

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

Interim       Final

Date of Report    July 31, 2018

### Auditor Information

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### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Ohio Department of Rehabilitation and Correction		Click or tap here to enter text.	
Physical Address: 770 West Broad Street		City, State, Zip: Columbus, OH 43222	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 614-752-1159		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To reduce recidivism among those we touch			
Agency Website with PREA Information: <a href="http://drc.ohio.gov/prea">http://drc.ohio.gov/prea</a>			

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

Name: Amanda Moon	Title: Chief, Bureau of Operational Compliance
Email: Amanda.Moon@odrc.state.oh.us	Telephone: 614-752-1715

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

**Name of Facility:** Correctional Reception Center

**Physical Address:** 11271 St. Route 762, Orient, OH 43146

**Mailing Address (if different than above):** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**The Facility Is:**  Military  Private for profit  Private not for profit

Municipal  County  State  Federal

**Facility Type:**  Jail  Prison

**Facility Mission:** The Mission of the Correctional Reception Center is to maintain a safe and secure environment for staff and inmates conducive for rehabilitation and protection of the community.

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

**Warden/Superintendent**

**Name:** Shelbie Smith **Title:** Warden

**Email:** Shelbie.Smith@odrc.state.oh.us **Telephone:** 614-585-5001

**Facility PREA Compliance Manager**

**Name:** David McCartney **Operational Compliance Manager**

**Email:** david.mccartney@odrc.state.oh.us **Telephone:** 614-585-5044

**Facility Health Service Administrator**

**Name:** Tony Ayers **Title:** Health Care Administrator

**Email:** Anthony.ayers@odrc.state.oh.us **Telephone:** 614-585-5067

**Facility Characteristics**

**Designated Facility Capacity:** 1562 **Current Population of Facility:** 1873

**Number of inmates admitted to facility during the past 12 months** 11,606

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** 11,606

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** 11,606

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		36	
Age Range of Population:	Youthful Inmates Under 18: 15-77	Adults: 18-77	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		30	
Average length of stay or time under supervision:		56 months	
Facility security level/inmate custody levels:		Level 1-4 Reception	
Number of staff currently employed by the facility who may have contact with inmates:		551	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		43	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		8	
<b>Physical Plant</b>			
Number of Buildings: 17 (15 inside compound)		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		16	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		73	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>There are currently 287 cameras throughout the facility. In 2012 there were 64 cameras. Schematics of camera placement show good correctional expertise in their placement. Special care was provided in heavily traffic areas such as food service. Cameras are virtually in every area of the facility. Some additional review will occur for the outside warehouse during the yearly staffing review in October, which is a recommendation of the report. Special care was taken to make sure camera placement did not provide cross gender viewing, to include the areas found in the mental health and restrictive housing units. Because of security, this author does not include the actual schematic of camera placement as part of the report. This schematic can be provided to PRC/DOJ upon request.</p>			
<b>Medical</b>			
Type of Medical Facility:		Outpatient with overnight observation	
Forensic sexual assault medical exams are conducted at:		Ohio State University Wexner Medical Ctr.	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		272	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		39 – 1 assigned to facility	



# Audit Findings

## Audit Narrative

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

As with every Ohio audit, in addition to the pre-audit questionnaire, I review three documents which are unique to Ohio institutions. I first review the Corrections Institution Inspection Report (CIIC) which is mandated by the Ohio state legislature and generally completed on a three-year cycle, the latest American Correctional Association Visiting Report, and the Inmate Management Audit (IMA) conducted by the Ohio Department of Rehabilitation and Correction. Each of these reports have sections regarding the sexual safety of persons confined at CRC. Generally, the most relevant of these reports is the IMA because of the time interval in conducting this review. The latest IMA was conducted in April 2018. While this is the second cycle of PREA audits for Ohio, I purposely do not review the previous review to ensure an independent look.

The latest CIIC for CRC was completed in 2015. There were two comments deserving of comment. First the team found that a higher percentage than the norm across the state knew how to report issues of sexual safety. The other comment I saw as relevant was for female staff to away make an announcement or use the PREA announcement system before entering a housing unit. While there is no evidence that this is on-going, there continues to appear to be periodic issues with opposite sex announcement as indicated in OH policy. This resulted in a recommendation to the administration for two units during this audit.

While not a part of the standards, comment must be made regarding the IMA which demonstrates Ohio's dedication to the issue of sexual safety. Over the last few years I have been conducting PREA reviews in Ohio, the IMAs have become more sophisticated and attuned to the needs of offenders and staff regarding sexual safety. This comment is not part of the review but is necessary to demonstrate the agency's dedication to the process. The latest IMA for CRC demonstrated sensitivity to PREA issues and found the institution needing to correct issues. Most of these had been corrected by the time the site review was made, but there remains one issue which has been ameliorated at this time. Since reviews are completed based on the documented evidence but not in person review of corrective action, it is incumbent for Ohio to look at all recommendations made to insure continued compliance.

For the past several reviews, I have requested the institution gather and collect information concerning a random selection of current employees, contractors, and volunteers. I review the personnel information to ensure that employment questions have been asked, that background investigations are complete, that updated background investigations are completed (if necessary) and that training requirements are met. It was during this review that it was noted that contractors and volunteers did not receive refresher training as is required by the standards for full-time employees. A close review of the standards reveal refresher training is not required for contractors and/or volunteers. For some of the contractors especially, they have daily contact with inmates much like full-time staff. It was recommended to staff that they discuss with the Operational Compliance Manager for the state if they want to make it a state policy for contractors (especially) who have daily contact with offenders, they require PREA refresher training in a manner required for employees. During this review, I gathered information from the files of five contractors and fifteen full-time employees. There were no discrepancies found in this file review. The material gathered

represented material recommended by the PRC and the forms used to gather the information was downloaded from their website.

In a like manner file material was gathered regarding a random number of inmates at CRC. It should be noted because of the continual turnover of offenders; this file material might have been gathered for inmates who were in the reception unit and are no longer at CRC. File material was reviewed for fourteen inmates. Again, the material gathered was recommended by PRC, and included documentation of PREA intake screening within 72 hours; Ohio's PREA Assessment Process (three-tiered), Reassessment within 30 days PREA information and Comprehensive Education. This process, along with interviews of staff and inmates demonstrated these standards were being met; but they also revealed some suggestions for strengthening the process. Because of the intake nature of the institution, the initial PREA assessment is completed by case aides, which is a job classification different than case managers. It is suggested that when inmates are turned over to case managers, they during the classification meetings if completed at CRC asked a follow-up question regarding PREA and ensure that inmates have no questions.

While the documentation during reception clearly demonstrated that all offenders received education concerning PREA, two groups of offenders indicated they had not; those requiring mobility assistance, and the juveniles. While not having enough information to drill down for a complete analysis, it is surmised those with mobility deficiencies probably did not remember and the juveniles were being recalcitrant. After reviewing the unit orientation completed by the reception units, where basic information is again reiterated concerning sexual safety and how to report sexual harassment and sexual assault. This unit-based program is demonstrated through this power point



all in one dvb  
11-13-17.pptx

During the review, there were thirty-six formal inmate interviews. Fifteen of the thirty-six were specialty reviews. Given the nature of the institution it was difficult to achieve a review of all the targeted inmates. For example, when I began interviewing on Wednesday, there were three persons on the compound who identified themselves as transsexual, by Friday, this was down to one. The manner in randomly selecting the numbers of inmates to be interviewed was by taking the census of each housing unit and as measured against the overall population, divide the overall number of offenders against the number needing to be seen to meet criteria. For the larger units this meant at a minimum three inmates were seen and for the smaller living units a minimum of two inmates were seen. For each of the units, the only conscious decision was to make sure there was racial equity. If the random selection demonstrated all of one race, the name above or below was selected. Additionally, the number of names was oversubscribed for each unit because of the nature of the population. For the targeted inmates, often there were few offenders to choose. Working with institution staff, generally, if there were two offenders meeting a target, a coin toss decided whom. If there were more than two a decision was made to choose the mid-range of the number of people so identified. Because of the presence of the youthful offender population and the population with inhibited mobility, three persons were chosen from each of these two groups. Given the Residential treatment unit, three offenders were chosen from that population and two offenders who had identified during the risk assessment process of being victimized. There was no offender who was in restrictive housing because of high risk of sexual victimization. Two inmates had reported sexual abuse in custody. No one during the week refused to be interviewed. In addition to the formal interviews, many informal discussions were held specifically to determine if the inmates knew where there was information in the housing units and other places in the institution discussing sexual safety and how to report. In all instances, inmates were able to point to the posters in each living unit. Posters had been placed in the restrictive housing unit, which were reportedly not there during the IMA.

Twenty-six formal staff interviews were conducted. The interviews were with staff from each of the three shifts, investigatory staff, supervisory staff, victim support staff, medical staff, risk screening staff, intake staff and first responders. Additionally, discussion was had with contractors and a volunteer. It is noted that every staff member in Ohio is trained as a first responder and all carry what is known as a "PREA" card. The card provides a checklist of what happens if there is an allegation of sexual harassment or abuse.

The card reads as follows:

**Staff receiving allegation of Sexual Abuse  
Verbal, in writing, anonymous or third party**

Separated the alleged victim and abuser

Preserve and protect crime scene.

Advise victim not to take any actions  
that could destroy physical  
evidence.

**Notify**

Shift Commander  
Medical Services  
Investigator/ OSHP  
PREA Coordinator  
Victim Support

Complete the Incident Report

What was significant is most, not all, staff could recite what they were to do without benefit of the card. All had the card (another finding from the IMA which was corrected) and although volunteers and contractors were not designated as first responders, they knew what immediate steps to take if an offender reported sexual abuse.

This PREA on site review was conducted immediately after a Commission on Accreditation for Corrections audit earlier in the week. The reviewer in charge of that review was very helpful and allowed for the site review to include areas of which might not have been reviewed. Also, interviews with third shift staff were accomplished during the same time the ACA team visited the third shift. I mention this to thank the lead auditor, who appreciated the importance of the synergy of both reviews to accomplish different tasks. It was during these reviews it was found that several third shift staff were not aware of the language line or interpreter requirements.

In addition to institution staff interviews were held with the Ohio State Highway Patrol Detective assigned to the facility and the coordinator of Ohio Sexual Assault Services.

The agency administrative staff had been interviewed previous to this site review. The interviews were found satisfactory and demonstrate the agency's commitment to the PREA process.

The state highway patrol detective had received specialized sexual assault training, confirmed that every allegation of sexual abuse was referred to her and that every case was briefed with the local prosecutor. She indicated a good relationship with the institution staff, particularly the institution investigator with whom she worked closely with in the development of sexual abuse cases as well as other alleged criminal

behavior. The only area of concern voiced by the detective was the preservation of evidence and the crime scene. Not specific to the issue of sexual abuse, nevertheless, a suggestion is being made that she be provided a slot in the next annual refresher training to emphasize the necessity of good forensics. A conversation with the Coordinator for the Ohio Sexual Assault Services in Columbus indicated they had no issues with the institution and would provide services and advocacy for anyone alleged to have been victimized. They took the position the person had been subject to sexual safety victimization unless the claim was recanted or proven otherwise. They were available to be with the victim if a forensic examination occurred at the local hospital and provided aftercare advocacy services. The coordinator indicated they would like to become more involved with the CRC and do some engagement with offenders and staff. She pointed to recent institutional engagement with the institution at Chillicothe, and both she and the institution PREA Coordinator indicated they were going to work on additional engagement after the review. From a review standpoint, offenders could communicate with the services in writing and on the helpline; however, at this time the services did not provide free (collect) calling.

In much the same way, using the templates provided by PRC, all the investigations for the last year were reviewed. Good records were maintained by the investigator. He ensures the investigations are complete and that preponderance is the legal standard used in an administrative investigation. There is an understanding on his part regarding *Brady and Garrity*. He informs those who have alleged sexual assault if their claims have been substantiated, unsubstantiated or unfounded. He personally monitors the possibility of retaliation for every case where there is a sustained or unsubstantiated finding. It is clear he consults with the state highway patrol detective even on matters where there has been a determination no criminal case will be pursued. The investigator also understands the relevance of keeping good and complete records as a protection against potential civil liability.

A total of fourteen investigations were reviewed in their entirety. The reviews were complete with the findings logical. In most of the cases the OSHP declined to proceed criminally, with a case of the prosecutor declining to proceed and one case where the victim chose not to proceed with the investigation. In reviewing the investigations most were found unsubstantiated. Four cases were found to be unfounded and two of the cases were found to be substantiated. Through review of the two substantiated cases demonstrated good basis for the finding. The notification to the offender was complete in all cases and the description of the investigation on the Incident Report Application was satisfactory. It was noted the number of substantiated cases were much lower than reported by CIIC in 2015.

While not a specific part of the methodology, the following salient comments are shared from the week.

“Women do not always announce themselves.”

“The educational video is shown but often inmates are loud during its showing.”

“PREA has made the place safer since my first bit.”

“Really do not know if PREA is good or bad, but you would have to be an idiot not to know how to report.”

“Newer staff accept PREA, older staff are more resistant.”

“More staff than not think that PREA is not a good thing, with some exceptions, but staff are afraid of it.

“Women staff care more; have assisted more.”

There is no evidence other than the comments themselves regarding the process. While some may find the statements of some negative, I found in an institutional culture they were positive, especially as it relates to overall safety and that anyone had to be an idiot not to know how to report. From an organizational culture

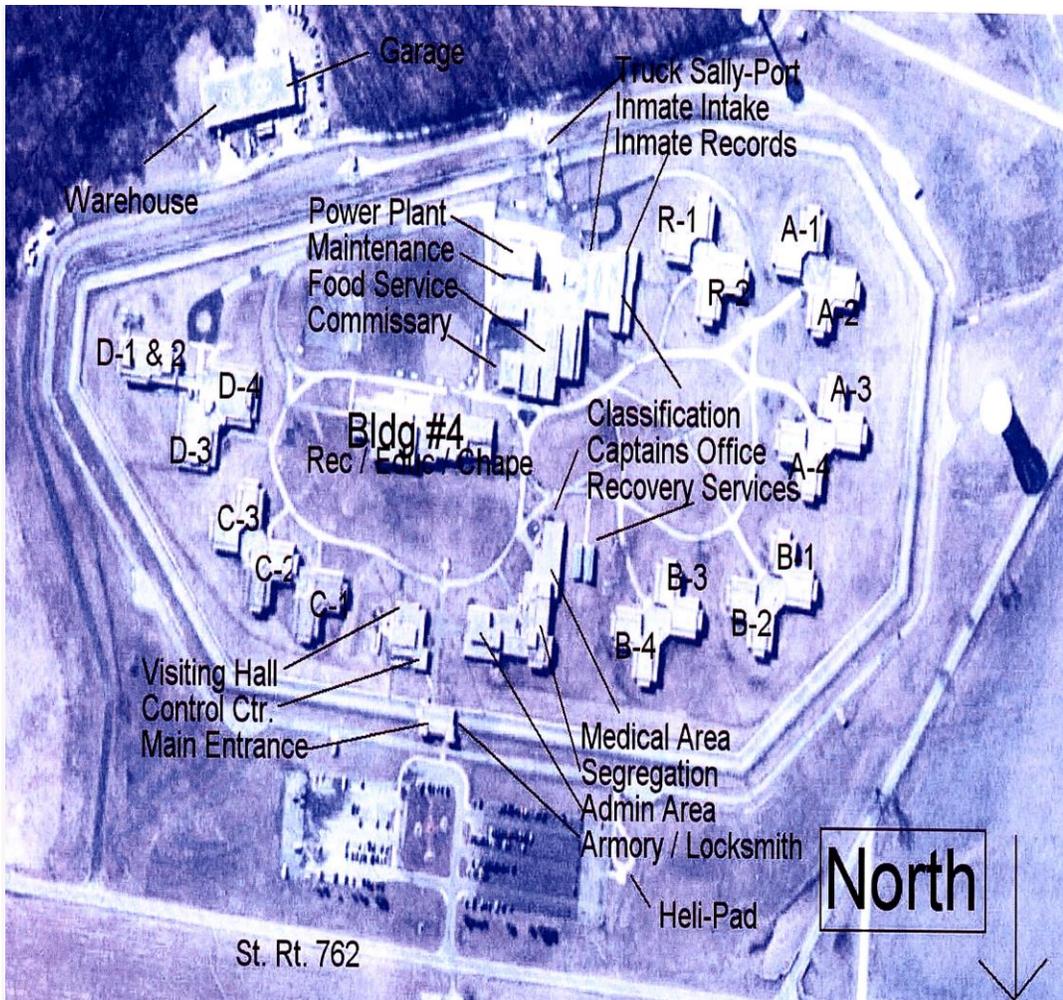
perspective where movement is generally slow, the comments, even by those who might be considered recalcitrant suggest positive movement from organizational behavior compliance.

## Facility Characteristics

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

The Corrections Reception Center is a complex institution with many different and varied missions. If all CRC accomplished was being a reception center which processes more than 1,000 offenders each month with the many different processes - medical and mental health assessments and evaluations, educational evaluations, security review and others, the staff would be fully engaged. Yet in addition to reception, there is a cadre unit to maintain the facility, a sex offender risk reduction unit, the housing of juveniles who have been sentenced to adult crimes while under the age of 18, a residential treatment unit (mental health and intellectually deficit) and a unit which houses those who have mobility issues (generally geriatric offenders). You add on to this a process where in custody parole violator hearings are held with an average of 40 offenders a week being processed. And to add to this list of not always congruent missions the movement of voluntary protection cases with the sole purpose of reintegrating them into a general population with jeopardizing the safety of the offender or others all staff are fully engaged.

Below you will find an overview of the facility with its fifteen buildings inside the fence and two buildings outside the fence. As you can tell by examining the footprint of the facility, it is a large footprint with many areas to surveille.



Ohio has an instrument it requires of all its facilities called a needs assessment. At what you would call a typical facility, this assessment outlines the types of programming which has been provided for offenders and gives an assessment of those programs. The needs assessment for the CRC provides much more than this and provides what might be called an inmate climate survey. The CRC accepts admissions from 63 of the 88 counties in Ohio. There is a multidisciplinary evaluation of these 11,000 inmates each year to determine programming need, risk level, and continuity of care. The average stay for a reception inmate is 4-6 weeks. When you think about those offenders in a reception institution, you do not think much beyond functional programming. However, at CRC, they have recently instituted something call GED Boot Camp to allow for offenders to begin and in several cases complete their GED prior to moving to their permanent institution. These "boot camps" are not held in the education building but in the reception dorms. This self-paced, educationally assisted program reduces idleness and provides a basis for those who complete to continue to work on evidenced based programming to reduce recidivism. It is too early in the process to determine if the program has a quantifiable measure of allowing inmates to work on achieving other milestones earlier. What is known from a University of Cincinnati analysis is that these sorts of programs make Ohio correctional institutions safer.

In the RTU (Residential Treatment Unit) assessments are determined as to the treatment needs of the offenders. Ohio, like all other states, has seen a significant increase in those offenders who are diagnosed

as significantly mentally ill. The assessments completed by the multidisciplinary treatment staff are essential to ensuring offenders the care they need while not housing those who do not need it in a controlled setting. As the diagnosis and housing of the SPMI become more complicated, the staff will have to try to ensure these men are managed in the least restrictive environment possible without making them victims to the more aggressive in the population. Special attention was paid to determine if those who had mental illness or intellectual deficits were targeted as sexual victims. The information provided by the institution's investigator and a discussion with the institution's inspector did not reveal a pattern of targeting these offenders. Although the RTU is very controlled at the CRC, it is incumbent upon all staff to continually monitor for victimization behavior even among those housed in the same unit.

Toward this end, a review was had of a 2016 You Tube Video  
([https://www.youtube.com/watch?v=ovP4rqu\\_4yo](https://www.youtube.com/watch?v=ovP4rqu_4yo))

regarding the CRC and specifically how one offender behaves in the institution making sure "he is respected" and indicating he would "fight or assault" anyone who crossed the line. The video was watched because this sort of aggressive recalcitrant behavior is the type which PREA hopes to stop or ameliorate. Much time was spent on the yard of the facility and reviewing inmate gatherings to determine if this sort of behavior was readily observable. In the three days on the compound it was not. It is surmised ODRC would not be bringing a mission for offenders who have been voluntarily in protective custody if the data revealed this behavior continuing.

All male offenders who are convicted of a current felony sex offense must participate in the Sex Offender Risk Reduction Center (SORRC). This program has been in existence since 1996 with approximately 1,300 offenders a year going through the program. The goal of the program is risk reduction. A twenty-four-hour curriculum is provided with a comprehensive assessment made of whom is deemed a risk to reoffend. Once the assessment is complete and documented, the offender is moved to his parent institution. The average length of stay in the SORRC is two months and should not be confused with sex offender treatment.

Another specialty unit at CRC is what is known as the youthful offender unit. This unit was initiated in the early to mid-1990s and houses young men with crimes so violent that housing them in a Department of Youth Services was not deemed appropriate. This population, which would be bound over as adults, was legislatively mandated to be housed in one institution. This mission was moved to the Correctional Reception Center in 2014. The unit for youthful offenders is two programs with those under 18 housed in one area and those 18-21 in another. Those under 18 are separated from all others. Anytime they leave the unit to go to food services or outside recreation they are escorted by at least three staff and under constant supervision. The goal is to provide this population an ability to transition to adult confinement and allow them to complete their education. For these offenders' school is their work assignment.

Special emphasis in this program are placed on not only education but developmental growth to increase executive function and reduce spontaneity. The program mixes the needs of accountability and discipline with evidence-based science attempting to develop the young person primarily through cognitive based training to become productive upon release. A significant part of this program is what is known as the mentor program where adult prisoners, carefully selected, and trained:

- Establish a mentoring program with individuals from the community or with other individuals within the prison who are vetted to serve as mentors
- Appropriately screened adult peer mentors chosen from the adult prison population perform the following:

- Facilitate under direct supervision or co-facilitate cognitive behavioral change programs using approved Re-Entry resources (T4C, Cage Your Rage, Anger Management)
- Facilitate under direct supervision or co-facilitate victim awareness/empathy programs using approved Re-Entry resources (Victim's Awareness, Carey Guides)
- Facilitate under direct supervision or co-facilitate Recovery Services programs using approved Re-Entry resources (AOD – Alcohol & Other Drugs)
- Facilitate under direct supervision or co-facilitate prosocial or meaningful activities approved by Unit Management (Community Garden, Youth Choir, Summer Track Competition)
- Facilitate under direct supervision or co-facilitate Community Service programming (The Bike Lady Program)
- Facilitate under direct supervision or co-facilitate prosocial or meaningful activities approved by Unit Management (Community Garden, Youth Choir, Summer Track Competition)
- Facilitate under direct supervision or co-facilitate Social Skills/Transitional Skills programming approved by Unit Management (Carey Guides, T4C fundamentals, Going Home To Stay, MUSCLE guides)

Given the uniqueness of this program, much discussion was had with staff especially with the PREA requirement of sight and sound separation. All staff indicated the mentors were always under constant visual supervision and provided invaluable assistance. One of the staff members indicated that the mentors were much more effective in providing for the treatment needs of this group of generally violent recalcitrant youth than they could ever hope to accomplish. While this program is probably nothing which would be envisioned by either the PREA Resource Center or the PREA Management Office of the Department of Justice, it is the type of program which exists to hopefully transition these young men without jeopardizing the sight and sound standards.

There is a cadre unit of 250 – 300 inmates to provide service to the facility. Also, not labelled as such, there is a part of a unit designated for those requiring mobility assistance. These offenders generally are elderly, with some having difficulty with their activities of daily living and all having difficulty with mobility. These men are maintained separately from the general

population and have help in being assisted in their movement on the compound. CRC is to be commended for the determination to house these folks separately given the victimization which may occur with older offenders especially those who demonstrate signs of dementia.

In drilling down regarding data collected as part of the needs assessment disaggregated by unit the following is revealed:

**Reception- N=146**

Staff have prevented violence among the inmate[s] – 53% said somewhat agree to strongly agree.

Staff has prevented forced sex among inmates – 70% said somewhat agree to strongly agree.

**Cadre N=28**

How many inmates do you think have been sexually assaulted within the last six months

64% No Idea 32% None 4% A Few 0% Many 0% Often

How many inmates do you know of who have been pressured for sex within the last six months

69% No Idea 29% None 2% A Few 0% Many 0% Often

**RTU N=20**

Staff have prevented violence among inmates – 70% either somewhat agree, agree, or strongly agree

Staff have prevented forced sex among inmates- 90% either somewhat agree, agree, or strongly agree

How many inmates do you think have been sexually assaulted within the last six months

33% No Idea 33% None 23% A Few 11% Many 11% Often

How many inmates do you know who have been pressured for sex within the last six months

33% No Idea 45% None 11% A Few 11% Many 0% Often

### **Juveniles/Youthful Offenders N=20**

Staff have prevented violence among inmates – 27% somewhat agreed, agreed, or strongly agreed; 73% strongly disagreed, disagreed, or somewhat disagreed

Staff have prevented forced sex among inmates -32% somewhat agreed, agreed, or strongly agreed; 66% strongly disagreed, disagreed or somewhat disagreed

How many inmates do you think have been sexually assaulted within the last six months  
20% No Idea 46% None 20% A Few 7% Many 7% Often

How many inmates do you know have been pressured for sex within the last six months  
13% No Idea 53% None 7% A Few 7% Many 20% Often

### **SORRC N=39**

Staff have prevented violence among inmates – 56% somewhat agreed, agreed, or strongly agreed

Staff has prevented forced sex among inmates – 87% somewhat agreed, agreed, or strongly agreed

This inmate self-report data is telling in that most believe staff are working to prevent violence and forced sex. The anomaly demonstrated by the juvenile data is unexplainable given the polarization of the data they presented, but there was at least one other time, it was not clear if the information being conveyed was truthful or simply the offenders were being oppositional.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 16

Click or tap here to enter text.

**Number of Standards Met:** 28

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**Number of Standards Not Met:** 0

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## Summary of Corrective Action (if any)

Recommendations were required corrective action and have been completed or are planned. Suggestions are actions which may enhance the process.

It is recommended the 3<sup>rd</sup> shift receive remedial training regarding the use of inmate interpreters and the institution language line.

It is recommended at the next staffing review it be determined how to provide better surveillance at the outside warehouse.

It is recommended that staff in B-2 and D-4 receive remedial training regarding announcing themselves as they enter the housing unit.

It is suggested that medical personnel completing the first part of the inmate risk assessment as referenced in 115.41 provide an explanation of why they are asking the question.

It is suggested for all specialty units, but especially for youthful offenders and the mobility impaired a unit orientation of PREA is conducted much like that being conducted in the reception units.

It is suggested, there be constant reinforcement regarding the \*89 feature on inmate phones.

It is suggested the OSHP detective receive a slot in the next annual refresher training to emphasize evidence handling.

It is recommended that ODRC look at their data storage needs for the system and/or institutions. With the continuing addition of cameras, there is a need for more and more storage capability to maintain the 14-day storage requirement for videos.

It is suggested that ODRC review the requirement for contractor PREA refresher training; especially those contractors who have day to day contact with offenders.

It is suggested that ODRC review the requirement that medical and mental health staff receive refresher specialty training on a periodic basis.

It is suggested for CRC that case managers when they conduct their first face to face meeting with offenders specifically ask the offender if they have any PREA concerns as a check and balance from the large intake processing.

Although the audit format does not provide for a place to discuss issues which enhance the sexual safety of offenders, there are five programs which should be cited in this very complicated facility processing more than 11,000 offenders each year.

First is the logistical processing of all offenders. It is wished the area had more space to make the process even better, especially as it relates to sound and noise, but the flow of the process is very well done overall.

The GED boot camp in the reception doors is remarkable and a way of providing for the increase of meaningful, evidenced base programming before offenders get to their assigned institutions reducing the amount of idle time and making the unit safer.

The mentor program for youthful offenders. This group of offenders will be bound over to adult confinement upon attainment of their 18<sup>th</sup> birthday. The work the program does in preparing this aggressive population hopefully will make these offenders less likely to become involved in errant behavior. It would be interesting to do a study with a similarly group of 18 year olds who were not subject to the program and see if there is a difference.

The work on involuntary segregation programming so there have been zero PREA related involuntary segregation programs over the course of the last year.

The incorporation of all things PREA into the compliance culture of ODRC. This compliance culture and the presence of PREA findings into the yearly Institutional Management Audits makes the process of DOJ PREA review much easier.

## 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.*

It has been clear since the start of PREA auditing in 2013, that the leadership of the Ohio Department of Rehabilitation and Correction has been committed not only to "passing" PREA audits but to the overall philosophy of sexual safety it represents. The state has made PREA a part of their routine in managing institutions and sexual safety is one of the vital functions important to institutional management. This is seen from the Director to the Chief Inspector, to the Operational Compliance Manager at the Central Office and as is normal in organizational management what becomes important at the higher levels becomes important at the local level. This is the second time for Ohio undergoing PREA audits of its institutions, and continuous improvement actions are being suggested, especially in the realm of training for contractors having daily contact with offenders and refresher specialty training for medical and mental health staff. A careful review of the standards does not reveal that contractors need to have refresher PREA training after having been trained initially. Yet, many of these contractors remain at the institution for years and it is opined that they would benefit from this refresher training if full-time staff requires it. In a similar fashion, a careful reading of the standard does not require refresher specialty training after it is received initially. The only training which is required is if new requirements are instituted. For both, to make their program stronger, it is suggested to the Operational Compliance Manager policies be changed to require refresher training for contractors remaining at the facility with daily inmate contact and that health care administration conduct specialty training for medical and mental health staff on a yearly basis. It is not known if Ohio is a provider of continual medical education for its staff, but if so, this training might be designed to provide CME for its staff.

The agency policy is clear in its description of zero-tolerance and its emphasis of good data collection regarding incidents and prevalence of sexual safety violations. More will be articulated about the PREA incident reporting system, but the creation and adoption of this data system which can be queried to provide all types of analysis demonstrates the commitment of sexual safety at its institutions.

Interview with the statewide Operational Compliance Manager and the local PREA coordinator show both believe they have adequate time to attend to PREA issues. What Ohio has that most states do not have are two dedicated PREA Compliance reviewers to assist the local coordinators in implementing, reviewing, or ameliorating issues relative to sexual safety. Ohio also employs staff who work in the Operational Compliance Office who coordinate Institutional Management Audits. All of these factors work in concert to not only implement policy, but to work on organizational acceptance and the understanding of the importance of sexual safety to bulwark overall institutional safety of each of its facilities.

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

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

### **115.12 (a)**

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

ODRC contacts for the confinement of inmates at three facilities; CRC is not one of the three. Throughout Ohio food service management is contracted to a private vendor. The staff working for this contractor have daily contact with offenders. Also, there are contractors in medical who have daily contact with offenders. It is suggested to ORDC they change their policy to require those contractors having daily contact with offenders be required to receive refresher training like full-time employees.

The policy and contracts addendums for Ohio in relation to their contracts include the appropriate language regarding PREA. For each of the three institutions fully contracted with ODRC, there is an annual PREA compliance review. For institutions who have contracted services within the context of a ORDC managed facility compliance is measured during Internal Management Reviews.

### Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Ohio has good policy and procedure regarding staffing plans and adjusts them accordingly with a formal review conducted each October. A copy of the staffing plan demonstrates the institution reviews all technology, new missions, and incorporates comments of staff and supervisors when provided concerning the staffing plans documented and presented. The next formal staffing plan is due to be completed in October 2018, when the institution will address the need for additional surveillance in the outside warehouse, which serves three institutions. While the institution will address surveillance in October, which is deemed satisfactory, and policy exists to make sure all areas of the institution are reviewed, the discrepancies in the outside warehouse should have been addressed before this site visit.

The following provides the current staffing plan for CRC.



PREA Signed  
Staffing Plan CRC 20

## 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.*

CRC does an exceptional job in providing housing and programs for youthful offenders being housed at CRC. By state statute some offenders under the age of 18 are to be housed in adult institutions because of the severity of their crimes and the sentences they received. Anytime you place a youthful offender in an institution housing adult it is nearly impossible to completely isolate the offender and continue to provide exercise, food, and programming for the offender. Youthful offenders are under the visual eye of staff anytime they leave their housing unit to go to food service, medical, or recreation. When the group of youthful offenders leave the living unit there are a minimum of three staff accompanying the group. As mentioned previously, there is a mentoring program at CRC to provide youthful offenders peer mentors to assist them with their transition and confinement as most youthful offenders will be bound over to adult confinement. While there was initially some concern regarding this program given the sight and sound requirements of the standard, I posit that it does not violate the standard given the level of supervision which is involved. Furthermore, it is concluded that the mentor program assists to keep this group of recalcitrant, spontaneous offenders, many who present classroom examples of the adolescent brain, safer and more attuned to adult supervision than if they did not exist. While there is a small isolation area in the unit for inmates who violate rules, it is separate from adult restrictive housing.

Male youthful offenders are maintained at CRC and female youthful offenders are maintained at the Ohio Reformatory for Women.

The following demonstrates an example of programming for these offenders:



D4  
Programming.xlsx

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

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

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Interviews with staff and inmates provide significant evidence that inmates have privacy when showering, changing clothes, toileting, or any other activity where the inmate is required to disrobe. No inmate indicated since 2012 that they had been visually (striped search) searched by a woman. There was one area identified in the IMA showing that a possibility of a visual could be obtained through a window. This had been corrected. Because of the unique circumstances and responsibilities of maintaining supervision of inmates in the Residential Treatment Unit, special emphasis was given to

this housing area. There were no circumstances found during the actual site visit or via camera surveillance which provided for observation of the pubic area of the offender. It should be noted that there was an offender who confronted this auditor with a piece of glass where he had been self-mutilating himself on his scrotum. Thankfully, the SIB was not serious, but presents dilemmas to institution staff managing these personality disordered inmates.

Policy requires any exigent circumstances body search to be documented. There have been no such searches since 2012. Staff all provided verbal assurance they had been trained in how to conduct such searches. While no one interviewed had been confronted with a search of a transgendered offender who had the genital characteristics of a male but identified as a woman and requested a woman to search them, all indicated they would be prepared to conduct such a search if directed by their supervisor. All staff have been trained to conduct cross-gender searches. Training records reviewed support this.

There were two areas where some evidence was presented that women did not always announce themselves when entering the unit; D-4 and B-2. The evidence presented was not conclusive and did not reach a level where it even reached a preponderance; however, given the sensitivity of the standard requirement, a recommendation is made that all staff who are assigned to this unit receive refresher training beyond that normally provided as to the standard's requirement. A review of logs did not show any evidence of formal counseling or discipline on the part of supervisors for women assigned to these two units. One of the two units was the youthful offender unit. The inmates in that unit provided incongruent responses to questioning, but again without suggesting blame, better to take that extra step to be safe rather than sorry in ensuring standard compliance.

ORDC policy reviewed as part of this standard on cross gender supervision was found to be compliant with standards and providing adequate guidance. Policy was uploaded as part of the pre-audit questionnaire and was primarily articulated in policy 79-ISA-01.

## **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.*

While there were very few inmates at CRC who demonstrated English non-proficiency, an interview was had with one offender with the assistance of a language line. The offender was provided an extensive interview to ensure he knew of the principles of PREA, how to report violations, his rights for sexual safety and where he could obtain assistance. While it was clear he did not enjoy the attention of the interview, he answered all the questions and did not demonstrate any violation of the standard or even the intent of the standard. Questions were asked a more than once to make sure responses were congruent; they were. It was noted two staff on the 3<sup>rd</sup> Shift thought it was OK to use inmate interpreters in routine circumstances to discuss PREA issues with an inmate who was none English speaking. This led to the institution providing specific refresher training to staff on the 3<sup>rd</sup> Shift (Morning Watch) to reeducate them on the use of inmate interpreters and the location and use of the language line. There is no evidence that staff on the 3<sup>rd</sup> Shift ever used an inmate to discuss sensitive information. The language line is a statewide contractual service.

The institution provides written materials in Spanish, which was the language of the offender whom was interviewed.

Another inmate who was interviewed indicated he was hard of hearing and did not understand the educational video as presented. While this is more of the review of someone with a disability, it was determined this inmate was not identified as hard of hearing, nor had he ever self-identified as hard of hearing.

As suggested in previous reviews, it is opined too onerous for institutional institutions to foresee every circumstance which could arise regarding disability and language. It is suggested Central Office staff determine the most likely to occur and develop learning tools which can be shipped to individual institutions to assist. For example, have someone read in an audio file the inmate handbook for someone who is blind or cognitively deficient.

All policy reviewed and uploaded as part of the pre-audit questionnaire was found to be understandable, in compliance with the standard and providing guidance to staff.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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There is nothing more important than the hiring of staff to perform the duties of correctional workers, whether they are full-time staff or contract staff. Because of sovereignty between jurisdictions there is not an easy way to technologically determine if employed staff meets all requirements of 115.17. The staff at CRC go the extra mile to ensure that although not easy the process is taken seriously. This is even more important now that almost every correctional agency in the country is finding more difficult to hire qualified staff.

I was gratified to see the steps the CRC HR staff took in making sure anyone they made an offer of employment was reviewed more than you might expect. Not only were there criminal background checks but if there was any indication the person had been previously employed in a position of authority over another, they took the step of electronically and if necessary verbally contacting the previous employer. It also appeared the HR staff went further than looking only for cases of sexual abuse but attempted to determine any instances of substantiated sexual harassment. In addition to the policy and file review to determine accountability of this standard, I pulled additional HR files on staff to make sure cases randomly selected did not present an anomaly. A long and detailed interview was had with an HR specialist whose responsibility is staffing. She was articulate of her responsibilities and passionate in her resolve to do the best she could not to hire persons who might pose risk to the facility. I was very impressed with her tenacity which led to the exceeds finding.

A review of all ORDC policy regarding employment demonstrated compliance with the standards and can be found in Policy 79-ISA-O1, 34-PRO-07, and 31-SEM-02. Five year background checks are beginning to occur during this second round of auditing.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

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

Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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CRC has significantly increased the number of cameras throughout the institution since 2012 and indicated a desire to add more. There was one recommendation to review the outside warehouse to determine the best way to provide surveillance in this area. In 2012 there were 64 cameras in use and during the time of the site review there were 287 cameras. The use of cameras is generally reactive and not proactive as there are not staff resources available to watch cameras. The addition of cameras unless emergent is reviewed during each institution's annual staffing review. ORDC has a requirement of a fourteen-day file retention for cameras. It is noted this is becoming more difficult to meet as there is an increased need for server capability at the institutional level. When asked, there was not knowledge of any systemic analysis of storage need at the agency level for the next few years or any strategic planning to ascertain the best ways of meeting this need. A suggestion is made for this to occur if it is not occurring. There is not only a need to ensure storage capability but redundancy.

## RESPONSIVE PLANNING

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

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

**115.21 (a)**

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

**115.21 (b)**

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

**115.21 (c)**

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

**115.21 (d)**

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

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Investigations reviewed demonstrate on two occasions forensic examinations of offenders who alleged sexual abuse were conducted. All forensic examinations are conducted at Ohio State University Hospital by credentialed SANE personnel with OSHP travelling to the hospital to obtain the evidence as appropriate. Support staff from the state crisis center and or victim staff from the institution also travel to the hospital to provide support. All victims are provided a referral for mental health services at the institution and an interview with the Acting Mental Health Chief demonstrated sensitivity for the offer of mental health intervention. It was clear she took this role very seriously and acted immediately upon any referral. The staff victim support member interviewed also demonstrated an understanding of her role to provide support to the victim. I was gratified in witnessing this. When I began doing PREA audits in Ohio three or four years ago, some victim support staff said the words but appeared to pass judgment for regarding sexual assault victims. It was clear unless staff support staff took their role seriously and treated every person as a victim. They did not pass judgment or make assumptions regarding the veracity of the claim. The person interviewed simply stated that was not her job; her job was to provide support for the victim. It is the compassionate process presented at CRC which provides a rating of exceeds.

The following policy, protocols and MOUs were reviewed. The MOU with OSHP. The contract with OSU Hospitals, the MOU with Sexual Assault Response Network of Central Ohio in Columbus, the Victim Support Lesson Plan, the OSHP Investigation Policy and Evidence Protocol, Medical Protocol B-11, Policies 79-ISA-02, 68-MED-15, and 79-ISA-01. Also reviewed was the automated PREA Incident Packet which provides longitudinal documentation of actions taken.

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

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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The agency refers every allegation of sexual abuse to the institution investigator. The institution investigator refers each case to the OSHP. The OSHP discusses each case with the county prosecutor. If the OSHP detective opines there is criminal activity, there is a formal referral made to the county prosecutor. In interviews with the investigator, OSHP detective assigned to the institution and the PREA Coordinator for the institution, it is clear any allegation which becomes known or is reported goes through this sequence of events. There is no indication any of the responsible parties does not totally review and refer for investigation any case, even for those who are mentally deficient, cognitively impaired or seen as a manipulator. They let the investigation provide the findings and do not predetermine them. Again, this attitude represents somewhat of a change from when I first started Ohio PREA review. Ohio has always been a leader in providing sexual safety investigations; the mature evolution of the process demonstrates their continuing commitment to make such activity apart of their culture. Clearly, lip service is not being provided to answer the questions, but those involved in ensuring investigation take their role seriously. Discussions of allegations of sexual harassment are held on-site with the OSHP detective.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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CRC spend a significant amount of face to face and Learning Management System (electronic) resources to ensure staff who have contact with inmates are trained as far as sexual safety, zero tolerance, the need of medical and mental health referral, the right to be free from sexual violence and retaliation, information relevant to describing sexual dynamics within an institution and this list could go on. What was impressive of staff at CRC, they were more apt than not to be able to draw a correlation between sexual abuse and the general safety of the facility. While many of the inmates interviewed did not opine older staff took PREA seriously, I posit that while the issue of PREA is not always taken seriously the correlation between sexual violence and abuse and institutional safety is taken very seriously, even by staff who were interviewed who were not specifically enthusiastic regarding the audit. This is a difference between attitude and behavior and while it would be nice to have congruency, behavior trumps attitude. It is clear training plays a significant role in fostering this behavior.

Lots of information was reviewed to come to this analysis in addition to inmate and staff interviews. Policies, training records of staff, training curriculums, witnessing role calls, and more was undertaken. All of this paper demonstrates compliance with the actual standard; however, while it was not witnessed it is clear by the responses of most staff that they have an understanding of more than the requirements, but the reason for the requirements.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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It is clear this standard is met, and it is clear the institution and agency provide training which is required, it was not clear that contractors understood with the same reasoning why the training was given other than to make sure requirements and policy were met. Careful review of the standard provide that the training is provided, but there is no requirement beyond. Many of the contractors at CRC (food service and medical) have the same level of contact with inmates as do full-time staff. Because of this a suggestion is being made to ODRC they review their requirement for PREA training for contractors with daily inmate contact to determine if these contractors should be provided refresher training as do full-time employees. It should be clear this is not a requirement, but it would enhance the understanding of these contractors not only to the it but the why. In addition to policy, the contractor/volunteer training acknowledgement was reviewed.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Inmates receive education regarding PREA generally during the first 24-hours at the facility. The educational video along with the inmate handbook provide educational material for the offender population which is complete and provides consistent education. PREA posters are throughout the facility, in every housing unit, providing information on how they may report along with an

acknowledgement of zero tolerance. Inmates must sign that they have seen the video and obtained the handbook. But at the CRC, it is being suggested in addition to the showing of the video in the reception area, that each unit include it in their unit orientation. Inmates of two units said they did not receive education of PREA, although a check shows they signed relevant documentation. One group, the youthful offenders provided inconsistent information concerning several issues throughout the interview and documentation process and without making judgement this may be the result of recalcitrant behavior on their part. The other group was those who would be considered geriatric and simply may have been overwhelmed with the process at intake. It was found the reception units reiterated, beyond what was required the issues of sexual safety during unit orientation. This provided all those inmates a second opportunity to be provided PREA information and to again ask any questions. While coming close to suggesting a PREA component in all unit orientations across the system, there is not enough data to suggest this is needed systemwide. The PREA staff along with compliance staff might want to examine, but it is suggested at the CRC PREA be included in the housing unit orientation. The following power point provides the evidence of what the reception units at CRC are currently



all in one dvb  
11-13-17.pptx

completing.

Many other documents were reviewed to provide a finding of overall compliance to include the handbooks, observations of PREA posters and posted information, orientation checklists, relevant policy, and the inmate education video.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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Both the institution investigator and the OSHP detective assigned to the facility have received specialized training in sexual investigation. In reviewing the fourteen investigations referenced in this report evidence supports quality investigations with good information and logical conclusions. While both the investigator and OSHP detective are people who desire to provide factual investigations with either beyond the reasonable doubt level of evidence or the preponderance evidence. It is clear there is a lot of emphasis placed the quality and tone of investigations. All policy was reviewed in this regard. A certificate of training was provided by OSHP and the training record of the investigator reviewed. The OSHP detective did indicate evidence preservation was sometimes problematic at the crime scene. This is not a question of the investigations. A request has been made to include a segment regarding crime scene preservation and evidence handling at the next annual refresher training.

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

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

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

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

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

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In much the same manner as contractors, the medical and mental health staff receive specialized training at the time of employment whether they are full-time medical contractors or part-time medical contractors. It is evidenced by the medical/mental health training curriculum and the training records of medical/mental health staff. However, this is generally a one-time training with no guarantee of refresher training. When I asked the health services administrator about training beyond what was mandated, he answered in the affirmative, but produced a discussion with the PREA Coordinator and medical staff which would be classified as information but not training. Again, the standard does not require refresher training as I read it, but a recommendation is being made to the ODRC that medical and mental health staff are required to receive specialty refresher training at an interval which makes most sense and the best use of resources. This is a suggestion.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The screening for the risk of victimization and abusiveness is automated within ODRC and is exceptional in its development. Because of the unique nature of the reception center special care is necessary to make certain not only the what but the why is completely understood by both the provider and the offender. The process is a three or four-tiered process to make sure the information is collected, analyzed and information gleaned from the assessment used to proffer sexual safety. Because of the 11,000 cases reviewed on average each year, it is critical the process does not become so profunctorary to lose its effectiveness. Toward this end, it is suggested medical personnel when completing the first part of the assessment provide the offender an explanation of why the questions are being asked. At the reception level, there are case aides who complete the second part of the assessment (normally completed by assigned case managers). These case aides are a different job classification than the unit case managers and are assigned to make certain all work regarding an individual’s reception into the system is completed. They are to provide the 30-day reassessment as well. It is a suggestion that when the inmate is assigned to a case manager, the case manager be required to ask some question regarding their sexual safety and if they have any question regarding PREA. Having administered a large transportation center, the process often wags the dog. To ensure there are no questions it is suggested that this additional step be added to make the process that much more efficient. In much the same way, PREA Unit orientation is being suggested. Lots of information was reviewed along with an observation of the process. The most significant information reviewed included the automated PREA assessment. In the process the last two parts of the process is Unit Management review and if necessary, Unit Management Chief review.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

### 115.42 (g)

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

### Auditor Overall Compliance Determination

- 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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It has always been posited that 115.41 & 115.42 need to be combined, as the assessment process and information used must be joined to be efficient and effective. In addition to the policy and documentation provided in 115.41, the risk assessment with accommodation strategy, the list of LGBTI inmates and the PREA classification list were reviewed. If the two standards were combined, the overall rating for the combined standard would be exceeds as CRC gathers the information, assesses every case individually and after 15 days and makes accommodation to the best of available options. Although at any given time there are few transgendered offenders at CRC, the staff take special care to make sure their needs are identified and accommodated. Maybe because the reception center staff

must review all different classifications of offenders, the attitudes voiced concerning the presence of transgendered offenders were minimal.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Since the standards were written and codified in the Code of Federal Regulations, the process and practice regarding restrictive housing and its use has changed throughout the country. This is especially evident in Ohio. At the CRC there have been no inmate placed in involuntary segregated housing in the last six months, along with the decision of the ODRC to place a specialized unit to incorporate voluntary segregated housing of inmates for protection finds the only acceptable standards compliance determination to be exceeds.

## REPORTING

### Standard 115.51: Inmate reporting

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

**115.51 (a)**

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

**115.51 (b)**

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

**115.51 (c)**

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

**115.51 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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The comment one of the interviewees made during conversation says it all; "you would have to be an idiot if you did not know how to report." That unsolicited comment provided fidelity to the issue of inmates being taught how to report. Once again, some of the youthful offenders indicated they did not know how to report, but once again, their saying this is not consistent with the information reviewed. There were some inmates who it is believed legitimately did not know about the change in the \*89 free call. And while that would generally take the overall rating down to a "meets", the strong culture on reporting provided enough emphasis to say that knowing how to report is not an issue. Inmates and staff alike were able to provide several examples on how inmates and/or staff could report. Posters were present throughout the facility. Policy clearly provides instructions on how to report.

Test calls were made to the two outside agencies with both agencies returning calls in a few hours saying a test call was made and by whom. It was reiterated by all staff interviewed they would report to a supervisor, the investigator or the PREA coordinator, but in all cases they would complete a DRC 1000, which serves as a PREA report.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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*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 information contained on the pre-audit questionnaire says it best: “Applicable but exempt.” The grievance process is well ensconced in the institutional culture. But early in the process, ODRC desired, because of the sensitivity and need for quick action regarding allegations of sexual assault or harassment, they decided to have allegations investigated immediately by the Institution’s investigator rather than the Institution Inspector, who acts as the grievance coordinator. In speaking with the inspector, if they receive any grievance regarding sexual safety, they do not manage, but they turn over to the Inspector and/or the Institution Compliance Manager. Staff are trained as to this applicable but exempt framework. Inmates are also taught this, but they are not told they may not use the grievance procedure, just that it might slow down the process.

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

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

#### **115.53 (c)**

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

## Auditor Overall Compliance Determination

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

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The Ohio Department of Rehabilitation and Correction does not house detainees solely for immigration purposes. Posters throughout the institution reveal who the inmates may call or write with concerns. The local rape crisis center allows for phone calls but will not accept collect calls. The institution has an MOU with the center to provide community support for inmates and the center responds to the hospital when forensic examinations are completed. The institution appears to be blessed with a cadre of support staff who demonstrate a willingness without prejudice in assisting victims. They demonstrate they continue to supply support beyond the initial incident. Mental health staff are available and provide appropriate care. A referral to mental health is made as part of the process. Staff have been trained as to their roles and responsibilities. The agency's overall policy on the prisoner rape elimination act provides guidance along with the curriculum for victim support and the mental health protocols. The local rape crisis center and the institution compliance manager are planning to develop more opportunities for institutional activities.

## 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*)
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There are posters throughout the facility as well as the front entrance building and inmate visitation informing anyone who views it on how to report. There is also a link provided to <http://www.drc.ohio.gov/prea> which provides a mechanism to report. Inmates are advised they could have third parties report information and during the interviews almost all inmates indicated they understood their families or others could report. In a like manner, staff responded similarly.

## 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

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While ODRC does most PREA related issues well, reporting is one of their very strongest suits. Because of the housing of youthful offenders' special care was taken to make certain good process and procedures were in place to report any allegation not only for the adult population, but for the youthful offender population. All care was taken to make certain reporting was completed immediately. Medical and mental health staff demonstrated an awareness of informed consent. Because of privileged communication which commonly exists between for medical and mental health staff, they informed anyone making an allegation not only of their duty to inform, but to the extent communication could remain confidential. It was articulated that inmates were informed of the limits of confidentiality and that Ohio was a mandatory reporting state. Those offenders who were not yet 18 did not technically require informed consent, but it appears by the records reviewed that care was taken not to violate the privacy rights of the youthful offender. In Ohio a youthful offender in the custody of the state becomes

a ward of the state. The institution investigator has responsibility of checking for retaliation; records and interviews do not show evidence of it.

There is not evidence staff neglected their duties to report. In fact, as will be noted later in the report, all staff who have inmate contact are first responders. All staff (corrected since the IMA) carried their First Responder card. Interviewed staff all indicated how important it was to immediately report, refer as appropriate and complete an incident report. The ODRC policy which covers all of this is 79-ISA-02.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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The evidence demonstrates an immediate separation of the alleged victim and alleged perpetrator when there is a substantial risk of imminent sexual abuse. There did not appear to be any immediate threat, as staff did a great job of separating any reporting party from a inmate or staff perpetrator. ODRC's philosophy is to separate first, investigate, and then make the appropriate decision. In many cases where there was an unsubstantiated claim of sexual abuse, the alleged victim and alleged inmate perpetrator were provided unit separation.

## 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*)

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In discussions with the Human Resources staff and the Acting Warden, it was clear if an allegation was made by someone that abuse had occurred in or out of the agency at another institution that contact was made with the CEO of that facility and the allegation communicated. The allegation was memorialized via letter or email. If the allegation involved another ODRC facility, the matter was investigated according to policy and the action became part of the PREA Incident reporting system. If the allegation involved an agency other than ODRC, a report was made to the CEO of the facility where the allegation allegedly occurred with a request the matter be investigated according to PREA guidelines. In a like manner, incidents received from other facilities were turned over to the Institution investigator. Policy required a complete investigation and a report as if the offender was at CRC. The Pre-Audit questionnaire included an example of a notification to another facility as well as an incident received from another institution. The policy reference for this standard is 79-ISA-02.

## 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.

While the OSHP detective indicated occasionally evidence was not protected in a manner consistent with good practice, it was not made clear, and honestly, I did not ask if this was evidence regarding other types of alleged criminality such as drugs and weapons, or did it include evidence regarding the sexual abuse of others. All are not extremely important; but, there was no evidence presented regarding sexual abuse evidence issues. Because of the significance, it is being suggested that she have a session at the next annual refresher training to emphasize the importance.

As indicated, all staff act as first responders. All staff were aware of their responsibilities as first responders. I did not find a staff member who did not have their first responder card on their person. They all knew of the steps and protocols to be followed when someone alleged sexual abuse. Interviews with staff, contractors, and even the volunteer, demonstrated adequate knowledge. Not surprisingly, most of the inmates were also able to articulate knowledge of the required steps.

With as strong of presence in responding as evidenced, this would typically be graded as exceeds. However, I have decided to grade as meets given the comments of the OSHP detective regarding the handling of evidence.

Policy is clear regarding the responsibilities of all of the issues of first responding and there is no evidence that staff, security and non-security do not take their responsibilities seriously.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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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 dictates, and evidence suggests a coordinated response to make sure any incident is reported, medical and mental health staff informed, and the matter investigated by the Institution investigator. The Institution's Compliance Manager monitors all cases. The Warden is immediately notified if there are issues. The PREA Incident Reporting data base provides not only a timeline but an ability overtime to analyze information to ensure there are specific trouble spots or common areas where allegations are being made.

## 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.

There are three independent contracts between institutional employees and management in ODRC: OCSEA-AFCME, OEA-NEA, and SEIU-1199. The institution provided a memorandum indicating there was nothing in these contracts which would impede either an investigation of sexual misconduct or the filing of disciplinary actions if necessary. Of course, each of the unions would make sure that the employment rights of the employee were not violated. Ohio has a labor-management staff member at each institution I have visited, who would make sure allegations were managed.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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*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 Institution's investigator is responsible to make certain cases where there has been a substantiated or unsubstantiated case of an alleged allegation are checked on and reviewed for a minimum of 90 days. It is clear the review goes beyond the 90 days if necessary. While there have been no recorded cases of retaliation reported, the policy articulates the response to make sure the victim is protected. When checking with persons who had alleged sexual abuse they indicated they had not been subject to retaliation. The investigator keeps records for each person who meets the criteria with dates of review and findings.

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

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

#### **115.68 (a)**

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

#### **Auditor Overall Compliance Determination**

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

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

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While policy exists to manage post-allegation protective custody, there have been no cases at CRC over the last 12 months where involuntary segregation was used because of an alleged allegation of sexual misconduct. The policy is clear that there are 30-day reviews as prescribed in the standard and policy. ODRC have made significant changes to their restrictive housing policy and practice since 2012. It is of note that CRC has been advised of a new mission. To take those who are voluntarily in protective custody and work with them in an attempt to reintroduce them into the general population of a facility.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (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**

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All fourteen (14) investigations for the last year were reviewed to make sure there was good practice and discussion. All cases are discussed with the OSHP to decide criminal or administrative processing. In every case where there is the any indication of criminal misconduct, the local prosecutor is contacted, and the case staffed to decide how the matter is to proceed. Both the investigator and the detective advised they had the opportunity to review the case if they did not agree with the initial decision. The investigations were well documented and logical. The decisions made were deemed appropriate. Special care is always taken to make sure a decision is made not to prosecute just because they are “inmate cases.” The communication between the Institution Investigator and the OSHP Detective appeared to be satisfactory. There is significant evidence all parties involved discuss matters to make determination on how to proceed. All investigations are maintained in a system of records and uploaded into the PREA Incident Packet for the case. A review of several incident packets shows a maintenance in an automated records system.

**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.

For administrative investigations (there have been no criminal investigations authorized since 2012) the evidentiary standard is preponderance. It is clear this legal standard is understood and communicated with inmates. Both the PREA incident packet for alleged violations and the policy 79-ISA-02 describe the evidentiary standard. A review of an OSHP investigation, which did not result in criminal action also demonstrated the lack of beyond a reasonable doubt standard, but a preponderance standard. The Institution Investigator describes preponderance as 50/50 plus one.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- 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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Eleven (11) of the fourteen (14) investigations reviewed from the last year had been completed. One of the fourteen was conducted by the OSHP. In all cases where there was a finding of substantiated or unsubstantiated the alleged victim was notified in writing. The investigatory file in each of the cases has a copy of the memorandum which was used to notify the offender. A check with alleged victims confirmed they had been notified in writing. The policy which addresses this is 79-ISA-02. The one case investigated by OSHP was also reviewed.

## 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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This is a tough standard to make determination of exceeds or meets. There have been no cases of employee discipline in the last 12 months, as there have been no cases to meet the standard of preponderance or criminality regarding staff. All policy is in place to discipline the employee with a presumption of termination (depending upon Douglas factors) as the behavior with a zero tolerance is deemed so egregious to warrant termination. Policy supports this action and discussion with the Acting Warden, PREA Coordinator and Human Resources personnel support this action. The staff all were able to articulate the steps which would be taken to decide personnel action. There is evidence HR staff who resigned in lieu of termination would not be able to be hired by an ODRC facility. Unless there is a finding of criminal conviction, they would not be able to advise any agency unless they were contacted for vouchering. Then as long as the personnel action revealed resigned in lieu of termination, it could be disclosed with a proper consent to disclose. The ODRC takes their responsibility to protect the rights of employees seriously, at the same time they take the need to inform when there has been a sustained allegation as serious. The staff have a good understanding of the delicate balance which must be maintained. The human resource staff member who was interviewed was very cognizant of the balance and the need to report without violating a person’s employment rights.

## 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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Investigations and subsequent actions if there is a finding of complicity by contractors and/or volunteers is much simpler. The contractors and volunteers are allowed into the institution at the discretion of the Warden. If there is a prima facie case of abuse any investigation (criminal or administrative) reveals preponderance, the person is not allowed to enter the institution. This is one of the reasons I make a strong recommendation that contractors having daily contact with offenders are subject to refresher training. They need to be reminded of the zero tolerance and the refusal of admittance if there is an investigatory finding which sustains abuse or harassment. The contractor and volunteer PREA memorandum was reviewed.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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A review of inmate discipline in general and a visit to an Institution Rules Violation hearing shows that the requirements of *Wolfe* are followed. There have been two administrative findings and no criminal findings of sexual abuse having occurred. There have been no findings of “consensual” sex between staff and inmates, thus negating any discipline against the offender. There are indications that counseling is offered to any person requiring it; victim and perpetrator to meet their needs or in the case of the perpetrator attempting to assist in determining the underlying reason for the abuse. This was all told the auditor by staff as there had been only the two cases where there had been a sustained administrative finding. The one inmate interviewed who had been a victim did not desire to speak about the incident. There are several policies which cover inmate discipline to include 56-DSC-01; 5120-9-06, 5120-09-08 Inmate Discipline, and 79-ISA-02. If there is a finding that the inmate committed the prohibited act, then that report becomes a part of the PREA Incident Packet.

## 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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Because of the presence of a RTU (for those with mental illness) and a mobility impaired unit, along with the general reception of 11,000 plus inmates on an annual basis, there is a significant medical footprint at CRC. The volume of work for the medical staff would surprise most as not only do these staff screen all 11,000 offenders a year, they provide the initial assessment of the inmates in regard to PREA (115.41) and manage a significant population of persons with significant and persistent mental illness. In addition to the special needs populations they serve, there is a cadre of offenders, who are presumably healthy, but many with on-going chronic care issues. As indicated earlier, a suggestion is medical staff asking screening questions for the risk assessment tell each offender why they are asking the questions. Interviews with inmates and observation of staff reveal this is not happening and while there is no requirement for this to occur, it would appear to be good practice. Policy which outlines the steps to be taken is 79-ISA-04. The risk assessment tool, with mental health follow-up, a mental health follow-up for an abuser, a list of PREA inmates, and informed consent were reviewed. The health care staff do not allow medical information to be shared outside of medical. There appears to be a good relationship between medical and mental health departments at CRC.

## 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.*

All staff who have inmate contact are trained as first responders. They all had on their person a checklist regarding their duties which included contacting medical and mental health. All of the persons who were asked to show their cards, articulated as part of their responsibility was to contact medical.

Non-security staff are trained as well as security personnel and in the past year 2 cases were responded to by non-security personnel. Interested in how much validity this had, I even asked staff in the financial resources office, and they were aware, the contractors were aware of the concept in general and even the volunteer I spoke to said if the alleged victim was hurt, his responsibility would be to contact medical immediately.

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

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### **115.83 (c)**

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

### **115.83 (d)**

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

### **115.83 (e)**

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

### **115.83 (f)**

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

### **115.83 (g)**

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Medical Protocol 11 is the reference document along with Policy 79-ISA-02 which provides guidance for emergency treatment. The protocol is thorough and provides good guidance for practitioners. Mental health 67-MNH-09, 04, and 15 were also reviewed. The policy and protocol are clear on what is to be done. Discussions with health care staff, the health care administrator, and the acting mental health administrator all revealed a knowledge of what is to be accomplished. A review of medical and mental health follow-up for alleged victims and in the case alleged perpetrator showed good practice. Medical staff is available 24/7 and mental health staff are available after hours on call. The acting mental health administrator indicated there was an on-call schedule to provide assessment and care as needed. As previously indicated, it is being suggest that the medical and mental health staff receive refresher training on a periodic basis. This is not a requirement but makes good sense and it is suggested to ODRC such refresher training either through their LMS or face to face be accomplished and recorded in each practitioners training record.

## 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

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After every allegation or alleged un-sustained allegation, there is a SART review of the incident to determine if any recommendations should be made to changing policy or procedure after an incident. There is a formal report which is forwarded to the Warden for review. The workings of the team were discussed with the institution's PREA coordinator as well as a Deputy Warden who sits on the team. The SART review becomes part of the PREA Incident packet, one of which were reviewed. There have been no recommendations made as part of these reviews to date, but it is clear, the membership know of and complete their responsibilities.

## 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.*

In this report on many occasions there has been mention of the PREA Incident Report. This is an automated data base with information collected on every allegation. It is by far the best data collection system of records viewed by this auditor. The work allows not only institutional staff, but regional staff, regional PREA administrators and the ORDC compliance manager and chief inspector to review and generate reports regarding PREA. The information such as SART, misconduct reports, retaliation reviews and many other data items are included in this PREA database. It is an outstanding tool. The latest SSV (Survey of Sexual Violence) and private facility report regarding alleged sexual violence incidents were reviewed.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The 2017 annual report was reviewed and found to be adequate. It is published and made part of the webpage found at: <http://www.drc.ohio.gov/prea>. This is a report provided to the public; for staff the PREA database provides much more detailed information.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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## Instructions for Overall Compliance Determination Narrative

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The information is retained according to the guidance of PRC as well as the Ohio Records Retention statute. The records retention regulation was reviewed and complies. Policy 79-ISA-01 provides overall guidance. Aggregate data is provided to the public through the Annual Report and identifying information for offenders or staff is not included. It will be extremely helpful to staff when the information from the data base can populate a significant portion of the 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

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Although there was no correspondence forwarded from the American Correctional Association (whose authority I was conducting the audit) the PREA posters and notifications were located throughout the institution. Contact was made with many staff both formally and informally.

Ohio is so vested in the PREA process they have staff from their central office during the site review and there is continual contact during the pre-audit, site review and post-audit. Suggestions and recommendations were discussed on site not only with the Warden but with Central Office staff. Often, an agreed solution to any recommendations are made before site review completion. For example, for this review, the issue of mirrors and/or cameras to be considered for the outside warehouse is scheduled for the yearly staffing review to be held in October. Female staff have been reminded to announce themselves prior to entering the youthful offender unit and those on the 3<sup>rd</sup> shift have been reminded regarding the use of inmate interpreters and the language hot line.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

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

### Auditor Overall Compliance Determination

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A review of the webpage demonstrate that reports are published on the website well within the timeframes.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Art Beeler \_\_\_\_\_

July 31, 2018 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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