions of the individual asking the assessment questions. The auditor believes this document is objective.

(d)(e)(f)(g)(h) The PREA Assessment Process document dated September 8, 2014 provided the auditor details of the entire risk assessment and the responsibilities for those involved in the process. The Nurse is the individual who initiates the computer-based assessment. In a private office the nurse questions him about his knowledge regarding PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the inmate from screen 1: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate’s criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The Nurse also assesses if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf. She also confirmed that inmates are not disciplined if they refuse to answer any of the questions asked during the assessment. The document is then placed into a queue for the classification staff at CRC. These Classification staff check their “In-Progress” assessments and complete the second screen of the document and reviews the information provided by the nurse in screen one and also reviews the inmate disciplinary history, sex offenses (if any) and any other information available and makes a recommendation for a PREA Classification (none, potential victim, potential abuser, abuser, victim). The assessment then goes into the Unit Manager queue. The Unit Manager is notified of “Pending UM” cases and he/she determines if the inmate needs a PREA Classification based on the information provided by the inmate and on file. The Unit Management Chief is the final review in the process and determines the final classification and develops the PREA Accommodation Strategy with the Unit Management Team. This strategy addresses the inmates’ housing, programs, work and education with the goal of keeping him safe. The Auditor confirmed this process based on interviews conducted with each of the participants in the process. The UMC also confirmed that stated transgender and intersex inmates are always referred to the CRC PREA Accommodation Strategy Team (PAST). This team is chaired by the PREA Operations Compliance Manager and includes the Unit Team, Medical and Mental Health. The team meets with the inmate to discuss their views and develop a PREA Accommodation Strategy. Intake assessments are reviewed between 15 – 30 days to determine if any additional information has been received by the facility or if the inmate has any additional concerns. Special assessments are also completed upon allegations of sexual abuse or at any time additional information/concerns are received. The Auditor interviewed the two transgendered inmates at CRC during the site examination. Each confirmed they were seen by the PAST on arrival and about six months later. The OCM indicated all information he becomes aware of in regard to his position as the PREA Compliance Manager is shared only with staff on a need-to-know basis for housing, programs and education assignments. Original information is password protected. The facility exceeds the standard requirements as they continue to implement fail safes to the vulnerability assessment to ensure each inmate concerns for sexual safety are addressed. The Auditor was impressed with the detail and thoroughness of the assessment process both upon intake and during “special” assessments required by policy and the standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017
Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

PREA Audit Report – V6. Page 51 of 102 Facility Name – double click to change
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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(a)(b) ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2017 requires,” Based on the information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgment, the UMC, or in his/her absence the acting UMC, shall complete a PREA accommodation strategy to make individualized determinations about how to ensure the safety of each inmate. Inmates assigned no classification in the PREA risk assessment system shall not require a PREA accommodation strategy. The interview with the Unit Manager Chief (UMC) described in detail the process of classification, for inmates with and without a PREA designation, to include the inmate’s bed, work and program assignments. There is not a lot of work beyond what the cadre perform at CRC. The UMC indicated the designation is made after the risk assessment is performed as described in 115.41 and regardless of the inmate’s previous designation at another facility each classification is individualized and conducted upon arrival. If the inmate receives a designation as a potential victim or potential abuser, he is flagged in the computer system and manually flagged by color tag in the count room. Based on this flagging bed assignments and work, education and program assignment keep separate, to the extent they can, a potential abuser and a potential victim. The Auditor was told that the Unit Management staff on each of the housing units could have both a potential abuser and/or potential victim on their unit. They are told the inmates PREA designation but not the circumstances for the designation. This designation status is also shared to the same extent with program, work and educational staff in order for these areas to provide additional supervision to those individuals in their areas for increased precautions. Movement from a housing or work assignment is restricted by the computer and the facility count room if someone was trying to change bed or program assignments without the approval of a classification staff member. This safeguard further ensures the placement of victims and abusers together from occurring.

(c)(d)(e)(f) ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) requires,” In addition to the criteria in DRC Policies 53-CLS-01, Inmate Security Classification Levels 1 through 4; 53-CLS-04, Extended Restrictive Housing; and 52-RCP-07, Reception Center Housing Assignment, staff shall consider on a case-by-case basis whether the housing assignment for a Transgender or Intersex inmate would ensure the inmate’s health and safety and whether the placement would present management or security problems. It is the responsibility of the PREA Accommodation Strategy Team to reassess (special screening) all Transgender and Intersex inmates housed at their facility at least every six (6) months regarding their placement and programming assignments using the PREA Assessment Strategy. Specific attention shall be given to any threats to safety experienced by the inmate. The Transgender or Intersex inmate’s own views shall be given serious consideration during
the classification process and shall be documented. As noted, earlier CRC has the PAST team chaired by the PREA Operations Compliance Manager and includes the Unit Team, Medical and Mental Health, and other staff as necessary. Their primary function is to meet with and assess, reassess and document all Transgender and Intersex inmates housed at the facility at least every six (6) months regarding their placement and programming assignments using the PREA Assessment Strategy with specific attention given to any threats to safety experienced by the inmate. The auditor interviewed 3 transgender inmates during the site examination. Each of them indicated upon their arrival at the facility they were questioned about any concerns they had for their safety and questioned if they wanted the opportunity to shower separately from other inmates. They also indicated that each has met with the PAST to discuss any concerns they have. The agency PREA Coordinator confirmed that prior to placing any transgender or intersex inmate into any ODRC facility that inmate placement is reviewed and approved at the Central Office by Medical and Mental Health practitioners prior to placement.

(g) ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) That requires, “LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification unless placement in a dedicated facility, unit, or wing has been established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The auditor interviewed 5 inmates who identified as LGBTI. Each of them indicated during their interviews that they were never placed on any dedicated housing unit and were always placed in general population.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) July 29, 2019
- ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 9, 2018
- Interview (Classification UMC)
- Interview (OCM)
- Interview (Targeted inmates)

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? ☒ Yes ☐ No

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “Inmates at high risk for victimization shall not be placed in involuntary RH or LPH 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. If an Imminent Risk of Sexual Abuse (DRC1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment. Inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, staff shall document: Opportunities that have been limited; Duration of limitations; and Reasons for such limitations. Involuntary TPU assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days.” The Auditor questioned Warden Frederick about placement of any inmate at high risk of victimization in segregation. He indicated the use of segregation for someone vulnerable would be his last resort. He stated that options available to him would be to move the inmate to another housing unit or place the inmate in one of his medical beds. During the site examination the auditor did not see any inmates in the segregation unit for the purpose of protection from possible victimization. The auditor interviewed 1 inmate who alleged sexual abuse, and he stated he was never placed in segregation as a result of his alleged victimization.

(d)(e) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires, “The PREA Involuntary Placement in RH/LPH (DRC1184) form shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff shall clearly document the basis for the concern for the inmate’s safety and the reason why no alternative means could be arranged. Every thirty (30) calendar days, unit management shall afford each inmate a review to determine whether there is a continuing need for separation from general population.” During his interview Warden indicated that the segregation unit at CRC was never used for the purpose of placement of inmates at high risk of victimization within the last three years. If it was ever used for that purpose and under those circumstances the policy requiring the written notice and 30-day review would be followed.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (Targeted Inmates)
- Auditor Observations
Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☒ Yes ☐ No ☒ NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b) 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) states, “An inmate may report allegations of sexual misconduct or retaliation by other inmates or staff verbally or in writing. In addition, inmates may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member, volunteer or independent contractor. Inmates may also report allegations to an outside entity that is not part of the DRC by using the phone number and/or address provided. This outside entity shall then report the allegations to the Agency PREA Coordinator/designee. Inmates shall be given the opportunity to remain anonymous upon request to the outside entity.” ODRC contracts with the Ohio Department of Youth as the private public entity, to provide reporting of sexual harassment, sexual abuse and retaliation for reporting such incidents. The Auditor tested this reporting line from one of CRC housing units and the test notice was reported to the Agency within two hours, The Auditor noted in standard 115.33 reporting information is continuously and readily available to inmates through posters, handouts or manuals. Signage (Spanish and English) indicating reporting information to inmates through staff, the Chief Inspector Office, and hotline telephone numbers was posted in each of the housing units, segregation, intake area, medical, mental health and the facility library. Third party reporting (family and friends) information through phone numbers and mail contact information was observed in the visitation area and at the front entry building where visitors are processed. The random and targeted inmates including the juveniles confirmed their knowledge of at least one way to report sexual abuse for themselves or someone else and indicated the information is available in their living units if needed. The Auditor recommended in the secure mental health unit the facility place signage with contact information by the telephone to make it readily available to the while using the phone. The signage was relocated and the Auditor was provided pictures.

(c)(d) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation and the Employee handbook require, “Any employee that receives a verbal or written report from an inmate, an anonymous source, or a third party of sexual misconduct or retaliation shall immediately notify the shift supervisor and complete an Incident Report (DRC1000), marked confidential with a copy to the Institution OCM and institutional investigator. Staff may privately report sexual misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the Institution OCM or Agency PREA Coordinator. The Institution OCM and/or the Agency PREA Coordinator shall ensure the allegation is investigated in accordance with this policy while maintaining the anonymity of the reporting staff. The Institution OCM or Agency PREA Coordinator shall maintain a confidential file of the privately reported allegations either in the managing officer’s office at the institutions or the Agency PREA Coordinator’s office at the OSC. The Auditor spoke with
both uniformed and non-uniformed staff during the site evaluation and questioned the specifically about receiving verbal allegations and reporting outside their chain of command. All were aware that verbal reports must be documented in writing. They were also aware of how and to whom to report allegations outside their command if necessary.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC policy 52-RCP-10 June 29, 2017
- Review of MOU (Ohio Department of Youth Services)
- Review (ODRC Employee Handbook)
- Interview (PREA Coordinator)
- Interviews (Random Staff)
- Interviews (Random Inmates)

Standard 115.52: Exhaustion of administrative remedies

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

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

115.52 (b)
- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☒ NA

115.52 (c)
- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☒ NA

115.52 (d)
• Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

• If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

• At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (e)

• Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

• If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (f)

• Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

• After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☐ Yes ☐ No ☒ NA

• After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Ohio Department of Rehabilitation and Correction does not utilize the Inmate Grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the Institution Investigator. Department Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation details the agency protocols for investigations of sexual abuse. ODRC inmates are not prohibited from utilizing any grievance related forms (ICR, NOG, Appeal forms) to communicate PREA allegations in writing. However, ODRC does educate inmates (inmate handbooks and DRC Policy 79-ISA-02) that any PREA allegations received on grievance forms will be immediately channeled to the Institutional Investigator for proper handling as outlined in policy 79-ISA-02. Therefore, this standard is applicable but exempt.

Policy, Materials, Interviews and Other Evidence Reviewed
• Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
• Review of PAQ
• Interview (Warden)
• Interview (PREA Coordinator)

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

• Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

• Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

• Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

• Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

• Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) ODRC policy 79-ISA-01 (Prison Rape Elimination) requires. “The institution OCM and the victim support person shall compile mailing addresses and telephone numbers including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organizations. This information shall be provided to the unit staff for communication to the inmates. Inmates must be notified that telephone calls are not confidential. The agency PREA coordinator, with assistance of staff from the Office of Victim Services (OVS), shall attempt to identify rape crisis centers that can provide victim advocate services. All efforts to secure services from rape crisis centers shall be documented. In addition, the agency PREA coordinator, with assistance from OVS, shall maintain or attempt to enter into memoranda of understandings or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Calls made by the inmates to community service providers may be subject to monitoring. Community service providers shall follow mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. If a victim advocate from a rape crisis center is not available to provide victim advocate services, the institution shall make available a victim support person to provide these services. The victim support person supports a victim of sexual misconduct which may include: (1) accompanying the victim to the hospital; (2) supporting the victim through the forensic medical examination and investigatory interview; and/or (3) providing emotional support, crisis intervention, information and referrals.” As noted earlier the Sexual Assault Response Network of Central Ohio (SARNCO) provides advocacy and emotional support services in conjunction with medical and social services at Ohio Health Emergency Departments and other local facilities in central Ohio. The CRC has an MOU with this advocacy group. The Auditor had the opportunity to speak with the Agency Director Heather Heron. She confirmed her agency provides CRC victims with emotional support services, crisis intervention services and phone on a 2019 MOU with SARNCO with no sunset date. The Auditor verified the telephone calls to this advocate are not monitored. All outgoing inmate correspondence is not checked and leaves the facility sealed by the inmate and not opened by the institution. The auditor did observe the notices about SARNCO in each of the living areas on the bulletin boards with contact information to include: hotline telephone numbers; email addresses and postal addresses. Most random interviewed inmates were aware of advocate services. When questioned about services and times that the advocate was available, they weren’t too sure. The one Inmate interviewed who alleged sexual abuse indicated he was provided advocate information at the time of his allegation. The review of the investigative case files noted this advocate information was provided to each alleged victim. CRC inmates are not detained for immigration purposes.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- ODRC Inmate Handbook
- Interview (OCM)
Site Review Observations
MOU with Rape Crisis Center
Interview with random Inmates
Interview with targeted inmate
Investigative Case File Review

**Standard 115.54: Third-party reporting**

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

115.54 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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ODRC policy 79-ISA-01 (Prison Rape Elimination) and Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) require, “The Agency PREA Coordinator/designee shall establish an e-mail link on the DRC’s official internet site that allows for third-party reports of sexual misconduct on behalf of an inmate. Notification of the purpose and use of this e-mail account shall be posted in the inmate visiting areas and entry buildings. The institution OCM shall ensure that information is continuously and readily available using materials such as posters, handbooks, etc. At a minimum, the inmate reporting posters identifying the hotline numbers and the local rape crisis center posters (if available) shall be posted in all housing units, restrictive housing units, receiving and discharge department, medical, mental health and the library. Posters for third party reporting (i.e., family and friends) shall be posted in all visitation areas and front entry buildings.” “Family and Friends” Posters were observed at the CRC entrance and in the inmate visiting room. The posters notify inmate family members and friends of the ODRC agency phone numbers, mailing addresses, and email address where they can report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The Auditor also reviewed the ODRC web page.
(http://www.drc.ohio.gov/prea) that also provides a means for the general public to report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The random inmate interviews their aware that their awareness that family members could make a call on their behalf either to the facility or to Columbus (Central Office) if necessary, to report any issues they have. The PREA Coordinator confirmed that CRC had five Third party calls during the audit period. Three from the same inmate and one that was not PREA related.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation)
- Interview (OCM)
- Review of Visit Room and Facility Entrance Posters
- Interviews (Random Inmates)
- Interview (OCM)
- Interview PREA Coordinator

### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

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

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

**115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

**115.61 (b)**

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

**115.61 (c)**
- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “Pursuant to DRC policy 01-COM-08, Incident Reporting and Notification, staff shall report immediately any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred in an institution, whether or not it is part of the DRC. Staff shall also report retaliation against inmates or staff who report such incidents and any staff neglect or violation of responsibilities that may be contributed to an incident or retaliation. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this section and to inform inmates of the practitioner’s duty to report and the limitations of confidentiality at the initiation of services. Staff may privately report sexual misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the Institution OCM or Agency PREA Coordinator. The Institution OCM and/or the Agency PREA Coordinator shall ensure the allegation is investigated in accordance with this policy while maintaining the anonymity of the reporting staff. The Institution OCM or Agency PREA Coordinator shall maintain a confidential file of the privately reported allegations either in the managing officer’s office at the
institutions or the Agency PREA Coordinator’s office at the OSC.” The Auditor interviewed over 40 staff members informally and formally during the site examination. These interviews confirmed their knowledge of the requirements of reporting incidents of sexual abuse, sexual harassment and retaliation as outlined in this policy. They indicated their first responder duties to incidents of sexual abuse would include separating the alleged victim and immediately report the incident to their supervisor, not allowing the inmate to destroy any evidence and not disclosing any information they became aware of to anyone except to the investigator or supervisor.

(c) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this section and to inform inmates of the practitioner’s duty to report and the limitations of confidentiality at the initiation of services.” The interviews with the medical and mental health practitioners confirmed their requirement on reporting all allegations of sexual abuse and their responsibility to inform inmates about the limits of confidentiality prior to their initiating services to them.

(d) Policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2017 requires, “The only exception where the Informed Consent (DRC1169) is not necessary is if the alleged victim is under the age of eighteen or considered a vulnerable adult as defined by this policy, the institution shall report the allegation on an Incident Report (DRC1000) and send it to the institutional investigator who will then report the allegation to the OSHP. ODRC policy 79-ISA-04 requires, “the facility shall immediately report to the OSHP any alleged victim of sexual assault considered a vulnerable adult.” The OCM, PREA Coordinator and Warden Frederick confirmed allegations of sexual assault that involved a vulnerable adult would be referred to the OSHP. According to Warden Frederick CRC has had no cases of sexual assault involving a juvenile or vulnerable adult during the audit period.

(e) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “All reports of allegations of sexual misconduct and retaliation, including third-party and anonymous reports, shall be reported to the institutional investigator. The interview with the CRC Investigator confirmed he is informed and investigates all allegations of sexual abuse regardless of how it is reported and received.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017
- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (Warden)
- Interview (PREA Coordinator)
- Interview (Staff)
- Interview (OCM)

Standard 115.62: Agency protection duties

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires, “All reports of substantial risk of imminent sexual abuse shall immediately be forwarded to the institutional investigator, Institution OCM, UMC, and shift supervisor. Upon receipt of a report, security staff shall take immediate action to employ protection measures to ensure the inmate’s safety. Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting System.” Random staff interviews questioned about inmates at substantial risk of sexual abuse confirmed their primary concern would be the inmate safety. This same question was posed to Warden Frederick. As with the line staff he indicated the inmate’s well-being would be his primary concern and movement within or from the facility, depending on the circumstances, would be his initial reaction. He also informed the Auditor that CRC has had no reported incidents of inmates at substantial risk in the last three years. The Investigator confirmed he would investigate any report of substantial on imminent sexual abuse. He also stated the facility has not had an incident of this type during the audit period.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (Random Staff)
- Interview (Investigator)

Standard 115.63: Reporting to other confinement facilities

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

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires, “Upon receiving an allegation that an inmate was sexually abused while confined at another institution/facility, the managing officer of the institution that received the allegation shall notify the managing officer of the institution/facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The notification shall be documented on an Incident Report (DRC1000). The managing officer or agency office that receives such notification shall ensure the allegation is investigated in accordance with applicable provisions of this policy.” The PAQ and interview with the OCM confirmed there were five allegations reported back to staff during the previous 12 months that occurred at CRC. There were forty reported allegations to CRC staff occurring at other facilities. The incidents were investigated per policy. The Auditor interviewed the Warden who indicated that if CRC were to receive information about an allegation occurring at another institution, he would notify that facility hear within 72 hours and document. facility.

Policy, Materials, Interviews and Other Evidence Reviewed

Interview (Warden)
Interview (Investigator)
Review of Investigative files

**Standard 115.64: Staff first responder duties**

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

115.64 (a)

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

115.64 (b)

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

**Auditor Overall Compliance Determination**

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

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

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

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

(a)(b) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “The Sexual Abuse First Responder Checklist (Appendix D) shall be used upon report of an allegation of inmate sexual abuse. The first security supervisor to respond to the report shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence pursuant to DRC policy 310-SEC-13, Protection of a Crime Scene, and Appendix A of this policy; Request the alleged victim not take any actions that could destroy physical evidence; Ensure the alleged abuser does not take any actions that could destroy physical evidence. The first non-security or the first line security staff member to respond to the report shall be required to: Separate the alleged victim and abuser; Request the alleged victim not take any actions that could destroy physical evidence and then notify the security shift supervisor.” Every staff member at CRC is trained as a first responder to sexual abuse. The security staff indicated they would respond to incidents of sexual assault by separating and isolating the victim, preserving evidence to the extent possible, notify a supervisor and medical. The two non-security staff first responders stated that after securing the alleged victim they would immediately notify the closest security staff person.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Sexual Abuse First Responder Checklist
- Interviews (Non-Security)
- Interviews (Security)

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

(a) CRC policy 03E, (Institution First Responder) documents the coordinated actions to be taken in response to any incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership. The Auditor interviewed Medical staff, Mental Health staff, the OCM, the Facility Investigator, and first responders who confirmed their specific requirements with respect to responding to allegations of sexual abuse. Their duty responses correspond and are in line with the coordinated protocols outlined in this policy. The investigative case files reviewed demonstrated a coordinated response was followed by staff to the allegations of sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed

- CRC policy 03E, (Institution First Responder)
- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (OCM)
- Interview (Watch Commander)
- Investigative File Review

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

**Instructions for Overall Compliance Determination Narrative**

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

(a) The Ohio Department of Rehabilitation and Correction has entered into a renewed collective bargaining agreement since August 20, 2012. Effective May 12, 2018 through February 28, 2021. According to the interview with the Director designee the current agreement allows the agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation. CRC has had no allegation of sexual abuse involving staff during the previous 12 months.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Review (Current Union Contract)
- Interview (Director)

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

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

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(f) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “The institution shall protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. The institutional investigator shall monitor retaliation resulting from cases of sexual abuse. The Institution OCM shall monitor retaliation resulting from cases of sexual harassment. For at least ninety (90) calendar days following the report of sexual misconduct, there shall be monitoring of the conduct and treatment of inmates or staff who reported the sexual misconduct and of inmates who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by inmates or staff and acts promptly to remedy any such retaliation. Periodic Status checks shall occur at least every thirty (30) calendar days during the monitoring period and shall include: Reviewing inmate discipline (RIB1 in DOTS/Unit Staff); Housing changes (DOTS/Count Office); Program changes (DOTS/Unit Staff); Job changes (DOTS/Unit Staff); Negative performance reviews (DOTS/Unit Staff/Work Supervisor); Reassignment of staff (Supervisor/Shift Roster/Personnel Office). All monitoring of retaliation shall be documented in the electronic PREA incident reporting system. The inmate and/or employee being monitored shall be interviewed during the periodic status check. The inmate and institutional investigator shall sign and date the monitoring of retaliation document in the electronic PREA Incident Reporting System. The institution shall 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 misconduct or for cooperating with investigations.” Retaliation monitoring at CRC is completed by the facility Investigator for inmates. Staff retaliation is performed by the inmate case manager. Interviews with a case manager and the Investigator indicated that monitoring begins at the time the allegation is made and continues for at least 90 days unless circumstances warrant an extension. They also stated If the investigation determines the allegation was unfounded retaliation monitoring ends. Both confirmed they initiate contact with the staff member or inmate and document the meeting on the PREA INCIDENT REPORT APPLICATION. Monitoring of inmates by the investigator includes review of the inmates’ discipline record, job evaluations, work assignments and request for bed moves. Monitoring of staff would include looking at the employee’s work assignments, time off approvals and requests, facility transfers requests, and evaluations. The auditor reviewed the six (6) investigative case files and observed retaliation monitoring documentation demonstrating retaliation monitoring began on the day the allegation was made and continued for 90 days of monitoring except for the three cases determined to be unfounded or the inmate was transferred.

(e) The institution reported no incidents of retaliation as a result of cooperating with the investigation(s). This was also confirmed with the facility Investigator and OCM.
Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Facility Investigator)
- Interview (OCM)
- Review (Case Files)

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

a) Policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies, limits involuntary segregation assignments for victims of sexual assault at CRC, only until an alternative means of separation from likely abusers can be arranged. This placement shall not ordinarily exceed thirty (30) calendar days. Warden Frederick confirmed that the use of segregation at CRC to safeguard an inmate would be his last option He stated that moving the inmate to another housing unit or placing the individual in a hospital bed would most likely be the first response and only utilize involuntary segregation as a last resort. Interviews with the Warden, the OCM, segregation staff and review of the PAQ indicated segregation was never used to place any inmate who alleged sexual abuse. The auditor interviewed one inmate who alleged sexual abuse, and he reported that he was never placed in the segregation as a result of their alleged victimization.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Warden)
- Interview (TPU staff)
- Interviews (Targeted Inmate)
### Standard 115.71: Criminal and administrative agency investigations

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

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

**115.71 (b)**
- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

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

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

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

• ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies)
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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(l) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires, “When the institution conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Institutional investigators and, where appropriate, Institution OCMs shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the DRC shall conduct compelled interviews only after consulting with OSHP as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. No institution shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. All criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. Copies of documentary evidence shall be attached when feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.” The interview with the CRC Investigator confirmed that regardless of what the individual’s status is everyone’s credibility starts at the same point and the evidence determines their truthfulness not their status as an inmate or employee. He also stated under no circumstances would he ever compel a victim to submit to any truth telling device in order to continue an investigation. He was clear that the departure of the employee or the inmate from the custody of ODRC would not end the investigation. His administrative investigation would involve gathering and preserving any available physical and DNA evidence; any available electronic monitoring data; interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The Investigator stated that he has an obligation during the investigation to determine whether staff actions or failures to act contributed to the abuse. He also stated he would cooperate to the extent possible with outside investigators. The Auditor reviewed each of the six (6) investigative files for the last twelve months and found each file contained direct and circumstantial evidence as required by the standard and the ODRC policy. As noted earlier in the narrative CRC had no allegations of sexual harassment and six (6) allegations of sexual abuse. Each of these allegations were inmate against another inmate none involving a juvenile. All of them were reported to the OSHP and were not determined to be criminal. An administrative investigation was conducted on each of the six. All of the investigations were completed with three allegations unfounded and three unsubstantiated. There were five allegations reported elsewhere having occurred at CRC.
These were investigated. There were forty allegations reported to Correctional Reception Center staff occurring at another facility. CRC reported each of these allegations to the facility administrator as required by standard and policy.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Review (MOU between ODRC and OSHP)
- Interview (Investigator)
- Case File Review

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “DRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated.” The CRC Investigator confirmed he utilizes a “preponderance” of evidence as the threshold used in determining the investigation outcome. The review of the six completed administrative files appeared to use a preponderance of evidence in determining the outcome.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Investigator)
- Review (Case Files)
• ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017

**Standard 115.73: Reporting to Inmates**

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

### 115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(f) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “Following an investigation into an inmate’s allegation that he/she suffered sexual abuse in an institution, the institutional investigator shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the DRC did not conduct the investigation, it shall request the relevant information from the OSHP in order to inform the inmate. An institution’s obligation to report shall terminate if the inmate is released from the DRC’s custody.” The Auditor interviewed an inmate who made an allegation of sexual abuse. He confirmed he was provided a copy of the investigation outcome from the investigator. Reviews of six investigative case files confirmed notifications of the investigation outcome being completed.

(c)(d)(e) Policy 79-ISA-02, requires, “Upon completion of an inmate sexual abuse allegation against a staff member (unless unfounded), the institutional investigator shall inform the inmate of the following: The staff member is no longer posted within the inmate’s unit; The staff member is no longer employed at the facility; The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution; The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution. Upon completion of an inmate sexual abuse allegation against another inmate (unless unfounded) the institutional investigator shall inform the inmate victim of the following: The institution learns that the alleged abuser has been indicted on a charge related to the sexual abuse within the institution; The institution learns that the alleged abuser
has been convicted on a charge related to sexual abuse within the institution. The Auditor interviewed Warden Frederick and the CRC Investigator. Both indicated the facility has had no cases involving staff or inmates that required this type of notification to the inmate within the last 12 months. The CRC Investigator also confirmed that all such notifications would be documented and become part of the investigative case file. The investigative case file review confirmed there were no cases involving this type of conduct requiring this type of notification within the last 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (Investigator)
- Interview (Targeted Inmate)
- Review (investigative Files)

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No
Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d) Policy 79-ISA-01 (Prison Rape Elimination), and Policy 31-SEM-02, Standards of Employee Conduct require, “In accordance with DRC Policy 31-SEM-02, Standards of Employee Conduct, all employees shall be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies. Terminations for violations of DRC sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies. All terminations for violations of agency sexual misconduct policies shall be reported to DRC legal services by the managing officer for notification to any licensing bodies." The interview notes from the Central Office HR staff confirmed that any staff member guilty of any act of sexual abuse would be terminated with the immediate notification to law enforcement and relevant licensing bodies if required. Warden Frederick confirmed that disciplinary sanctions for any violations of the ODRC sexual abuse/sexual harassment policies, different from actual sexual abuse, would be commensurate with the nature and circumstances of the act committed taking into account the individuals work history and similar sanctions for similar behavior. CRC has not terminated any staff member for violation of the agency sexual abuse policy during the previous 12 months as noted in the PAQ and the interview with the Warden.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- DRC Policy 31-SEM-02, Standards of Employee Conduct
- Interview (HR Staff)
- Interview (Warden)
- Review of PAQ

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)
- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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(a)(b) Policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018, Policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, and Policy 39-TRN-12 all require, “In accordance with DRC Policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, and DRC Policy 39-TRN-12, Contractor Orientation, any contractor or volunteer who engages in sexual misconduct is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also to relevant licensing bodies. The facility shall take appropriate remedial measures and terminate the contract or volunteer arrangement with independent contractors or volunteers or shall demand that the offending employee of a contractor be excluded from providing services under the contract.” The Auditor interviewed two contractors during the site examination. Both confirmed that they had received PREA training including the agency zero tolerance policy against sexual abuse and sexual harassment prior to being allowed to work at CRC. They detailed the course content and advised the Auditor that they were informed of the consequences for any violation of this policy during their orientation training and refresher training. Warden Frederick stated any contractor or volunteer who violates the agency zero tolerance policy would be denied entrance to the facility and any contact with an inmate. There were no volunteers present in the facility to interview. The PAQ and the Warden indicated there were no contractors or volunteers terminated during the audit period for violation of the agency sexual abuse policy.
Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (Warden)

**Standard 115.78: Disciplinary sanctions for inmates**

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

115.78 (a)

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

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)
If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e)(f)(g) Policy 56-DSC-01 (Conduct Report and Hearing Officer Procedures) dated February 3, 2020, section V on page 2 requires, “It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) that the disciplinary process for incarcerated individuals will be carried out promptly and fairly, allow those directly affected by an incarcerated individual rule infraction to provide input into the disciplinary process, to not punish incarcerated individuals for being seriously mentally ill, and to abide by the Administrative Rules.” Any inmate found guilty by the Rules Infraction Board (RIB) of sexual abuse shall be considered for disciplinary control and any or all of the following administrative actions: Referral to the Serious Misconduct Panel (SMP) for placement into ERH; Special security review which considers the sexual abuse behavior. The DRC may discipline an inmate for sexual contact and/or sexual conduct with staff only upon a finding that the staff member did not consent to such contact or conduct.

Policy 79-ISA-02 sections E (1)(2)(3)(6) on page 15 requires an inmate be disciplined for sexual contact and/or sexual conduct with staff upon a finding that the staff member did not consent to such contact or conduct. Any inmate found guilty by the Rules Infraction Board (RIB) of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services if available. No inmate reporting sexual misconduct shall be issued a conduct report for lying based solely on the fact their allegations could not be substantiated or that the inmate later recanted his allegation. Warden Frederick and the OCM confirmed CRC has an inmate disciplinary process with sanctions commensurate with the nature and circumstances of the offense committed, the inmate’s disciplinary history, and with sanctions imposed for comparable offenses by other inmates with similar histories as well as a system of appeals. They also confirmed with the Auditor that in all cases, including those involving sexual abuse, the RIB considers whether the inmate’s mental disability or mental illness contributed to his behavior when determining what type of sanction should be imposed. During the previous 12 months there were no substantiated incidents of sexual abuse between inmates resulting in disciplinary charges.

Policy, Materials, Interviews and Other Evidence Reviewed

• ODRC policy 56-DSC-01 (Conduct Report and Hearing Officer Procedures) February 3, 2020
MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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(a)(b)(c) Policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) requires. “If the assessment indicates the inmate is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. All inmates shall be screened by mental health in accordance with ODRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification. If the assessment indicates that the inmate is at risk or has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a mental health practitioner within fourteen calendar days of the intake screening. All inmates shall be screened by mental health in accordance with ODRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification. The Auditor interviewed the CRC HSA and a Nurse who performs page one of the risk assessment upon arrival. As noted earlier this page asks questions about prior victimization. If an inmate either has it in their record or informs of prior victimization the nurse who is conducting their risk assessment offers the inmate medical/mental health services. The offer is noted on the assessment screen. The auditor interviewed six (6) inmates who disclosed during their “intake” screening prior victimization. All confirmed they were offered medical/mental health service. Section A (3) of this same policy requires if the assessment indicates that the inmate has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a mental health practitioner within fourteen (14) calendar days of the intake screening. The Nurse interviewed stated that while performing the risk assessment if she became aware of an abusive inmate and make the same referral to mental health with a notation on the record.

(d) Policy 79-ISA-02 requires,” Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary.” The interview with the OCM, intake staff, a Mental Health Practitioner and the Medical Practitioner confirmed all sexual victimization or abusiveness information is under strict control and is only shared on a legitimate need to know basis. The information is not readily available on computer and is password protected.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Policy 79-ISA-02
• Interview (Risk Assessment Staff)
• Interview (OCM)
• Interview (Mental Health)
• Interview (Medical)
• Review of Risk Assessment (Targeted Inmates)
• Review Medical Records (Targeted Inmate)
• ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017

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

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

**Auditor Overall Compliance Determination**

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

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

(a)(c)(d) The Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 September 28, 2015, section III B on page 2 requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Interviews with the Mental Health practitioner and the Medical practitioner confirmed all treatment services for any victims of sexual assault are provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation. The Auditor was also informed that the nature and scope of the services provided to the inmate are determined according to their professional judgment and victims are provided timely information and timely access to sexually transmitted infections prophylaxis and crisis intervention services. The Auditor interviewed one inmate, during the site examination, who made an allegation of sexual abuse. He indicated he was immediately taken to the facility hospital and seen by medical and offered mental health services. He also confirmed he was never charged for any services.

(b) Policy 67-MNH-09 (Suicide Prevention) requires CRC develop a written plan for twenty-four (24) hour emergency mental health service coverage. The plan shall include an on-site emergency crisis intervention. The medical department at this facility is staffed with medical practitioners 24 hours a day. The Auditor was provided and reviewed the mental health 24-hour staff schedule documenting coverage.

Policy, Materials, Interviews and Other Evidence Reviewed

- Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11
- Policy 67-MNH-09 (Suicide Prevention) March 22, 2017
- Mental Health Crisis On-Call List
- Interview (Medical)
- Interview (Mental Health)
- Interview (Targeted Inmates)

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

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

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

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

115.83 (c)

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

115.83 (d)

Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ 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. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(f)(g) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “In accordance with Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, and DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification, all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility shall be offered medical and mental health evaluations, and treatment as appropriate. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), where possible. If SAFEs or SANEs cannot be made available, the examination may be performed by other qualified medical practitioners. The institution shall document its efforts to provide SAFEs or SANEs. DRC is responsible for ensuring these services are provided to the inmate.” The interviews with the Medical and Mental Health practitioners confirmed that the CRC emergency medical services and crisis interventions services are available to everyone victimized by sexual abuse regardless of when or where it occurred, and the level of care is consistent with the community level of care. They stated that treatment of sexual abuse victims at the facility would include evaluation and treatment of anyone victimized; follow-up services as required and needed; treatment plans, tests for sexually transmitted disease and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. As noted earlier medical and mental health practitioners confirmed there is no financial cost for treatment services regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditor interviewed one inmate who alleged sexual abuse and he indicated he was never charged for any services.

(d)(e) CRC is an adult male facility with no females. These standard subparts do not apply.

(h) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) requires, “Mental health services shall attempt to conduct an evaluation on all known abusers within sixty (60) calendar days of learning of such history and offer treatment when deemed appropriate. Mental health services shall be notified whenever an inmate is designated as an abuser in the PREA Risk Assessment System. Within sixty (60) calendar days of that notification, mental health services shall consult with sex offender services to determine if placement in a sex offender specific program or other sex offender specific service is appropriate. This consultation shall be documented in the offender’s mental health case file. The interview with the Mental Health practitioner indicated that when they are notified or whenever they become aware of an inmate abuser his department would meet with the inmate and offer services to him. There were no sexual abuse allegations substantiated during the previous 12 months requiring a referral of this type.
Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification
- DRC policy 67-MNH-04, Transfer and Discharge of the Mental Health Case Load
- Interview (Mental Health Staff)
- Interview (Targeted Inmate)

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
 Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e) Policy 79-ISA-03 (Sexual Abuse Review Team) dated July 17, 2017 requires CRC to create a Sexual Abuse Review Team (SART). This team is comprised of a Deputy Warden, the Investigator, the Operational Compliance Manager, and a victim support person. This policy also requires every incident and allegation of sexual abuse be reviewed by SART within 30 days of the completed investigation, unless the allegation was determined to be unfounded. A member of the SART team was interviewed by the Auditor during the site examination. He confirmed that at the conclusion of every investigation, except those determined unfounded, the team thoroughly examines the circumstances surrounding incidents of sexual abuse and documents their findings in a written report. The report (PREA INCIDENT REPORT APPLICATION) requires the team consider: events leading up to and following the incident; whether the actions taken were consistent with agency policies and procedures; whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; 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 affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts and an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. The Auditor was also informed that the team, after examination of the allegation, can make recommendations to the Warden and Operational Compliance Manager for any improvements based on their assessments. This SART team member and the OCM also confirmed recommendations made by the team must be implemented by
the facility or they must document the reason(s) they were not followed. There were 6 allegations of sexual abuse. Three requiring incident reviews by the SART team during the previous 12 months. Reviews for each of these allegation investigations were present in each of the investigative case files. All reviews were completed within 30 days of the conclusion of the investigation with no recommendation made by the team.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- ODRC policy 79-ISA-03 (Sexual Abuse Review Team) July 17, 2017
- Interview (SART Member)
- Interview (OCM)
- Interview (Investigator)
- Review of Case Files

**Standard 115.87: Data collection**

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

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

- Yes
- No
- NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e)(f) Policy, 79-ISA-01, Prison Rape Elimination requires, “The institution investigators shall report allegations of sexual misconduct they investigated on their monthly reports, along with the dispositions of same. This information shall also be provided to the Bureau of Research for compilation and analysis.” The PREA Incident Packet Instructions captures the necessary information about allegations of abuse, harassment and retaliation. Data from each ODRC facility is collected and combined every year and is published on the agency website. The incident-based data collected includes data used to answer all questions from the Survey of Sexual Violence-2 (SSV-2) that is submitted to the Department of Justice. Data from all incident-based documents, including reports, investigation files, and sexual abuse incident reviews are maintained, reviewed and collected as needed to complete the SSV-2. During his interview, the PREA Coordinator confirmed he aggregates data from every facility and reviews it annually for the purpose of identifying problem areas, taking corrective action on an ongoing basis and preparing the annual report. In 2020 the agency published the 2019 ODRC Annual Internal Report on Sexual Assault Data on their website (http://www.drc.ohio.gov/prea). The interview with the OCM confirmed that he collects all relevant data as required and forwards it to the agency PREA Coordinator as required.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (PREA Coordinator)
- Interview (OCM)
- ODRC 2020 Annual Internal Report on Sexual Assault Data
- PREA Incident Packet Instructions

Standard 115.88: Data review for corrective action

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Policy 79-ISA-01 (Prison Rape Elimination) requires the agency review incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each unit, as well as ODRC as a whole. The Agency PREA Coordinator was interviewed by the Auditor prior to the site examination. He confirmed that he collects, reviews, and maintains sexual abuse data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each agency facility including the three private facilities ODRC contracts with. The sexual abuse statistics from each of these facilities assist in creating the ODRC Annual Report, documenting trends, concerns etc. within the aggregate data totals. The auditor reviewed the annual report (2020 Annual Internal Report on Sexual Assault Data) found on the agency web page. https://drc.ohio.gov/prea

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination)

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

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

**Instructions for Overall Compliance Determination Narrative**

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

(a)(b)(c)(d) Policy, 79-ISA-01, Prison Rape Elimination requires that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be securely retained for 10 years after the inmate has been released. This policy further requires any records pertaining to an employee named in a PREA violation are also retained for 10 years after the staff member leaves the employment of the agency. Policy, 79-ISA-01 also requires these case records be maintained securely and confidentiality. The OCM confirmed all documents, as described above are either kept under double key lock on a restricted key or on computer that is password protected. The Agency Records Retention Schedule indicates that file cases related to criminal investigation cases are permanently retained as are reports produced from with ODRC that contains data routinely requested by the public. ODRC Policy, 79-ISA-01, also requires that aggregated sexual abuse data from facilities under the direct control and private facilities with which it contracts readily available to the public at least annually through its website with all personal identifiers being removed. The 2020 ODRC Annual Internal Report on Sexual Assault Data contains comparative data from 2018 and 2019. The auditor reviewed this report on the agency website: http://drc.ohio.gov/prea.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Interview (PREA Coordinator)
- Review of Annual Report

**AUDITING AND CORRECTIVE ACTION**

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

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

115.401 (a)

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

115.401 (b)
• Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*
ODRC has ensured each of their facilities operated by the agency and private organizations under contract, was audited starting August 20, 2013, each three-year period thereafter. The entire agency was PREA compliant within the first cycle concluding in 2015 and has remained that way.

**Standard 115.403: Audit contents and findings**

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

115.403 (f)  
- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2013 and continues to post them within 2 weeks of the documents being provided to them by the auditor. http://www.drc.ohio.gov/prea
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Thomas Eisenschmidt____________________ May 23, 2021
Auditor Signature _____________________ Date ____________

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