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

☐ Interim ☒ Final

Date of Report May 18, 2019

Auditor Information

Name: James Curington Email: jecjrboy@aol.com
Company Name: ACA American Correctional Association
Mailing Address: PO Box 2231, City, State, Zip: Alachua, FL 32616
Telephone: 352-538-2636 Date of Facility Visit: April 3, 2019-April 5, 2019

Agency Information

Name of Agency: Ohio Department of Rehabilitation and Correction
Governing Authority or Parent Agency (If Applicable): State of Ohio
Physical Address: 4545 Fisher Road, Suite D City, State, Zip: Columbus, Ohio 43228
Mailing Address: Same City, State, Zip: Same
Telephone: 614-752-1159 Is Agency accredited by any organization? ☒ Yes ☐ No
The Agency Is: ☒ State ☐ Military ☐ Private for Profit ☐ Private not for Profit
☐ Municipal ☐ County ☐ Federal
Agency mission: To reduce recidivism among those we touch.
Agency Website with PREA Information: http://www.doc.ohio.gov/prea

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Mark Stegemoller Title: Agency PREA Coordinator
Email: Mark.Stegemoller@odrc.state.oh.us Telephone: 614-728-3162
### PREA Coordinator Reports to:
Chief, Bureau of Operational Compliance

| Number of Compliance Managers who report to the PREA Coordinator | 25 |

### Facility Information

| Name of Facility: | Chillicothe Correctional Institution |
| Physical Address: | 15802 State Route North 104 Chillicothe, Ohio 45601 |
| Mailing Address (if different than above): | PO Box 5500 Chillicothe, Ohio 45601 |
| Telephone Number: | 740-774-7080 |

- **The Facility Is:**
  - ☒ State
  - ☐ Military
  - ☐ Private for profit
  - ☐ Private not for profit
  - ☐ Municipal
  - ☐ County
  - ☒ State
  - ☐ Federal

- **Facility Type:**
  - ☒ Prison
  - ☐ Jail

- **Facility Mission:** “CCI will strive to reduce violence and recidivism”. (taken from the inmate manual/handbook)

- **Facility Website with PREA Information:** drc.ccl@odrc.state.oh.us

### Warden/Superintendent

| Name: | Tim Shoop |
| Email: | Timothy.Shoop@odrc.state.oh.us |
| Title: | Warden |
| Telephone: | 740-774-7080 |

### Facility PREA Compliance Manager

| Name: | James Vickers |
| Email: | James.Vickers@odrc.state.oh.us |
| Title: | Operational Compliance Manager |
| Telephone: | 740-774-7080 |

### Facility Health Service Administrator

| Name: | David Conley |
| Email: | David.C.Conley@odrc.state.oh.us |
| Title: | Health Care Administrator |
| Telephone: | 740-774-7080 |

### Facility Characteristics

| Designated Facility Capacity: | 1673 |
| Current Population of Facility: | 2683 |
| Number of inmates admitted to facility during the past 12 months | 901 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more | 901 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more | 901 |
## Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:

| Age Range of Population: 18-87 years of age | Youthful Inmates Under 18: none (zero number of youthful inmates under 18) | Adults: 2683 |

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

- Number of youthful inmates housed at this facility during the past 12 months: 0
- Average length of stay or time under supervision: 7 years
- Facility security level/inmate custody levels: Level 2
- Number of staff currently employed by the facility who may have contact with inmates: 568
- Number of staff hired by the facility during the past 12 months who may have contact with inmates: 44
- Number of contracts in the past 12 months for services with contractors who may have contact with inmates: 30

### Physical Plant

<table>
<thead>
<tr>
<th>Number of Buildings: 56</th>
<th>Number of Single Cell Housing Units: 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units: 4</td>
<td></td>
</tr>
<tr>
<td>Number of Open Bay/Dorm Housing Units: 9</td>
<td></td>
</tr>
<tr>
<td>Number of Segregation Cells (Administrative and Disciplinary): 101</td>
<td></td>
</tr>
</tbody>
</table>

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.):

Cameras are placed throughout the facility and detailed in the agency’s Annual PREA Staffing Plan (actual locations are detailed, including 47 pages of visual schematics). There are 179 total cameras throughout the facility, 171 are inside and eight are outside covering large areas and are of the pan-tilt-zoom type (PTZ). These cameras are live and have recording capabilities. Viewing is accomplished from Central Control, Information Technology, and the Administration Building.

### Medical

<table>
<thead>
<tr>
<th>Type of Medical Facility:</th>
<th>Outpatient primary care with overnight observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic sexual assault medical exams are conducted at:</td>
<td>Adena Regional Medical Center 272 Hospital Road, Chillicothe, Ohio 45601 (740) 779-7500</td>
</tr>
</tbody>
</table>

### Other

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 477 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 39 |
Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Ohio Department of Rehabilitation and Correction (ODRC), Chillicothe Correctional Institution (CCI) was scheduled beginning in January 2019. At this time, contact was made concerning the availability of the certified PREA auditor, James Curington. After phone calls and discussion, the audit was scheduled for April 3 through April 5, 2019. The PREA lead auditor would also participate in an American Correctional Association (ACA) audit preceding the PREA Audit March 31 to April 3, 2019. Thus, the site visit would be from March 31 through April 5 for the lead auditor and would be accompanied/assisted by James McClelland certified PREA auditor, beginning with the PREA Audit, April 3. This weeklong process for the lead auditor and support of the second PREA auditor afforded the PREA audit team a full overview of operations at CCI and participation in both the ACA process and the PREA audit assignment. In the auditors’ opinion, this process assists with a thorough review of the PREA standards supplemented and complemented by the ACA review.

Following the scheduling, the lead PREA auditor submitted a Pre-Audit Report form to the PREA Resource Center (PRC).

The PREA auditors were furnished documentation by the ODRC PREA Office for each of the 43 PREA standards 115.11 to 115.89 and for sections 115.401 and 115.403 of PREA. This documentation was impressive in its proof of and support of compliance with each standard. Folders for each standard contained various types of policies, procedures, documents, supporting materials, including specific examples, all in good order and clearly outlining the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment in prison. ODRC and CCI clearly documented its proof of compliance for each and every standard.

Following the notification and scheduling process, the lead PREA auditor submitted the audit preliminary Preaudit Report and information to the PRC as mentioned above, and additionally, information was exchanged between the facility and the lead auditor. A flash/thumb drive was submitted to the lead auditor containing documents and information about the facility, this included the Master Pre-Audit Questionnaire (PAQ) and the following: Agency Head Interviews (Agency Director, Agency Personnel Director, Agency Contract Director and the Agency PREA Coordinator; these interviews were performed by James Curington); Bureau of Compliance (BOC) PREA Folders; the facility layout of video technology; Inmate Population Reports; and the ACA Accreditation Report.

The methodology for the PREA Audit included the ACA Standards Audit of Adult Prisons and Jails, the PREA Audit using the Audit Report Template taken from the PRC website, the PREA Auditor Handbook, and the supplemental and guidance information for tours, standards compliance, document review, and the general guidelines directed by the PREA Resource Center (PRC) and the auditors’ training/testing/experience to be used in the triangulation of the preaudit, the on-site visit, and the review of documentation, and follow-up information, during the assessment process. The methodology is partly outlined as follows:

1) scheduling through the American Correctional Association with the Ohio Department of Rehabilitation and Correction.
2) sending a Pre-Audit Report form to the PREA Resource Center (PRC).
3) making contacts with the agency/facility, posting notices and exchanging information.
4) sending an agenda to CCI.
5) making an on-site visit to the community and to CCI being audited April 3 to April 5.
6) making an assessment of compliance/noncompliance prior to, during, and after the site visit with follow-up review documents and materials. This is the triangulation of the preaudit, on-site visit, and post audit review.
7) completing an interim/final Auditor Summary Report. The Final Report is the product of the above-mentioned triangulation.
8) notifying the agency/facility of the Summary Report.
9) sending a Post Audit Report, with Final Audit Summary Report attached, to the PRC.

An Agenda was submitted to the facility being audited outlining a daily on-site agenda for CCI, the following is detailed:

AGENDA, Site Visit ACA and PREA Audits
Ohio Department of Rehabilitation and Correction
Chillicothe Correctional Institution
Chillicothe, Ohio
April 3 - 5, 2019 PREA

Sunday, March 31
Evening dinner/introductions/meet and greet – facility staff and auditors for ACA and PREA
Lead auditor
Pre-Audit Meetings as appropriate
ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Wed., PREA audit, Wed. – Fri.)

Monday, Tuesday, and Wednesday morning, April 1, 2, and 3 – ACA Audit
The ACA Audit Process including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records including, Litigation, Significant Incidents/Outcome Measures, Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up including the Compliance Tally and Exit Discussion will be coordinated by the ACA Chairperson.

Tuesday, support PREA Auditor (Mr. James McClelland, Certified PREA Auditor) arrives.

Wednesday, April 3 – PREA Audit/PREA Agenda
8:00 a.m. – Support PREA auditor visits on site at the facility (Lead PREA Auditor continues with ACA audit until ACA closeout). Support PREA auditor tours, reviews documentation, and begins interviews. Note: the required number of interviews as outlined in the Auditor’s Handbook is, at a minimum, 12 Random Staff and 16 Specialized Staff (including volunteers, contractors and visitors); and 40-50 inmates (see Auditor Handbook - page 50). Note: Required targeted inmate interviews (check Institutional count).
12:00 noon – The Lead and support PREA auditors will discuss the Audit Instrument of the PREA Resource Center including: 1) the Pre-Audit Questionnaire, 2) the Auditor Compliance Tool, 3) the Instructions for the PREA Audit Tour, 4) the Interview Protocols, 5) the Auditor’s Summary Report (PREA template Questionnaire), 6) the Process Map, and 7) the Checklist of Documentation.

Attend Shift Briefings – Review Post Assignments – Afternoon, Evening.

Schedule interviews with staff and inmates (facility staff assistance).

Review PREA “Instructions for PREA Audit Tour”. Follow up as needed from ACA audit tour.

Review PREA Standards/justifications.

Review demographics of the facility.

Designated Capacity

Actual Capacity

Age Range/Youthful Offenders

Gender

Security Custody Levels

Number of staff: total, security, non-security, program, medical, contract, volunteers, other.

SPECIAL NOTE: Lists of inmates including complete inmate roster.
Inmates with disabilities,
LGBTI inmates,
Inmates who are limited English proficient,
Inmates in segregated housing,
Inmates who reported sexual victimization during risk screening,
Inmates who reported sexual abuse,
Inmates placed in seg housing for protection from sexual victimization,
Complete staff roster,
Specialized staff (see Interview Protocols for Staff),
Contractors, and
Volunteers.
Information on pages 42 to 59 of the Auditor’s Handbook outlining Interviews.

Review facility schematics - # of buildings, # of dorms, # of acres (inside, outside the compound), # of towers, fence (kind, height, length, security features, etc.). Review blind-spots.

Review Allegations - sexual abuse, harassment, retaliation, investigated-administrative, criminal indicted, prosecuted, referred, founded, unfounded, substantiated, unsubstantiated and “lists of such”.

SPECIAL NOTE, lists are also critical in the following areas
All grievances in the past 12 months.
All incident reports in the past 12 months.
All allegations of sexual abuse and sexual harassment reported for investigation in the past 12 months.
All hotline calls made during the past 12 months. Again, this is in the Auditors Handbook, page 59.

Interviews with staff and inmates. Note: PREA “Interview Protocols” i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates

View/review Offender Orientation/Admission/Intake

Thursday, April 4

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

IMPORTANT! 3:00 p.m. Review PREA standards and PREA template Questionnaire with Warden and Key staff. This is tedious and labor intensive, but the auditor feels it demonstrates a significant commitment to PREA compliance.

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local MH.

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

Friday, April 5

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

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

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

12:00 noon Depart Chillicothe Correctional Institution

The above agenda was accomplished, making adjustments as necessary with the visiting of all areas of the facility and reviewing of the operations of CCI.

Interviews with staff and inmates were conducted as outlined in the PREA Auditor Handbook. Specifically, 39 staff were formally interviewed from scripted protocols (18 random staff, including staff from each shift and 21, specialized staff). Additionally, numerous informal interviews and discussions were held with staff helping the auditors assess PREA standards compliance.

There were 57 formal inmate interviews (random inmate interviews and targeted interviews listed in the table of the PREA Auditor Handbook). As with staff, many informal interviews and discussions were held with individual inmates to help assess PREA standards compliance.

The auditors evaluated and assessed each standard listed in the template. Moreover, the auditors reviewed, with key staff, the template and each and every standard. A final assessment/review process for compliance determination was made upon completion of the summary report, with the conclusion of compliance based on the triangulation of 1) the preaudit information and review, 2) on-site tour/visit, and 3) follow-up reviews/written final report.

The ODRC and the CCI, in the audit team’s opinion, are committed to PREA compliance and have a zero tolerance policy for sexual abuse and sexual harassment in prison. This is noted throughout the
final report. and in many of the standards. Compliance is based on the review of interviews with staff and inmates, policies and procedures, and documents and information obtained at the facility and a final report is submitted as outlined in the summary of audit findings.

The auditors wish to acknowledge the ODRC Central Office/Support Services, and the staff and inmates at CCI for their help and assistance in completing this PREA audit.
Facility Characteristics

Chillicothe Correctional Institution (CC I) of the Ohio Department of Rehabilitation and Correction is located in central Ohio about 50 miles from Columbus, the capital city. The mailing address is PO Box 5500, Chillicothe, OH 45601, with the physical address as 15802 State Route 104 N. Chillicothe, OH 45601.

Chillicothe Correctional Institution is a very large, adult male, low to medium security facility. The facility site is approximately 1500 acres that sits on a 4 Lane Hwy. a few miles north of Chillicothe and across the Highway from another very large medium to close security Ohio correctional institution (Ross Correctional Institution). Also, in this area, there is a very large United States Veterans Administration Hospital.

The facility itself began construction in 1929 and was designed and opened as a federal reformatory in the 1930s. The facility was titled “United States Industrial Reformatory” and was in operation prior to the Congress of the United States establishing a Bureau of Prisons. The history further includes the fact that in 1966, the Ohio Department of Mental Hygiene and Correction, leased the facility and renamed it "Chillicothe Correctional Institute". Ohio purchased the facility in 1982 and the name was changed to Chillicothe Correctional Institution. The compound itself is approximately 72 acres inside a double, 14 foot, chain-link fence, patrolled by mobile security. This large compound is rectangular in shape, containing not only the buildings for administration, recreation, segregation, gymnasiums, food service, health care, operations, education and vocational schooling, chapels, auditorium, maintenance and housing, but also recreation fields/open air areas, including softball and baseball fields, football and track fields, weight pavilions and basketball areas. Special note, this is an old facility, originally with 12 brick security towers which now have been replaced by armed mobile security, high mast lighting, and camera and electronic technology, and although old, there is a “stately” appearance to the red brick buildings, and well-kept lawns especially the Administration and Housing buildings. All the compound buildings (28) were very clean and appropriately maintained.

Demographics of the Institution include: design capacity of 1673 (expansion has taken place over the last several years) with an average daily average population of 2698 adult males; ages ranging from 18 to 87 (no youthful offenders are housed at CCI), average length of stay is seven years; with approximately one quarter of the population minimum custody and three quarters medium custody. An exception to the demographics is a maximum security section of CCI with a separately housed and secured small group of 104 specialty classified death row inmates. CCI was selected as the site for these death row inmates for location, security, program opportunities, and the large number of staff at the facility. Staff demographics are 357 security staff, and 211 non-security staff. There are also 477 contractors and volunteers that assist with the operations of the facility.

There is a total of 56 buildings at CCI both inside and outside the compound. Housing Units for the inmate population include nine (9) open Bay/dorm housing units; four (4) multiple occupancy cell housing units; and four (4) single cell housing units. CCI has five (5) designated housing titles: 1) Privileged Housing; 2) General Population; 3), ITP-Inmate Therapeutic Program; 4) Program Units; 5) Death Row.

Departments at CCI include: Administration; Security; Unit Management; Facilities/Maintenance; Safety/Environmental; Food Service (Aramark Corporation/privatize); Health and Mental Care; Educational and Vocational; Recreation; Library Services; Religious Services; Laundry; Ohio Penal Industries; Drug Treatment Therapeutic Community; and subsections of these generalized departments.
Programs for the inmate population begin with Work programs, the Therapeutic Community, Ohio Penal Industries Programs; and the Educational and Vocational Programs. Job classification and program assignments are finalized by a Central Classification Committee. At orientation, inmates receive an initial assignment and after 90 days may request and seek out job changes. Inmates with disabilities would notify the ADA Coordinator and it is the policy of the ODRC not to discriminate against the disabled. The number of work/activity programs at CCI, the variety of leisure time activities, and the opportunity for the inmates to participate in self-improvement programs all have a goal of keeping inmates occupied and busy; but further, these programs/jobs/activities help keep inmates out of trouble and indirectly support PREA by helping eliminate sexual abuse and sexual harassment in prison.

Mission of the Chillicothe Correctional Institution is:

“Chillicothe Correctional Institution will strive to reduce violence and recidivism”.

Vision of the Chillicothe Correctional Institution is:

“The Chillicothe Correctional Institution will focus on staff concerns, while reintegrating productive citizens to our community.”

Chillicothe Correctional Institution is an American Correctional Association accredited institution.

The following poster is one of many posters displayed throughout CCI, further indicating CCI’s commitment to reporting, investigating, and preventing sexual abuse and sexual harassment in prison.
Do Not Live In Darkness . . . .
Shine The Light On Sexual Abuse and Sexual Harassment

If you, a friend or someone you know has been a victim of sexual abuse, sexual harassment, or has been threatened by sexual abuse, contact the Warden’s Office or any staff member immediately.

All alleged Sexual Abuse will be investigated and addressed in a confidential manner.

IF YOU COMMIT SEXUAL ABUSE BEWARE! WE WILL TAKE IMMEDIATE ACTION AND MAKE EVERY EFFORT POSSIBLE TO PROSECUTE YOU!!

“Achieving a Safe Environment For All Through Positive Change By All”
Summary of Audit Findings

Number of Standards Exceeded: Ten (10) standards exceeded

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment PREA coordinator.
Standard 115.21 Evidence protocol and forensic medical examinations.
Standard 115.31 Employee training Standard 115.35 Specialized training: medical and mental health care
Standard 115.41 Screening for risk of victimization and abusiveness
Standard 115.42 Use of screening information
Standard 115.51 Inmate reporting
Standard 115.71 Criminal and administrative agency investigations
Standard 115.81 Medical and mental health screenings; history of sexual abuse.
Standard 115.88 Data review for corrective action

Number of Standards Met: Thirty-three (33) standards met. Add two (2)

Standard 115.12 Contracting with other entities for the confinement of inmates.
Standard 115.13 Supervision and monitoring.
Standard 115.14 Youthful inmates.
Standard 115.15 Limits to cross gender viewing.
Standard 115.16 Inmates with disabilities and inmates who are limited English proficient.
Standard 115.17 Hiring and promotion decisions.
Standard 115.18 Upgrades to facilities and technologies.
Standard 115.22 Policies to ensure referrals of allegations for investigations.
Standard 115.32 Volunteer and contractor training.
Standard 115.33 Inmate education.
Standard 115.34 Specialized training: investigations.
Standard 115.43 Protective custody.
Standard 115.52 Exhaustion of administrative remedies.
Standard 115.53 Inmate access to outside confidential support services.
Standard 115.54 Third-party reporting.
Standard 115.61 Staff and agency reporting duties.
Standard 115.62 Agency protection duties.
Standard 115.63 Inmate reporting to other confinement facilities.
Standard 115.64 Staff first responder duties.
Standard 115.65 Coordinated response.
Standard 115.66 Preservation of ability to protect inmates from contact with abusers.
Standard 115.67 Agency protection against retaliation.
Standard 115.68 Post-allegation protective custody.
Standard 115.72 Evidentiary standard for administrative investigations.
Standard 115.73 Reporting to inmates.
Standard 115.76 Disciplinary sanctions for staff.
Standard 115.77 Corrective action for contractors and volunteers.
Standard 115.78 Disciplinary sanctions for inmates.
Standard 115.82 Access to emergency medical and mental health services.
Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.
Standard 115.86 Sexual abuse and incident reviews.
Standard 115.87 Data collection.
Standard 115.89 Data storage, publication, and destruction.
Add Standard 115.401 Frequency and scope of audits.
Standard 115.403 Audit contents and findings.

Number of Standards Not Met: Zero (0)

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

Summary of Corrective Action (if any)

Corrective action was not required, this is not to say that standards could not be improved (including “exceeds” standards). Moving towards an "exceeds" assessment or improving upon the level of “meets standard” or even improving upon the level of “exceeds” standards.
### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

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

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

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

Chillicothe Correctional Institution is a large, low-medium security, male institution that has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. This policy was developed for the Ohio Department of Rehabilitation and Correction and addresses all institutions and clearly outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This policy is 79-ISA-01 Prison Rape Elimination. This auditor had the
opportunity to interview Ms. Annette Chambers-Smith, Director ODRC and the Agency PREA Coordinator, Mr. Mark Stegemoller who support the Prison Rape Elimination Act, the Agency’s PREA policies, and the staff’s efforts to eliminate sexual abuse and sexual harassment in prison.

The PREA policy specifically states, “it is the policy of the Ohio Department of rehabilitation and correction to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by mandating a program of prevention, detection, response, investigation, and tracking. The department shall maintain a zero tolerance for sexual misconduct in its institutions and in the facilities in which it contracts for the confinement of inmates.” It was noted by the audit team that not only is the ODRC and the Chillicothe Correctional Institution committed to eliminating rape in prison, but also they are committed to a cultural change. This commitment was obvious at CCI as observed through the posters, flyers, reporting systems, and the training of staff and inmates. The cultural change advocates and supports the inmates right to be free from sexual abuse and sexual harassment, and the inmates and employees right to be free from retaliation for reporting sexual abuse. The agency’s posted information emphasizes “Break the Silence”. Inmates and staff are encouraged to report misconduct, and to work to keep both staff and inmates safe throughout the ODRC facilities.

The organizational charts reflect, at the agency level, a statewide PREA Coordinator with access to the Agency Director and at the institutional level, a PREA Compliance Manager with direct access to the Warden of CCI. Interviews with the Agency Director, the Agency PREA Coordinator, the Warden, and the Institutional PREA Compliance Manager all reflect their commitment to eliminating rape in prison and compliance with PREA standards. The audit team has reviewed several ODRC facilities including CCI and is impressed with the zero-tolerance policy, the training and testing of staff, and the efforts for a cultural change. There is a commitment to the safety and security of staff and inmates.

Based on the interviews and the audit team’s observation of operations of the ODRC and the Chillicothe CI, this standard is assessed as “exceeds”.

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

#### 115.12 (a)

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

#### 115.12 (b)

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

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

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

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

**Standard 115.13: Supervision and monitoring**

115.13 (a)

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

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

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration 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)

The ODRC Policy 79-ISA-01 Prison Rape Elimination, directs that each institution shall develop, document and make its best efforts to comply with the staffing plan that provides for adequate levels of staff and, where applicable, supplement with video monitoring supervision and monitoring efforts to protect inmates. The agency and the facility take into consideration the following:

1) generally accepted detention and correctional practices.
2) any judicial findings of inadequacy.
3) any findings of inadequacy from federal investigative agencies.
4) any findings of inadequacy from internal or external oversight bodies.
5) all components of the facility’s physical plant, including blind spots.
6) the composition of the inmate population.
7) the number and placement of supervisory staff.
8) institutional programs occurring on a particular shift.
9) any applicable state or local laws, regulations, or standards.
10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse.
11) any other relevant factors.

These considerations were discussed with the Warden and key staff.

ODRC policies and procedures further addressed supervision and monitoring. Policy 50-PAM-02 Inmate Communications/Weekly Rounds, and the CCI Staffing Plan specifically address supervision, monitoring, communications, and employee visits to various areas of the compound. Further, post orders indicate that higher level and intermediate level staff will conduct unannounced rounds. The
auditors reviewed employees sign-in logs and staff deviation logs, also documenting these unannounced supervisory rounds.

During the tour of the facility and while visiting over three days, the auditors reviewed operations, observed interaction between staff and inmates, and observed custody, care and control of the inmate population. These observations, and reviews, support compliance of this standard. The auditors also conducted interviews with the Warden, the Human Resources Manager, the Institutional PREA Manager, higher-level, intermediate, and specialized staff, which also helped confirm compliance.

Specific documentation supplied by the agency, and reviewed by the auditors, included:

1). ODRC Policy 79-ISA-01 Prison Rape Elimination.
2) 50-PAM-02 Inmate Communications/Weekly Rounds.
3) Shift Rosters
4) Employee Visits Record
5) CCI Staffing Plan

**Standard 115.14: Youthful Inmates**

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

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

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

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

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

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

The ODRC does not house inmates under the age of 18 at Chillicothe Correctional Institution. This facility, CCI, does not have youthful inmates, thus, this standard is assessed as “meets standard”.

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☒ NA

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

115.15 (c)

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

115.15 (d)

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

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

115.15 (e)

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

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

115.15 (f)

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

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

**Auditor Overall Compliance Determination**

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

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

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

Chillicothe Correctional Institution is a low-medium, all-male facility and does not house or maintain female inmates.
The ODRC Policy 79-ISA-01 Prison Rape Elimination, and Policy 310-SEC-01 Inmates and Physical Plant Searches addresses and outlines the agency policy concerning cross gender strip or cross gender visual body cavity searches. The policy clearly outlines that its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances. If any searches are made in an exigent circumstance, policy requires that the searches be documented.

Training through video training, and annual in-service training, and through shift briefing’s covering policies and procedures, and searches, has clearly pointed out that inmates have the right not to be sexually abused or sexually harassed, and that inmates and staff have the right not to be retaliated against for reporting sexual abuse or sexual harassment. 100% of all security staff have received training in conducting cross gender searches, pat-down searches, and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs. This information was related in the Pre-Audit Questionnaire (PAQ) and verified by review of training records, interviews and observation of searches.

In the past 12 months there have been zero (0) number of cross gender strip and/or cross gender visual body cavity searches of inmates.

This is an all-male facility, and there are zero (0) number of pat-down searches of female inmates by male staff.

The auditors toured all housing units, including inmate bathrooms and showers and it was evident that the inmates could shower, use the toilet, and change clothes without being viewed by a staff member of the opposite gender. There are appropriate shower curtains and curtain dividers to assist with this privacy policy. It is noted that this is a large and crowded institution, thus privacy is a difficult goal to meet, but the appropriate training of staff and inmates has been undertaken and accomplished to make sure that the institution complies with this privacy standard.

Female staff members announce themselves, or have the housing officer alert inmates, or alert inmates through an annunciator/light system when entering all housing units at CCI. This was observed by the PREA auditors.

ODRC Policy 79-ISA-05 LGBTI prohibits staff from searching or physically examining a transgender or intersex inmate for determining that inmate’s genital status. This question was asked of each random staff interviewed by the auditors and was consistently answered 100% “yes” by the male and female staff.

Based on the above information, staff and inmate interviews, review of institutional operations, and the review of the following areas of documentation by CCI:

1) ODRC policy 79-ISA-01 PREA,
2) ODRC policy 79-ISA-05 LGBTI,
3) Staff training records, and sign in sheets,
4) Security policy 310-SEC-01,
5) the staff video script training,
6) and the supplemental video script training pat-down searches of transgender and intersex inmates, the auditors assess this standard as compliant, “meets standard”.
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

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

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

- 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 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

- 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)

This standard, referencing inmates with disabilities and inmates who are Limited English Proficient (LEP) was reviewed by the auditors assessing the following:

a) the inmates benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment;
b) the inmates have meaningful access to information to prevent, detect and respond to sexual abuse and sexual harassment, including providing interpretation;
c) the inmates do not rely on inmate interpreters/readers except in limited circumstances; and it was determined that the inmates receive such benefits and furthermore, it was noted in the PAQ that there were zero (0) number of instances where inmate interpreters were used concerning first response duties, or investigative duties.

The agency policy 64-DCM-02, titled Inmates with Disabilities and the policy 79-ISA-01 Prison Rape Elimination addresses inmates with low literacy levels, and those who are not fluent in English, such
that they may benefit from the ODRC’s efforts to eliminate rape in prison. Policy 64-DCM-02 is quoted “It is the policy of the Ohio Department of Rehabilitation and Correction not to discriminate against individuals on the basis of disabilities in the provision of services, and program assignments, and other activities, as well as in making administrative decisions, and to provide reasonable accommodation to inmates when a demonstrated need exists.”

Upon admission to the ODRC, inmates receive a health evaluation and screening to include intellectual and developmental disabilities. Inmates receive both oral and written instructions not only about zero tolerance but also about the prevention of sexual abuse, self-protection, reporting, and treatment and counseling. Inmates with disabilities and LEP inmates are also instructed about reasonable accommodations for individual needs. The auditors reviewed these classification documents.

The auditors also reviewed the inmate video with “signing” and with “captioned” subjects. The contact for translation services in the contract for deaf service was also reviewed. The tour provided observation of many Spanish language posters, also assisting with PREA information. The Inmate Manual has also been translated into Spanish.

Interviews with staff and inmates and particularly with disabled inmates support compliance. Based on the auditors’ review, this standard is assessed as compliant and “meets standard”.

The following areas of documentation supplied by the agency were also reviewed (BOC, Bureau of Compliance, folders):

1) agency policy, Inmates with Disabilities 64-DCM-02;
2) agency policy, PREA 79-ISA-01;
3) the Translation and Interpretive Services mandatory contract;
4) deaf contract coordination services, Hallencross and Associates LLC;
5) inmate education video;
6) staff PREA test questions;
7) Inmate Manuals in Spanish and English.

**Standard 115.17: Hiring and promotion decisions**

**115.17 (a)**

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

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
• Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

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

• Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

There are eight subsections for this standard (a-h), addressing hiring, promotion, and background checks which were carefully reviewed by the auditors and discussed with the Warden and Human Resource Manager. The review consisted of the policies and forms of the ODRC and the State of Ohio (including civil service applications, law enforcement checks, and personal disclosures).

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

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

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

To further assess compliance, auditors reviewed the following documentation supplied by the ODRC Bureau of Compliance (BOC folders):

1) agency policy 31-SEM-02 Standards of Employee Conduct
2) agency policy 34-PRO-07 Background Investigation
3) agency policy 79-ISA-01 PREA
4) CCI Statement of Fact (no abusers hired)
5) Background Checklist, including; general information, fingerprints, leads, local law enforcement checks, education, personal references, employment, etc.
6) PREA related background check
7) Background Checklist. Logs.
8) PREA Annual Acknowledgment

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

### 115.18 (a)

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

### 115.18 (b)

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

**Auditor Overall Compliance Determination**
The Chillicothe Correctional Institution has submitted a Statement of Status that the facility has not acquired, constructed or substantially remodeled structures since the last PREA audit.

The auditors did review facility diagrams and schematics, indicating placement of 179 cameras throughout the facility, both inside and outside. The camera plans include a request for 82 new cameras to be placed in the facility, and this was documented on the Annual Staffing Plan. The Annual Staffing Plan is submitted by the Warden and his key staff including the PREA Manager at the facility through the chain of command to the Agency PREA Coordinator.

Video technology and camera placement and schematics for the present placement to assist with blind spots and sightlines was discussed with security staff, the Institutional PREA Manager, the Warden, and the Agency PREA Coordinator. Based on these interviews, the tour of the facility, the Annual Staffing Plan, the request of 82 additional cameras, and the schematics and diagrams of the video technology, the auditors assess this standard as compliant, “meets standard”.

The following documentation (BOC folders) was also reviewed in assessing standard compliance:

1) CCI Statement of Fact (no substantial expansion or modification of the facility)
2) Annual Staffing Plan detailing location and schematic of video technology/cameras for CCI

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

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

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

115.21 (c)

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

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

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

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

115.21 (d)

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

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

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The auditors reviewed standard 115.21 Evidence Protocol and Forensic Medical Examinations beginning with the Memorandums of Understanding (MOU) between the ODRC and the Ohio State Highway Patrol (OSHP); and the ODRC and the major forensic hospital, Ohio State University (OSU) Hospital. They also reviewed the agency policies, and the training of staff, specialty staff, (including medical, and investigators), the training of the Ohio State Highway Patrol investigators assigned to the institutions, and the training and communications with SAFE/SANE providers.

The evidence protocols and forensic medical examinations are thoroughly and comprehensively addressed by ODRC MOUs with OSHP for evidence protocols and OSU for forensic exams as adapted from the Department of Justice’s Office on Violence Against Women publication “A National Protocol for Sexual Assault Medical Forensic Examination Adult/Adolescents”. It was also noted that the Agency PREA Coordinator has held training and information meetings with SAFE/SANE practitioners. This exemplifies the efforts that the ODRC has made to ensure PREA compliance.

The OSHP assists in every investigation and assists with the decisions whether to begin with a criminal investigation or administrative investigation. Every allegation is investigated.

The agency is involved with crisis intervention centers throughout the state to ensure Victim Support Persons (VSP), specifically the Sexual Assault Response Network of Central Ohio (SARNCO) and if necessary, specially trained institutional VSPs. Chillicothe CI works closely with Adena Regional Medical Center and Ohio State University Medical Center for forensic exams and overall health care.
A review of the records and documents mentioned above, the posters presented at the institution and on bulletin boards, and interviews with specialty medical staff, Victim Support Persons, Ohio State Highway Patrol troopers, the Institutional Investigator, the Institutional PREA Compliance Manager and staff and inmates, all help to determine an exceeds compliance for this standard. Standard 115.21 is assessed as “exceed standard”.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

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

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

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

The ODRC has policies to ensure referrals of allegations for investigations. Moreover, staff is trained on their “duty to report”. This duty to report and responsive action is directed by ODRC policy 79-ISA-01 Prison Rape Elimination, and ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation. These staff and officers are recognized as First Responders and are responsible, by policy, for special actions by security staff and non-security staff (also see standard 115.61, standard 115.82).

There is a checklist for these policies and the checklist itself is a step-by-step action process that is thorough and comprehensive and helps ensure the appropriate referrals.

The ODRC PREA Coordinator has issued a “Statement in Fact” that you can find the ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation policy on the agency’s website. The website is www.drc.ohio.gov/policies/sexual-assaults.

When an allegation is made, the first responders follow the protocol for reporting through the appropriate channels. The Medical and Mental Health Department, the Victim Support Services, the Institutional Investigator, the Ohio State Highway Patrol, OSHP (if criminal), and the PREA Compliance Manager at the facility are all notified. There is a “PREA Incident Packet” for staff to complete as designated by the above noted checklist. The checklist also includes notifications to victims.

During the past 12 months there have been ten (10) number of allegations of sexual abuse or sexual harassment that were received and all ten (10) allegations were investigated. During the past 12 months, there were zero (0) number of criminal investigations. All investigations were completed. This information taken from the PAQ.

Based on the above information and review of the allegations of sexual misconduct, and interviews with the Ohio State Patrol Investigator and the Institutional Investigator, and interviews with staff and inmates, this standard is assessed as compliant, “meet standard”.

The following documentation (BOC folders) was used in assessing compliance

2) the Statement of Fact, addressing the publication of the PREA policy, and the Agency website address
3) the PREA Incident Report Application
4) the ODRC Evidence Protocol
5) the OSHP Evidence Protocol
6) the Ohio Administrative Code (OAC 5120-9-24) Incident Reporting and Investigation
TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

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

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

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The PREA auditors for the Chillicothe Correctional Institution have assessed this standard, Employee Training, as “exceeds”. The ODRC/CCI not only trains each employee about PREA during orientation, but also trains each year during employee in-service training and tests each employee helping to assure an understanding of PREA and its importance to helping eliminate rape in prison and promoting an effective and efficient facility operation. Training has always been key to professionalism in correctional facilities.

A record of this testing and scores achieved by staff exemplifies the commitment of the ODRC to accomplish the PREA goals and objectives and eliminate rape in prison. The auditors reviewed the training policies, curriculum, and the e-learning program. Impressive was the video scripts and Internet access that allows staff to access refresher training, and training as needed.

The auditors had many interviews with staff formally and informally and it was noted that there is a changing culture at the ODRC. This change is to “Break the Silence” as announced on posters throughout the facility. There is an understanding by staff within the ODRC that there is a real effort to prevent, detect, and respond to rape in prison. Staff are concerned with the safety and security of inmates and staff. These interviews, this change in culture, this commitment by the ODRC confirms that this standard substantially exceeds the requirement established.
Staff training is outlined in ODRC policy 79-ISA-01 Prison Rape Elimination. The policy outlines the following 10 bullets. These bullets were discussed with each employee who was formally interviewed, and many points were discussed in informal interviews with staff throughout the site visit:

1) agency zero-tolerance policy  
2) how to fulfill PREA responsibilities  
3) inmates right to be free from sexual abuse  
4) right of inmates and staff to be free from retaliation  
5) the dynamics of sexual abuse in confinement  
6) common reactions of sexual abuse/sexual harassment victims  
7) how to detect and respond to signs of threatened and actual sexual abuse  
8) how to avoid inappropriate relationships  
9) how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates  
10) how to comply with relevant laws related to mandatory reporting of sexual abuse.

The staff responded and answered positively and appropriately to the interview questions, and the above bullet points listed.

The Pre-Audit Questionnaire (PAQ), and training records indicate that 572 staff employed by the facility who have contact with inmates were trained and are re-trained on the PREA requirements noted in this standard.

Based on the ODRC policies, reviews of the training curriculum, the tour of the facility and the posters/information about PREA, and the interviews with staff, this standard is assessed as compliant “Exceeds Standard”.

**Standard 115.32: Volunteer and contractor training**

**115.32 (a)**

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

**115.32 (b)**

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

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All volunteers and contractors who have contact with inmates have been trained in their responsibilities under PREA. Mandatory training is directed by ODRC policy 79-ISA-01 Prison Rape Elimination. The training provided is based on the services that volunteers and contractors provide. All receive PREA training. The agency zero-tolerance policy and other issues concerning sexual abuse and sexual harassment and how to report such is included. The agency maintains documentation confirming volunteer/contractors, understanding and acknowledging the training they receive.

In the past 12 months 44 volunteers and contractors have been trained in the agency’s policies and procedures regarding sexual abuse/sexual harassment, prevention, detection and response. This training details the following:

1) the ODRC’s zero tolerance for sexual abuse.
2) the ODRC’s zero tolerance for sexual harassment.
3) how to report sexual abuse and sexual harassment.
4) sexual abuse and sexual harassment prevention.
5) sexual abuse and sexual harassment protection.
6) how to respond to sexual abuse and sexual harassment.
7) the legal prohibition on any sexual activity with inmates.
8) the identifiers of possible sexual assault victims.
9) sexual assault prevention strategies.

Volunteers and contractors were interviewed and clearly understood their responsibilities concerning PREA. Additionally, volunteers and contractors had been informed of the agency zero-tolerance policy concerning sexual abuse and sexual harassment. PREA training session reports (logs), are maintained documenting training along with the signed acknowledgment forms.

Review of the above policies, acknowledgment forms, and interviews with contractors and volunteers confirms an assessment of compliance, “meets standard”.

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**Standard 115.33: Inmate education**
115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Inmate education is directed that at intake, the inmates are made aware of the zero tolerance policy of the ODRC and how to report instances of, or suspicions of sexual abuse and/or harassment. The auditors attended intake at CCI.

This standard, 115.33, and its eight subsections a-f, directs that within 30 days of intake, inmates receive this zero tolerance information as well as how to report instances of sexual abuse or sexual harassment. Materials and information are delivered at the time of intake, and posters, in both Spanish and English are available on bulletin boards to the newly received population. Inmates have the right to be free from sexual abuse and harassment. This information is core central to the staff and inmate education programs.

It is noted that inmates who are limited English proficient or otherwise disabled are educated on their rights, zero-tolerance policy, and how to report sexual abuse or sexual harassment. The agency in presenting the video scripts, and educational material to the inmate population, documents the training process.

The number of inmates admitted to CCI in the past 12 months, who received information at intake, was 1264, and the number of inmates in the facility who did not receive comprehensive education within 30 days of intake was zero (0). This number documented in the PAQ. Each inmate received at CCI has an inmate orientation checklist completed during the intake process. This checklist is comprehensive. It is divided into two parts, immediate PREA information and medical information which is completed upon arrival, and the follow-up second part completed within seven days (well within the 30-day timeframe).

Based on the auditors’ review of policies and documents, the Inmate Manual, posters, and interviews with inmates throughout the facility, this standard is assessed as compliant, “meets standard”

The auditors also used the BOC folders. Attached to this standard was the following documentation:
1) CCI mass education, 2014
2) Inmate Orientation policy 52-RCP-10
3) Inmates with Disabilities policy 64-DCM-02
4) ODRC policy 79-ISA-01 PREA.
5) the Inmate Orientation Checklist interview sheet (sheet filled out on each inmate and signed by the inmate).
6) Inmate Video scripts.
7) Inmate Manuals, (PREA, appendices, Spanish and English).

**Standard 115.34: Specialized training: Investigations**

**115.34 (a)**

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

**115.34 (b)**

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

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

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

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

**115.34 (c)**

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

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

The Ohio Department of Rehabilitation and Correction (ODRC), and the Ohio State Highway Patrol (OSHP) train their investigators concerning compliance with the law addressing PREA, evidence protocols, investigative procedures, and in conjunction with specialty training concerning sexual abuse in confinement settings.

Specialized training also includes interview techniques of sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate any case for administrative action or prosecution referral.

There is a Memorandum of Understanding between the ODRC and the OSHP concerning the cooperative effort to eliminate rape in prison. Both investigative staff of the ODRC and the OSHP were interviewed.

Based on the MOU, the training curriculum, the documentation of training, and the auditors’ interviews with investigators, this standard is assessed as “meets standard”.

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The auditors reviewed the ODRC policy 79-ISA-01 Prison Rape Elimination, which directs the following:

“All full-time and part-time Medical and Mental Health staff and contractors receive specialized training to include, but not limited to:

a) how to detect and assess signs of sexual misconduct.
b) how to preserve physical evidence of sexual abuse.
c) how to respond effectively and professionally to victims of sexual misconduct.
d) how and to whom to report allegations or suspicions of sexual misconduct.
This policy emphasizes zero tolerance of sexual abuse and sexual harassment in prison and the agency’s commitment to preventing, detecting, and responding to sexual abuse and sexual harassment in prison.

It was clear from the interviews with Healthcare staff and inmates that they were well-trained concerning all PREA issues. Healthcare staff were observed by the auditors to be dedicated in accomplishing their duties and responsibilities and were most concerned about individualized treatment. This left a very positive impression upon the auditors and can further be noted in standard 115.81 Medical and Mental Healthcare Screenings. The auditors, because of the interviews with specialized staff and the interviews with inmates, many who complemented health care at this very large facility, and because of the training and testing of Health Care staff, made an assessment of “exceeds standard”.

The auditors also reviewed the following Bureau of Compliance (BOC) documentation presented in the PAQ:

1) specialize mental health training (training attendance documented)
2) memo statement indicating zero (0) forensic exams performed at Chillicothe Correctional Institution
3) e-learning reports, documenting attendance
4) Training Session Reports further documenting training
5) contractor/volunteer/intern Training Acknowledgment Form
6) ODRC policies regarding training
7) PREA Medical and Mental Health Specialized Training (a thorough 64 page curriculum, including pre-test and test information and exhibits, most impressive training).

Based on the above information and documentation, based on Specialized Medical and Mental Health staff interviews, and based on the formal interviews with staff and inmates, this standard is assessed as compliant, “exceeds standard.”

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

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

**115.41 (c)**

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

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  
  ☒ Yes  ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?  
  ☒ Yes  ☐ No
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes  ☐ No

115.41 (e)

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes  ☐ No

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes  ☐ No

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

115.41 (f)

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

115.41 (g)

Does the facility reassess an inmate’s risk level when warranted due to a: Referral? ☒ Yes  ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Request? ☒ Yes  ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse? ☒ Yes  ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes  ☐ No

115.41 (h)

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

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

Auditor Overall Compliance Determination

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

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

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

The PREA assessment process for the ODRC is described in a memo to the PREA auditors, from the Agency PREA Coordinator, as follows: “upon admission to any facility, all inmates are immediately assessed by our Medical Department. The assigned nurse initiates the assessment and completes the first screen. The assessment is then put into a queue for the Case Managers. The Case Managers check their ‘in progress’ assessments and complete the second screen. The assessment then goes into the Unit Manager queue. The Unit Managers check their ‘pending UM’ cases and determine if the inmate does not need a PREA classification or they recommend a classification listed below to the Unit Management Chief (UMC):
Victim (high risk)
Abuser (high risk)
Potential Victim
Potential Abuser.
If a PREA classification is recommended, the UMC determines the final classification and develops the PREA Accommodation Strategy with the Unit Management Team. This strategy will address housing, programs, work, and education with the goal of keeping inmates safe.
All transgender and intersex inmates are referred to the PREA Accommodation Strategy Team.” This lengthy quote is used to emphasize how well and how thorough the screening for risk of victimization and abusiveness is accomplished within the ODRC.

The PREA auditors have seen many assessment processes and the ODRC process is one of the best. Additionally, the ODRC assessment process has been shared with other states, agencies, and private prisons, and the auditors have seen and been told about the help the ODRC has given them by sharing this process. The auditors were impressed and believe that this standard substantially exceeds the requirement of the standards for its attention to detail, and the administration of the assessment process.

The auditors interviewed numerous staff and inmates concerning this assessment process and it is clear that there is individual treatment of the inmate population, and that the Unit Management Teams and all staff work hard, not only to assess the inmates, but to assist with the goal of eliminating rape in prison.

PREA Risk Assessment and Accommodation Strategies are outlined in ODRC policy 79-ISA-04, entitled the same.
The ODRC policies require that inmates are screened within 72 hours of intake. Inmates who need further assessment or need to be reassessed for being sexually abusive or at risk of sexual victimization are appropriately seen within 30 days. Simply, ODRC does timely assessments.

Inmates are not disciplined for refusing to answer or for not disclosing their own perception of gender, previous victimization, or their own perception of vulnerability.

Based on the interviews with staff and inmates, based on the quality of the screening instrument, based on the fact that the instrument is a multidisciplinary format beginning with the review by Medical and Mental Health staff, followed by Unit Management staff, and appropriate Security staff; and based on the ODRC Departmental Offender Tracking System (DOTS), the auditors assess this standard as "exceeds standard".

### Standard 115.42: Use of screening information

**115.42 (a)**

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

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

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

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

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

**115.42 (b)**

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

**115.42 (c)**

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination
The ODRC’s use of the screening tools and the assessment process is impressive. This begins with the individualized treatment extended by the Healthcare Department, Unit Management Teams, and the Security staff itself. Additionally, ODRC’s commitment to preventing, detecting, reporting, and eliminating rape in prison is noticeable in the culture change. Posters and information concerning PREA are found throughout the prison, staff is knowledgeable on what to do, and importantly, inmates know how to report and be safe. This groundwork has been improved upon, and importantly has led to improved safety and security. The use of screening information by Unit Management Teams has simply given inmates the opportunity to feel safe at the Chillicothe Correctional Institution. This assessment is based on the many formal and informal interviews the auditors had with inmates and staff at CCI.

CCI makes determinations on how to insure the safety of each inmate. From the moment they enter the facility throughout their incarceration, the Unit Management Teams make assignments, and specifically address transgender and intersex inmates on a case to case basis. Importantly, giving consideration to the inmate’s own opinion and perceptions. The information is clearly and carefully used to make proper placement in housing locations, work locations, and program assignments.

Unit Management Teams identify special needs inmates and address special accommodations that may be required to accomplish safety, appropriate custody and care, and control of all inmates.

The auditors preaudit review included the following:

1) Policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies
2) Policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI)
3) the PREA assessment process instructions
4) the PREA assessment checklist
5) the PREA Accommodation Strategy Team computer review screen
6) the lists of LGBTI inmates, transgender/intersex inmates, at risk inmates, inmates who previously reported victimization, abusive inmates, etc. (ODRC does a good job with their assessment lists)
7) the PREA classification reports generated in the DOTS system.

Based on the Ohio Risk Assessment System (ORAS) above policies, procedures, assessment tools and risk assessment tools, and based on the many interviews with staff and inmates at CCI, the auditors assess this standard as “exceeds”.

Standard 115.43: Protective Custody

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

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

**115.43 (b)**

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

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

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

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

**115.43 (c)**

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

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

**115.43 (d)**

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

115.43 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

ODRC policy 79-ISA-04 Risk Assessment and Accommodation Strategies prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no other option. It is noted that CCI has limited segregation cells for its large population, thus, any placement of inmates for any reason in segregation would be carefully reviewed, considered, and alternatives discussed. This was confirmed with interviews of staff from the Warden, higher and intermediate level staff, specialized staff, and random staff throughout the facility.

There have been zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months. Zero (0) number while awaiting completion of assessment or awaiting alternative placement.

Based on review of policies and procedures, the review of restricted housing, and interviews with staff and inmates, this standard is assessed as compliant, “meets standard”.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

☒ Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  ☒ Yes  ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

As with the previous standards 115.41 and 115.42, the Assessment Process and Use of Screening Information, this standard, 115.51 Inmate Reporting is assessed by the auditors as exceeds, heavily
based on the ODRC’s ability to change prison culture, to “Break the Silence”, to let inmates know that they have the right not to be sexually abused or harassed in prison.

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation outlines the procedures for reporting. The policy Part VI. Procedures, indicates the following ways to report:

verbally to any staff member
in writing to any staff member
to the Operations Support Center
to an outside agency (Franklin County Juvenile Detention Center).
*89 (which can take anonymous phone calls as well)
reporting for a friend or relative
reporting to someone who did not work at the institution
to the Bureau Chief of Quality Assurance, Ohio Division of Youth Services (anonymously, in writing) even to the OSHP

The auditors reviewed, prior to the on-site visit, the agency policy concerning PREA Incident Report Forms, MOU’s with DYS and Franklin County Juvenile Services, the Inmate Manual, the staff electronic handbook, staff training, and video scripts outlining reporting procedures. While at the facility, the auditors reviewed posters throughout the facility, indicating how to report and notices with phone numbers on how to report and phone stations in kiosks.

The ODRC requires documentation of reports of sexual abuse and sexual harassment, whether made verbally, in writing, anonymously, or from third party. Staff can also report, privately, sexual abuse and sexual harassment of inmates.

The PREA auditor made a test call to the Franklin County Juvenile Services Hotline number and the PREA Coordinator was alerted to the test call and relayed the printed information to the auditor. Simply, the test call was successful and accomplished notification and did allow anonymity if requested.

Based on the above information and based on the interviews with staff and inmates at the facility, this standard is assessed as “exceeds standard”.

**Standard 115.52: Exhaustion of administrative remedies**

**115.52 (a)**

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

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

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

115.52 (c)

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

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

115.52 (d)

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

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

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

115.52 (e)

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

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

115.52 (f)

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

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

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

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

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

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
The ODRC does not use an inmate grievance process for reports of allegations of sexual abuse or sexual harassment.

The grievance filed reporting an allegation of sexual abuse or sexual harassment is immediately forward/channeled to the Institutional Investigator for proper handling and not through the grievance process.

A memo from the Agency PREA Coordinator details the process for reporting, and the timeframes required to comply with PREA. Grievance time frames are not applied to PREA allegations.

Based on the above information and the non-applicability of grievance procedures this standard is assessed as “meets standard”. Special note, the standard 115.51 Inmate Reporting is assessed as “exceeds”.

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

**115.53 (a)**

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

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

**115.53 (b)**

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

**115.53 (c)**

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No
Chillicothe Correctional Institution is directed by the ODRC policy 79-ISA-01 Prison Rape Elimination, to furnish the inmate population with addresses and phone numbers for access to outside confidential support services. This is accomplished at CCI through posters, that the auditors saw throughout the facility, information in the Inmate Manual, verbal and written handouts distributed upon intake, and through the Unit Management Teams. There were also information kiosks in each housing unit, and at the Library.

The auditors reviewed the agency policy, the MOU between the Sexual Abuse Response Network of Central Ohio (SARNCO) and CCI, the PREA posters at CCI, the intake process, and the confidential victim support services number (844-OHIO-HELP).

Nationwide and areawide sexual support services with phone numbers and addresses are available.

Based on the above policy, the above services listed, and based on staff and inmate interviews, this standard is assessed as "meets standard".

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

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

In conjunction with the standard 115.51, inmates can accomplish third-party reporting simply by having a friend or family member contact the ODRC (or the outside agency) through their phone numbers or by emailing the Support Services/Central Office, <DRC.ReportSexualMisconduct@odrc.state.oh.us> website.

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

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**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

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

**115.61 (a)**

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

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

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

**115.61 (b)**

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

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The ODRC requires all its staff and facilities and the Chillicothe Correctional Institution staff to report immediately and according to policies 79-ISA-01 Prison Rape Elimination and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at the CCI. This policy also stipulates that retaliation, third-party and anonymous reports shall also be reported to the Institutional Investigator.

The duty to report sexual abuse and sexual harassment must be made immediately.

The Institutional Investigator is responsible for monitoring retaliation and working with the OSHP on all allegations of sexual abuse. Involving the OSHP clearly demonstrates the ODRC’s commitment to eliminate rape in prison.

CCI has zero tolerance for sexual abuse and sexual harassment, this the auditors noted from their interviews with staff and inmates, posters and notices indicating how to report sexual abuse and sexual harassment, and the efforts by staff to comply with PREA law. It was obvious that staff and inmates had been trained and educated concerning PREA.

Staff training videos and staff curriculum referencing PREA and outlining staff’s duty to report were reviewed by the audit team. Formal interviews with random staff from each shift confirmed staff’s knowledge on their duty to report. Further, the question, does the agency “require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that
“occurred in this facility?” was asked directly in all formal staff interviews. Without fail, the question was answered affirmatively.

Based on the auditors’ interviews with random staff, specialized staff, intermediate and higher-level staff, and based on the review of policies, procedures, training, this standard is assessed as compliant, “meets standard”.

**Standard 115.62: Agency protection duties**

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

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

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

The audit team reviewed the data from the PAQ concerning inmates subject to substantial risk of imminent sexual abuse. The PAQ revealed that in the past 12 months there have been zero (0) number of times that the facility determined that an inmate was subject to substantial risk of imminent sexual abuse. This was very positive information about the facility. However, to look further, the audit team interviewed numerous inmates and staff asking questions of whether the staff and inmates knew what to do if an inmate was at risk of imminent sexual abuse. The questions were always answered affirmatively and were further supported by staff and inmate training.

The question was asked of staff, how quickly would they respond if an inmate reported to them that they were at risk of imminent sexual abuse? Again, the answers to this question were very positive, and the term “immediately” was heard over and over again by the audit team.

The audit team reviewed the data from the PAQ concerning inmates subject to substantial risk of imminent sexual abuse. The PAQ revealed that in the past 12 months there have been zero (0) number of times that the facility determined that an inmate was subject to substantial risk of imminent sexual abuse. This was very positive information about the facility. However, to look further, the audit team interviewed numerous inmates and staff asking questions of whether the staff and inmates knew what to do if an inmate was at risk of imminent sexual abuse. The questions were always answered affirmatively and were further supported by staff and inmate training.

The question was asked of staff, how quickly would they respond if an inmate reported to them that they were at risk of imminent sexual abuse? Again, the answers to this question were very positive, and the term “immediately” was heard over and over again by the audit team.

The agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation outlines how to handle reports of substantial risk of imminent sexual abuse. The following is detailed:

1) all reports shall be immediately forwarded to the investigator, the Unit Management Chief, and the shift supervisor.
2) when considering the protection of staff or inmates, staff shall consider housing changes, transfers, and/or removal of alleged staff or abusers.
3) the risk of imminent sexual abuse shall be investigated by a staff member assigned by the Managing Officer.
4) inmates shall not be placed in involuntary segregation unless there is no alternative.
5) appropriate paperwork will be completed.
6) the Managing Officer’s designee shall provide a documented response within 48 hours.
7) a documented final decision will be made within five calendar days.
8) the Imminent Risk of Sexual Abuse Form will be sent to the Unit Management Team for special screening.

Based on the ODRC policy and procedures, and based on interviews with inmates and staff, including the Warden, and the PREA Manager, this standard is assessed as compliant, “meets standard”.

**Standard 115.63: Reporting to other confinement facilities**

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

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

115.63 (c)
- Does the agency document that it has provided such notification? ☒ Yes ☐ No

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

**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)*

As an overall observation, the PREA audit team for CCI noted that communications in the ODRC is at a high level. There is an agency oversight and communication throughout the organization, up-and-down the organizational chart, and the communications is especially notable referencing PREA. The
statewide Agency PREA Coordinator, and the Bureau Chief of the Bureau of Operational Compliance foster communications between facilities throughout Ohio, sharing best practices, insights, and helpful suggestions. For this standard, an atmosphere of good communications is essential. The ODRC has excellent channels of communication.

The ODRC has a policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the facility where the sexual abuse is alleged to have occurred.

The CCI documents these allegations and notifies the agency/facility where this occurred. During the past 12 months, the facility received one (1) allegation that an inmate was abused while confined at another facility. The auditors reviewed the documentation and notification. During the past 12 months, six (6) allegations were received from other facilities alerting CCI that an inmate had made an allegation of sexual abuse. Again, the auditors reviewed the documentation and notifications.

CCI makes notifications to the agency or facility within 72 hours of receiving the allegation. Additionally, agency policy requires that allegations received from other facilities and agencies are investigated.

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

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**Standard 115.64: Staff first responder duties**

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

ODRC policy 79-ISA-01 Prison Rape Elimination, directs the First Responder duties for the staff of the ODRC and the Chillicothe Correctional Institution. The staff duties are outlined as follows:

1) the first responder, non-security, separate victim and abuser, advise victim not to destroy any evidence, and completes the incident report (notification).
2) the first responder, security, will separate victim and abuser, preserve and protect the crime scene, review the time periods, contact Medical Services, notify Investigator/OSHP, notify PREA Manager, notify Victim Support, and complete the incident report.

These two steps taken directly from policy.

In the past 12 months, there have been three (3) allegations that an inmate was sexually abused at Chillicothe Correctional Institution. Of these allegations, the first security staff member to respond to the report separated the alleged victim and abuser on these three occasions. Also, within the past 12 months, two (2) of these allegations were within a time period that still allowed for the collection of physical evidence. There were zero (0) times that a non-security staff member was the first responder. The auditors reviewed the investigations, inmate notifications, and reviewed such with appropriate staff. Specific numbers were taken from the PAQ and the classification, DOTS (tracking system).

The staff are well trained in the performance of their duties based on interviews with staff and training records. Training is documented and was reviewed by the auditors. Many staff had PREA First Responder information “pocket-cards” to assist them with their emergency duties.

Based on the above policy and procedures and interviews with staff and inmates, the auditors confirmed compliance, “meets standard”.

Standard 115.65: Coordinated response
115.65 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

Chillicothe Correctional Institution has a local institutional policy, number CCI-ISA-02, Sexual Abuse Coordinated Response Plan. “The purpose of this policy is to establish the facility’s coordinated actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health staff, investigators, and institutional leadership. This plan shall be used as a supplement to Departmental Policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.”

The policy, addresses procedures which include:

- initial response (reporting)
- response to sexual abuse
- medical responsibilities
- mental health responsibilities
- investigator responsibilities
- support services (SARNCO).
- completion of the investigation
- institutional leadership.

The Institutional PREA Manager (Compliance Manager) is responsible for documenting and overseeing the institutional prevention, detection, and responding to sexual abuse and sexual harassment. The PREA Manager is also the chair of the Sexual Abuse Response Team (SART) reviewing sexual abuse cases, thus, helping ensure a coordinated response and a comprehensive review.

Based on the above information outlined in the policies, and based on interviews with the Warden, the Institutional PREA Manager, institutional leadership, including Medical and Mental Health staff, the Sexual Abuse Response Team, and the Agency PREA Coordinator, this standard is assessed as compliant, “meets standard”.

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

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

115.66 (b)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documentation was provided to the PREA auditors that the ODRC has the ability to protect inmates from contact with abusers, reference collecting bargaining agreements. Specifically, the Ohio Department of Rehabilitation and Correction has entered into a new or renewed collective bargaining agreement that allows for the preservation of the ability of the ODRC to protect inmates from contact with abusers. The agreements are with the OCSEA/AFSCME, the OEA/NEA, and SEIU 1199.

Based on the above and based on the auditors’ review of the contracts, as well as discussions and interviews with the Warden, the Institutional PREA Manager, the Agency PREA Coordinator, and key staff, the auditors assess this standard as compliant, “meets standard”.

Standard 115.67: Agency protection against retaliation

115.67 (a)

• Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

• Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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)*

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

Protection from retaliation for reporting sexual abuse or sexual harassment is further emphasized and addressed in the ODRC employee handbook on the Internet. Retaliation for reporting sexual abuse is also outlined in the Inmate Manual for CCI. When interviewed, staff and inmates were knowledgeable and aware of their right to be protected against such retaliation.

The formal scripted interviews for inmates, asked if they knew of their right to not be retaliated against for reporting sexual abuse and sexual harassment. The answers to this question were overwhelmingly in the affirmative and the inmates were aware of their rights. The staff were also asked questions concerning inmate rights and the staff’s right not to be retaliated against for reporting sexual abuse or sexual harassment. The staff indicated that they had been trained in the inmate’s right not to be sexually abused and had been trained in their right not to be retaliated against for reporting sexual abuse and harassment.

The Institutional Investigator is responsible by policy for monitoring retaliation.

The ODRC/CCI requires monitoring every 30, 60, and 90 days or longer if necessary, regarding cases of retaliation. This is more than required by the standard itself. The PAQ reports that there have been zero (0) instances of retaliation to have occurred in the last 12 months. There is also a Statement of Status that indicates zero (0) instances of retaliation at CCI.

Based on the auditors’ interviews with the Warden, the Institutional Investigator, the Institutional PREA Manager, and random staff and inmates, and based on review of policies, procedures, and investigations, the auditors assess this standard as compliant, “meets standard”.
Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

CCI is a level I - level 2 security level facility based on a 1 to 5 scale (level I being the lowest level and level 5 being the Super Max level). This to note that protective custody is seldom used at CCI. Inmates in need of protective custody are generally sent to a medium security or higher-level facility. The PAQ illustrates this by indicating that zero (0) number of inmates were held in involuntary segregated housing waiting completion of assessment at CCI. Moreover, zero (0) number of inmates who allege to have suffered sexual abuse were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while waiting for alternative placement. Furthermore, it was earlier documented that in the past 12 months, there were zero (0) number of times that the facility determined that an inmate was subject to substantial risk of imminent sexual abuse. Again, this information taken from the PAQ and reviewed by the audit team.

Involuntary segregation is used only as a last resort for protection at Chillicothe CI. Unit Management Teams individually assessed inmates and appropriately screened all inmates to ensure safety, custody, care and control. The auditors reviewed assessment screens and the assessment process, which, as outlined in standard 115.41 and 115.42 exceeds the requirement of the standards and helps accurately classify ODRC’s inmate population. The ODRC system classification screen for inmates held in involuntary segregation for the most recent printout reveals zero (0).

Based on the above policy, classification information, and based on interviews with Unit Management staff, Assessment staff, and other specialized staff, this standard is assessed as compliant, “meets standard”.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations
115.71 (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b) 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 (c) 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 (d) Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

115.71 (e) Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

115.71 (f) 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

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

**Auditor Overall Compliance Determination**

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

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

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

The ODRC policy 79-ISA-01 Prison Rape Elimination, and policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, present and outline a very thorough
and extensive investigative approach for the investigators of the ODRC, the Ohio State Highway Patrol, and the staff of Chillicothe Correctional Institution. Their approach, ascertained by review of the records and by interviews, indicate a knowledge and expertise of the investigating authorities. The investigators (both the OSHP and CCI Investigators) were professional, cooperative, informative, and knowledgeable concerning criminal and administrative PREA investigations at CCI.

The audit team was impressed with the cooperation and teamwork exhibited between investigators, and agencies.

The policies of the ODRC address all sub-standards as listed in the checklist above. The investigative policy of the OSHP’s, the laws of the State of Ohio, and the OSHP Uniform Process for Evidence Collection, all help relate to and aide the thorough and expert investigative process.

The professional collaboration of the OSHP and the ODRC is exhibited by the Memorandum of Understanding outlining the following procedural details:

1). PREA incident investigations.
2). Victims of sexual abuse medical examinations.
3). Victim advocate/Rape Crisis Center assistance.
4). Specialized training.
5). Investigator evidence collection.
6). Investigator interviews.
7). Credibility of victims, witnesses.
8). Documentation.
9). Substantiated allegation referral, and
10). The departure of victim or abuser from employment or control of the facility.

The OSHP has an office at the CCI as part of the Institutional Investigator's office complex. This signifying the professional involvement of the OSHP and the CCI.

It is noted that there were zero (0) number of substantiated allegations that appear to be criminal that were referred for prosecution since the last PREA audit at CCI. Additionally, as part of the policy, the agency retains all written reports pertaining to administrative or criminal investigations throughout the ODRC. These reports are retained according to state retention schedule. Special investigative cases are retained for 10 years after the inmate has reached final release and/or 10 years after the employee is no longer employed by the agency. The OSHP retains criminal records to be held indefinitely for all criminal investigations.

Based on the above information, the review of investigations, interviews with specialized staff, and the collaborative work of investigators at CCI and the OSHP, the audit team assesses this standard as “exceeds”.

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

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

Auditor Overall Compliance Determination

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

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

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

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

Based on the above policy, and interviews with the Institutional Investigator and the Warden, the audit team assesses this evidentiarily standard as compliant, “meets standard”.

**Standard 115.73: Reporting to inmates**

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

- Following an inmate’s allegation that a staff member has committed sexual abuse against the 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)
The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requires that when an inmate makes an allegation of sexual abuse, he is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Every allegation is investigated, and every investigated allegation is reported to the inmate verbally or in writing with the finding of such an investigation as to whether it was substantiated, unsubstantiated or unfounded.

In the past 12 months there have been three (3) administrative and/or criminal investigations completed at the CCI. In the past 12 months there have been three (3) notifications to inmates that were provided, pursuant to this standard. These notifications were documented and further outlined in the PAQ.

Based on the review of the notifications to the inmate, and interviews with staff and inmates, the audit team assesses this standard as compliant, “meets standard”.

### DISCIPLINE

**Standard 115.76: Disciplinary sanctions for staff**

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

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

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

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

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

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

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

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

The Ohio Revised Code, (Employees Limitation of Authority) is quoted and the declaration is clear, “sexual conduct with an inmate or anyone under the supervision of the ODRC is considered criminal. The ODRC will refer and pursue all cases for criminal prosecution.”

The ODRC policy 79-ISA-01 Prison Rape Elimination, and Personnel Policy 31-SEM-02 Standards of Employee Conduct direct that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policy.

The Pre-Audit Questionnaire was reviewed for the following information.

A) In the past 12 months there have been zero (0) number of staff that have been terminated or reassigned prior to termination for violating agency sexual abuse or sexual harassment policies.

B) In the past 12 months there have been zero (0) number of staff who have been reported to law enforcement or licensing boards, following their termination or resignation prior to termination for violating the agency sexual abuse or sexual harassment policies.

Based on the above information, and review of the personnel and agency policies and interviews with the Warden and the investigative staff, this standard is assessed as compliant, “meets standard”.

**Standard 115.77: Corrective action for contractors and volunteers**

**115.77 (a)**

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

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

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

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

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

Corrective action and discipline for contractors and volunteers is defined by policy 79-ISA-01 Prison Rape Elimination and 71-SOC-01 Recruitment, Training and Supervision of Volunteers. Specifically, 79-ISA-01 states “In accordance with the ODRC policy 71-SOC-01, Recruitment, Training and Supervision of Volunteers, and ODRC policy. 39-TRN-12, Contractor Orientation, any contractor or volunteer who engages in sexual misconduct is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing boards.” Contractors, volunteers and others who fall under the standard have been trained in and alerted to these policies, rules, and regulations. The Ohio Revised Code may also apply to contractors and volunteers as noted in the previous standard.

Additionally, the auditors reviewed the “Acknowledgment of Receipt of the Standards of Conduct for Contractors, Volunteers and Interns”. This form indicates that the volunteer, contractor, or intern has read and understood the rules and regulations in the Standards of Conduct, and that they are entering a correctional institution that carries a responsibility to ensure safety and security at the facility.

A Statement of Status indicates that no volunteer or contractor has engaged in sexual abuse and the PAQ indicated that in the past 12 months there have been zero (0) number of contractors or volunteers reported to law enforcement for sexual abuse.

The facility takes appropriate discipline and/or remedial measures, for violation of sexual harassment policies by a contractor or volunteer.

Based on the above information, the above policies, and based on interviews with volunteers and staff, this standard is assessed as compliant, “meets standard.”

**Standard 115.78: Disciplinary sanctions for inmates**

**115.78 (a)**

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

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

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)

Disciplinary sanctions for inmates are governed by the ODRC, by the inmate Rules of Conduct 5120-9-06, by the Administrative Code, by the Rules Violations/Disciplinary Violations, and by the Inmate
Disciplinary Process. Administrative Code 5120-9-07 and Administrative Code 5120-9-08 define and list the Disposition of Rule Violations. This information is available to the inmates through the Inmate Manual, handouts, the Law Library, the Library, and the electronic kiosk machines in each dorm.

Inmates are subject to sexual abuse criminal prosecution after an investigation, and referral by the Ohio State Highway Patrol to the appropriate state prosecutors/judicial authorities or administratively subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding.

In the past 12 months there have been zero (0) number of inmate on inmate sexual abuse findings that have occurred at the facility. This is zero (0) number for both administrative and criminal findings.

The following information is detailed in the PAQ:

> the facility offers therapy, counseling, or other interventions.
> the facility disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
> the agency’s prohibits disciplinary action for a report of sexual abuse made in good faith.
> the agency prohibits all sexual activity between inmates.

This information taken from the facility’s Pre-Audit Questionnaire and reviewed by the auditors.

Based on the auditors’ review of the PREA information, disciplinary policies, observation of the actual disciplinary process, and based on interviews with staff and inmates, the auditors assess this standard as compliant, “meets standard”.

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**MEDICAL AND MENTAL CARE**

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

**115.81 (a)**

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

**115.81 (b)**

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

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

The ODRC policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies, directs that all inmates that have disclosed any prior sexual victimization during assessment screening, pursuant standard 115.41 are offered a follow-up meeting with a Medical or Mental Health practitioner. This follow-up is offered within 14 days of the intake screening at Chillicothe Correctional Institution. It is noted, in section 115.81(a)/(c)-3 of the Pre-Audit Questionnaire, 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a Medical or Mental Health practitioner. Additionally, 100% of the inmates who previously perpetrated sexual abuse as indicated in this same screening were offered a follow-up meeting with a Mental Health practitioner.

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation states that “any information related to sexual victimization or abusiveness that occurred in an institutional setting, shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary.”
CCI emphasizes individualized treatment, and the auditors noted that risk assessment, follow-up, healthcare, and mental health care for the victim as well as mental health care for the abuser is seriously changing the culture of prison incarceration in the ODRC. Issues are not ignored and are addressed. Chillicothe CI is a very large institution, but it is clear that the Health Care staff is committed to individualized treatment and assisting the inmate in preparation for return to society. There is a team effort and a multidisciplinary approach to treat the victims and abusers at CCI.

Based on the review of the assessment process, the documentation and follow-up, mental health screenings, the attention to the history of each inmate by specialized staff, and the observation of the operation of CCI and the leadership and direction offered by key staff, the auditors assess this standard as “exceeds standard”.

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

**115.82 (a)**

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

**115.82 (b)**

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

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard *(Requires Corrective Action)*

Inmates receive unimpeded access to Medical and Mental Health treatment and crisis intervention at Chillicothe Correctional Institution.

Medical services are available on-site at the institution, 24/7.

Mental Health services are available daily. For the late evening, night’s, and holidays, services are available on-call.

For emergencies, there is an emergency transportation service through 911; Emergency Room services at Adena Regional Medical Center, Chillicothe, Ohio.

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services at CCI. This is directed by policy. Moreover, it is noted from interviews with staff and inmates, and key Health Care staff that medical care is good at CCI. Staff who were interviewed were asked the scripted question of whether or not health care at the facility is consistent and comparable to the health care in the community and without fail, the auditors were informed that it was "as good as or better than in the community". Inmates indicated that health care was appropriate at CCI.

The nature and scope of services are determined by Medical and Mental Health practitioners, according to their professional judgment. Inmate victims of sexual abuse while incarcerated are offered timely information about sexually transmitted infection prophylaxis. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation. This information obtained from the PAQ

Based on the above information and based on interviews with staff and inmates, the auditors assess this standard as compliant, “meets standard.”

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

**115.83 (a)**

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

ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; the ODRC Medical Protocol, B-11 Medical Care Guidelines for Sexual Contact, or Recent Sexual Abuse; ODRC policy 67-MNH-02, Mental Health Screening and Classification; ODRC policy 67-MNH-04 Transfer and Discharge of Mental Health Caseload; and policy 67-MNH-15, Mental Health Treatment; all offer and direct medical and mental health evaluations and care, as appropriate, to all inmates who have been victimized by sexual abuse in any prison, jail or lockup. These policies also direct follow-up services, treatment plans, and referrals, following transfer or placement in other facilities or released from custody.

Ongoing Medical and Mental Health Care for those victimized by sexual abuse is available for inmates at Chillicothe Correctional Institution. Ongoing mental health treatment and evaluation of all inmate on inmate abusers is also available at the facility. Abusers are evaluated upon learning of such abuse, and all are offered treatment, as deemed appropriate by a Mental Health practitioner. It is noted that CCI is a low to medium custody level security facility and abusers may not be housed at this facility unless carefully assessed.

Based on the auditors’ review of policy and procedures. Formal and informal interviews with inmates and staff, this standard is assessed as compliant, “meets standard”.

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)
Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

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

115.86 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The Chillicothe Correctional Institution, in accordance with the ODRC policy 79-ISA-03 Sexual Abuse Review Team requires that its key staff review all sexual abuse incidents within 30 days of the conclusion of the investigation unless the incident was determined to be unfounded. The policy is clear and CCI's Sexual Abuse Review Team (SART), has reviewed the administrative investigation of alleged sexual abuse (unfounded allegations are not reviewed). Note: the auditors reviewed the PREA Incident Report Application. The PREA Incident Report Application addresses the following:

Date Review Team completed
Inmate concerns
Committee review date
Committee considerations including
Committee recommendations
Comments
Committee recommendations
   a) approved
   b) actions ordered
Warden’s details

In the past 12 months, there has been one (1) completed investigation, excluding only unfounded investigations. The investigation was reviewed by SART within 30 days. This information taken from the PAQ.

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

**Standard 115.87: Data collection**

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

**115.87 (b)**
- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes □ No

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

**115.87 (d)**
- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes □ No
115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

The ODRC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The ODRC policy 79-ISA-01 Prison Rape Elimination, addresses eight steps of data collection and monitoring:

1) monitor reports of allegations by the Institutional Investigators,
2) accurate reporting modules,
3) review of aggregated data, identifying problems, taking corrective action, and preparing an Annual Report,
4) review and compare the ODRC annual data and corrective action of previous years,
5) ensure aggregate data from private facilities,
6) remove/redact personal identifiers,
7) make sure certain appropriate information is entered into the Department Offender Tracking System (DOTS), and
8) maintain and secure records as outlined in the State of Ohio/ODRC Retention Schedule.

This information is the basis for the ODRC Annual Internal Report on Sexual Assault Data. This data is the basis for the completion of the Survey of Sexual Victimization (SSV) prepared for the federal government. The SSV is completed annually (the auditors have reviewed the latest annual SSV).

Based on the above, and the interviews with the Warden, the Institutional PREA Manager, and the Agency PREA Coordinator, the auditors assess this standard as “meets standard”.

Standard 115.88: Data review for corrective action

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

☑ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The auditors reviewed the Agency PREA Coordinator’s 2018 Annual Internal Report on Sexual Assault Data. This report was prepared by the ODRC PREA Coordinator and approved by the ODRC Director. The report included an Introduction (outlining the purpose of the report and the ODRC’s commitment to Zero Tolerance of sexual abuse and sexual harassment); General Definitions, Definitions of Sexual Victimization; Statistics (including Inmate on Inmate Nonconsensual Sexual Acts, Inmate on Inmate Abusive Sexual Contact, Inmate on Inmate Sexual Harassment, Staff on Inmate Sexual Misconduct, Staff on Inmate Sexual Harassment and the total number of all PREA allegations), and the Conclusion (Continued Monitoring, Improvements, and Looking Forward).
The Annual Report reflects, in the auditors’ judgment, the ODRC’s commitment to safety and security of staff and inmates, the commitment to reduce sexual violence in prisons, and the agency’s commitment to comply with the PREA standards as outlined in this PREA Audit Report which is maintained on the agency’s website (see standard 115.89).

Based on the above, and the interviews with the Agency Director, the Agency PREA Coordinator, the Warden, and the Institutional PREA Manager, this standard is assessed as “exceeds”.

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

**Auditor Overall Compliance Determination**

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

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

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

The ODRC outlines and directs in its policy 79-ISA-01 Prison Rape Elimination, in its section on Data Collection and Monitoring, that all documents be securely retained in accordance with the ODRC.
Records and Retention Schedule. This schedule requires retention of these documents for at least 10 years.

The ODRC, makes the information available through its public website www.drc.ohio.gov/prea. The data is outlined in the Annual Report. The agency redacts or removes all personal identifiers before making information public.

Based on the auditors’ review of the above policy, and the retention schedule, and the website, this standard is assessed as compliant, “meets standard”.

### AUDITING AND CORRECTIVE ACTION

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

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

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

#### 115.401 (h)
- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)
was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

**115.401 (m)**

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

**115.401 (n)**

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

**Auditor Overall Compliance Determination**

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

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

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

During the last three-year cycle and the first year of this second three-year cycle, the frequency and scope of audits was reviewed by the audit team. The ODRC website was used to obtain much of the information and reports concerning PREA. The ODRC received the Lucy Hayes award by the American Correctional Association for having all of its adult correctional facilities assessed as PREA compliant during the first three-year audit cycle.

The auditors' methodology included access to all areas of the facility, a review pertinent documents/electronic information, and allowed for private interviews with inmates and staff.

Based on the above information, the auditors review of subsections a, b, h, i, m, n, and interviews with the Warden, the Agency PREA Compliance Coordinator, and the Agency Director, this standard is assessed as compliant, "meets standard".

**Standard 115.403: Audit contents and findings**

**115.403 (f)**

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

Auditor Overall Compliance Determination

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

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

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

The Ohio Department of Rehabilitation and Correction has a public website on which it publishes Prison Rape Elimination Act audit reports for each of its facilities and contracted facilities.

The PREA auditors reviewed the public website at www.drc.ohio.gov for compliance with this standard and the data collection and review standards. The 2018 Annual Internal Report on Sexual Assault Data Ohio Department of Rehabilitation and Correction is also published on this website. This Annual Report not only collects accurate, uniform data for every allegation of sexual abuse, but also is used “to identify problem areas and formulate corrective measures in the efforts of reducing future incidences of sexual abuse.”

The auditor has personally interviewed both the Agency Director and the Agency PREA Coordinator, and based on their interviews and lengthy discussions with the PREA Coordinator, it is clear that the ODRC is not only committed to zero tolerance of sexual abuse and harassment, but also changing the culture of its correctional facilities to assist in the improvement of the quality of life within its’ prison system.
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. Auditors are not permitted to submit audit reports that have been scanned. See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

James Curington 05/18/2019
Auditor Signature Date

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