# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

- **Interim**
- **Final**

### Date of Report

- **Click or tap here to enter text.**

### Auditor Information

<table>
<thead>
<tr>
<th>Name: Douglas K. Sproat, Jr.</th>
<th>Email: <a href="mailto:dougksproat@gmail.com">dougksproat@gmail.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Mailing Address: 141 Skyline Drive</td>
<td>City, State, Zip: Clinton MS 39056</td>
</tr>
<tr>
<td>Telephone: 601-832-5238</td>
<td>Date of Facility Visit: March 27-29, 2019</td>
</tr>
</tbody>
</table>

### Agency Information

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

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name: Annette Chambers-Smith</th>
<th>Title: Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:Annette.Chambers@odrc.state.oh.us">Annette.Chambers@odrc.state.oh.us</a></td>
<td>Telephone: 614-752-1164</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name: Mark Stegemoller</th>
<th>Title: PREA Coordinator</th>
</tr>
</thead>
</table>
### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>London Correctional Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1580 State Route 56 SW, London, Ohio 43140</td>
</tr>
<tr>
<td>Mailing Address (if different than above):</td>
<td>PO Box 69, London, Ohio 43140</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>740-852-2454</td>
</tr>
</tbody>
</table>

- The Facility Is:  
  - ☐ Military  
  - ☐ Private for profit  
  - ☒ State  
  - ☐ Federal

- Facility Type:  
  - ☐ Jail  
  - ☒ Prison

It is the mission of the London Correctional Institution to supervise adult offenders in a safe, humane and secure manner and to operate the institution efficiently by well-trained, professional staff. In our effort to meet these objectives, the staff of the London Correctional Institution encourages rehabilitation and inmate reentry by providing family and community contacts, programs, and education for offenders through teamwork and dedication.

#### Facility Website with PREA Information:

- http://www.drc.ohio.gov/prea

### Warden/Superintendent

<table>
<thead>
<tr>
<th>Name:</th>
<th>Norman Robinson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:norman.robinson@odrc.state.oh.us">norman.robinson@odrc.state.oh.us</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>740-852-2454 ext. 65027</td>
</tr>
<tr>
<td>Title:</td>
<td>Warden</td>
</tr>
</tbody>
</table>

### Facility PREA Compliance Manager

<table>
<thead>
<tr>
<th>Name:</th>
<th>Eric Morris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:eric.r.morris@odrc.state.oh.us">eric.r.morris@odrc.state.oh.us</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>740-852-2454 ext. 65035</td>
</tr>
<tr>
<td>Title:</td>
<td>Operational Compliance Manager</td>
</tr>
</tbody>
</table>

### Facility Health Service Administrator

<table>
<thead>
<tr>
<th>Name:</th>
<th>Robin Murphy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:robin.murphy@odrc.state.oh.us">robin.murphy@odrc.state.oh.us</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>740-852-2454 ext. 65040</td>
</tr>
<tr>
<td>Title:</td>
<td>Health Care Administrator</td>
</tr>
</tbody>
</table>
**Designated Facility Capacity:** 1950  
**Current Population of Facility:** 2268  

<table>
<thead>
<tr>
<th>Number of inmates admitted to facility during the past 12 months</th>
<th>1298</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>1298</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>1298</td>
</tr>
<tr>
<td>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</td>
<td>269</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Range of Population:</th>
<th>Youthful Inmates Under 18:</th>
<th>0</th>
<th>NA</th>
<th>Adults:</th>
<th>18-86</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are youthful inmates housed separately from the adult population?</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td>☒ NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of youthful inmates housed at this facility during the past 12 months:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>7.43 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility security level/inmate custody levels:</td>
<td>Level 1, Level 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>363</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>92</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical Plant

<table>
<thead>
<tr>
<th>Number of Buildings:</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Single Cell Housing Units:</td>
<td>1</td>
</tr>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units:</td>
<td>3</td>
</tr>
<tr>
<td>Number of Open Bay/Dorm Housing Units:</td>
<td>12</td>
</tr>
<tr>
<td>Number of Segregation Cells (Administrative and Disciplinary):</td>
<td>50</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.):**

Click or tap here to enter text.

### 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>Ohio State University Medical Center, Columbus, Ohio</td>
</tr>
</tbody>
</table>

### Other

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 1323 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 39 |
Audit Findings

Audit Narrative

The second PREA audit of the London Correction Institution (LoCI), London, Ohio, was conducted on March 27-29, 2019. The audit team, both Department of Justice PREA-certified auditors, consisted of Douglas K. Sproat, Jr., and Trish Bernhards, lead and second auditors, respectively.

About six weeks before the on-site visit, the PREA Coordinator for the Ohio Department of Rehabilitation and Correction (ODRC) mailed the lead auditor a password-protected thumb drive containing the facility’s Pre-Audit Questionnaire (PAQ), along with relevant policies and secondary documents supporting each subsection. The secondary documents included, but were not limited to, PREA incident reports, training documentation, inmate risk-assessment materials, records of inmate notifications of PREA investigation results, and statements of the status of various PREA-related issues. These documents were well-organized and comprehensive. Supporting materials for the PAQ were embedded within it, making the process for reviewing materials very auditor-friendly. The thumb drive also included files for each standard that supplied multiple materials related to each standard. The contents on the thumb drive covered every aspect of LoCI’s operation—from incident reports to facility schematics—so that a thorough review of the materials would give any auditor an understanding of the facility before ever setting foot on the compound.

The lead auditor had served as a member of the ACA audit team immediately before the PREA audit, and this allowed him an opportunity to make a visual inspection of all areas of the facility that related to PREA issues before the formal start of the PREA audit. While further touring the facility as a part of the ACA audit, he observed the notices announcing the dates of this PREA audit and auditor contact information posted in all buildings. He also saw posters about the agency’s zero tolerance policy with information on how and to whom to report allegations of sexual abuse and sexual harassment. During that tour and the revisits, he observed sight lines and potential blind spots, along with noting camera placement and the use of mirrors, so as to determine whether coverage was sufficient for monitoring and whether placement of cameras or mirrors gave rise to any PREA-related privacy/viewing issues.

On March 27, 2019, the lead auditor met with the Operational Compliance Manager (OCM) and PREA Coordinator to set up the interview schedule for inmates and staff. He and the OCM addressed the logistics of the interviews to be conducted, as well as the possible need to view documentation that had not already been provided.

The audit team began the formal interview process on March 27. There are six different categories for interviews during an audit to provide information relevant to PREA compliance: the agency head, the facility director, OCM, specialized staff, random staff, and inmates. Not all categories, such as the head of an agency, may be available during the audit, but the broader the range of interviews, the more comprehensive a view an auditor can gain of the facility being audited. Following the PREA-established interview protocols for each category gives PREA auditors the structure to gather information in a consistent way to assess compliance.
The second auditor formally interviewed 38 inmates in a private room designated by the OCM:

- one visually-impaired,
- one physically-disabled,
- one reporting abuse (victim),
- one intellectually/developmentally disabled,
- one with limited English proficiency (LEP),
- one disclosing prior victimization,
- two gay or bi-sexual,
- three transgender or intersex, and
- 27 randomly selected.

The lead auditor formally interviewed two inmates disclosing prior victimization, along with informally interviewing 24 other inmates. During the audit there were no inmates in segregation for risk of victimization, nor had there been any placed in segregation for the audit period. A review of the total of 64 formal and informal interviews established that LoCI inmates are receiving the proper PREA education. All inmates interviewed could describe the protections of PREA and the different ways to report allegations of sexual misconduct at the prison: verbal, written, to staff or third parties, by mail or by telephone, anonymously, etc. There were six PREA sexual abuse allegations during the audit period, and a review of the files for the investigations reflected timely and appropriate actions in accord with ODRC policies and applicable PREA standards.

The lead auditor formally interviewed 33 others on-site: 31 LoCI staff, one contractor and one volunteer. The second auditor conducted telephone interviews with a Sexual Assault Nurse Examiner (SANE) from Franklin Medical Center and a victim advocate from SARNCO. Those formally interviewed were:

- one facility administrator,
- one OCM,
- one chief of security,
- two investigators (one employed by LoCI, one employed by OSHP),
- one health care administrator,
- one mental health administrator,
- one training manager,
- one unit management chief,
- one unit manager,
- one case manager,
- one social worker, mental health,
- one 2nd shift registered nurse,
- one locksmith,
- one maintenance supervisor,
- one financial supervisor,
- one 3rd shift correctional officer (facility-trained victim support person),
- one human resources manager,
- one Sexual Assault Nurse Examiner (SANE employed at the Franklin Medical Center, telephone interview),
• one victim advocate at Sexual Assault Response Network of Central Ohio (SARNCO) (telephone interview),
• one 2nd shift supervisor (captain),
• one 3rd shift supervisor (captain),
• one volunteer (Horizon),
• one contractor (Aramark),
• one 1st shift sergeant,
• one 1st shift lieutenant
• one 1st shift lieutenant (intake),
• one 1st shift lieutenant (special duty),
• one 1st shift correctional officer (intake),
• one 1st correctional officer (transport),
• one 2nd shift sergeant,
• two 2nd shift correctional officers.

Another 21 staff were informally interviewed. These 54 interviews collectively showed an understanding of PREA, along with an appreciation of its purpose behind it and the importance of its role in the daily operation of the facility. It was clear through both formal and informal staff interviews that the administration at LoCI strives diligently to ensure compliance with all PREA standards.

The PREA standards require the auditors to view certain areas to verify compliance with the standards, such as:

• intake/reception screening areas,
• housing units, dormitories, and individual rooms,
• health care/mental health departments,
• academic/vocational departments,
• prison industries,
• maintenance,
• recreation, food service, and program areas,
• any renovations or additions,
• segregation,
• commissary, and
• laundry.

These areas must be examined because they are the locations where inmates are housed and have work/program/education assignments—obviously where potential PREA violations are most likely to occur. The auditors had sufficient opportunity to view inmate-staff interaction. There was also ample time to evaluate the nature and quality of inmate supervision throughout the audit, and in all instances the auditors witnessed appropriate respect on the part of both inmates and staff. The auditors informally interviewed and questioned inmates and staff about their knowledge of PREA. Unit logs were reviewed for unannounced rounds conducted by intermediate or higher level supervisors. The auditors noted the consistent use of the opposite gender buzzer/light system when female staff entered the housing units and/or any other areas where an inmate might be undressed, showering or using the restroom.
The auditors observed the intake process done with ODRC’s computerized PREA risk assessment screening. They reviewed a sampling of risk assessment outcomes, along with reviewing the memoranda of understanding (MOU) with several entities:

- one with the Ohio Highway State Patrol (OHSP) regarding investigations,
- one with Franklin Medical Center regarding forensic examinations, and
- one with (SARNCO) for victim support services.

On March 29, 2019, at the conclusion of the on-site portion of the audit, the auditors met with the staff of LoCI and ODRC for an exit briefing. Present at the briefing were the Warden, the Deputy Warden/Operations, the Deputy Warden/Special Services, the Chief of Security, the OCM, the Unit Management Chief, the PREA Coordinator, the Warden’s Assistant, the facility Investigator, and the Business Administrator. The lead auditor did not provide a final tally from the audit at that time, but he did give a preliminary assessment that all standards were at least at the “Meets Standard” level. He expressed his gratitude to the group for the materials supplied to him in advance, for their cooperation and hospitality during the audit, and for their commitment to PREA.

**Facility Characteristics**

The London Correctional Institution (LoCI), dating from 1924, is an all-male adult medium-security facility housing approximately 2,300 offenders. Located approximately 30 miles west of Columbus, Ohio, it was designed in a telephone configuration with 10 buildings inside the fence and 61 buildings—59 of which are unoccupied—outside the fence. The Institution sits on approximately 3,000 acres of land.

The perimeter is surrounded by security fences that are inspected by correctional officers on foot during each shift to check for any problems, such as washouts. The supervisor on each shift walks the fence line once a week, with the Chief of Security walking the fence line monthly. LoCI uses the Perimeter Products Alarm System and a microwave at both sally ports, along with fence and alarm sensors. Additionally the system includes microwave and Doppler detectors located in critical areas within the complex. Cameras throughout the facility monitored by the Control Center officers and shift supervisors. Additionally, an armed perimeter patrol vehicle monitors the grounds 24/7, along with an armed area patrol for acreage that LoCI has leased out. The compound is illuminated by numerous high wattage lights on 30 foot poles, and the outside perimeter is lit by high-pressure sodium lights mounted on exterior buildings. Dome cameras with pan, tilt and zoom capability are strategically placed around the compound.

Upon arrival at LoCI, all staff, visitors and guests must enter through the front entry of the main building. There are both visitor and staff check-in stations; a walk-through metal detector is positioned at the manned security post for screening everyone who enters. This entrance building contains the armory and lock shop on the outside of the building.
The Administration Building (A) contains the Warden’s Suite, Labor Relations Office and the Business/Personnel departments. It also houses the union offices, accreditation office, network administrator and telecommunications, the mail room, and an employee workout facility.

Also located here is the LoCI Control Center. It serves as a hub for all movement within the institution grounds. It has a full complement of standard equipment for a modern prison: several touch screen computers, video camera monitors, fence alarm systems, key watch-systems, telephone switch-board, and radio charging stations. All equipment and keys used daily are distributed from this central point.

Wing (C) houses Units A1 and A2. This is open dormitory style housing with 2 man cubicles; A1 is located on the second floor and A2 is on the third floor. A1 currently houses 152 inmates and the PUPP Dog Rescue Group and staff dog boarding, training and grooming. A2 houses 152 general population inmates.

Wing (L) houses Units A3 and A4. A3 is located on the second floor and houses 134 inmates. This is an open style dorm with 2 man cubicles; it houses inmates over age 40. A4 is located on the third floor and houses 134 inmates. This is an open style general population dorm with 2 man cubicles.

Wing (G) houses Units B1 and B2. B1 is located on the second floor and houses 216 inmates. This open style dorm with 2 man cubicles is the Recovery Services Unit. B2 is located on the third floor and houses 216 inmates. This too is an open style dormitory with 2 man cubicles.

Wing (D) houses Units D1, D2, and B3. D1 is located on the second floor and houses 178 inmates. D2 is located on the third floor and houses 178 inmates. These dormitories are open style with primarily 2 man cubicles. B3 cellblock is located on the end of the wing and houses 124 inmates.

Wing (E) houses C1, C2, and C3 Units. C1 is located on the second floor and houses 204 inmates. This is an open style dorm with 2 man cubicles. C1 is a merit dormitory that is the home of the Wildlife Program. C2, on the third floor, houses 202 inmates. This is an open style dormitory. C3 is a privileged housing cellblock that houses 124 inmates; it is located on the end of the wing.

Wing (F) houses Units D3 and D4. D3 is located on the second floor and houses 152 inmates. This is an open dormitory with 2 man cubicles; it houses the 4 Paws for Ability Dog Program. D4 is located on the third floor and houses 152 inmates. This is an open family-style dormitory with 4 man cubicles. It contains the faith based/ Horizon program.

Located on the west side of the facility is the commissary and the barber school. The recreation building and recreation yard is also located in this area. Located on the west side of the institution is the segregation building, food service/dining room facility and treatment building. The treatment building houses the facility’s medical, recovery services, chapel, and mental health departments.

Located behind the facility is the Ohio Penal Industries (OPI) dental laboratory, OPI bag shop, powerhouse, and OPI Yamada shop. The sally port is located to the rear of the complex and manned Monday through Thursday from 8:00 a.m. to 6:00 p.m. This area supervises all vehicle entries into the facility. If it becomes necessary to use the sally port during unmanned hours, a yard officer is dispatched to the area.
Summary of Audit Findings

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

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

Number of Standards Exceeded: 8
115.11, 115.21, 115.31, 115.33, 115.41, 115.42, 115.64, 115.71.

Number of Standards Met: 37

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

All standards were met or exceeded; consequently there is no corrective action needed.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-01 (Prison Rape Elimination), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation), and 03E-09 (LoCI’s specific zero-tolerance policy). For this standard and many of the following standards—even though it will not be specifically mentioned—various parts of LoCI’s 2019 PREA Welcome Book were used as a reference.

ODRC has a number of agency policies that define/set forth its policy of zero tolerance of sexual misconduct or in some way operationally support the intent of these policies. Policy 70-ISA-01 specifically sets out that ODRC’s PREA zero tolerance policy--and the specific provisions that define and undergird it--apply to staff, contractors, and volunteers; it further contains a provision that each
ODRC facility is to develop its own policy for a zero-tolerance operation. ODRC’s excellent record of PREA certification is evidence that PREA is a continuing focus for the agency.

The Chief of the Bureau of Operational Compliance is the PREA coordinator for the agency. She has direct access to the agency Director, meeting with her regularly to discuss PREA concerns. She confirmed having enough time for ensuring that PREA standards are met and all related concerns are addressed. There is also a PREA Coordinator for the agency, and each facility in the ODRC system has its own Operational Compliance Manager (OCM) to handle matters of PREA compliance.

LoCI’s OCM oversees all PREA matters at the facility. In all contacts with the auditors he demonstrated a thorough understanding of all PREA standards and the audit process. In his interview with the lead auditor, he said he has ample time for handling all PREA-related tasks and has direct access to the Warden. He handles investigations of PREA harassment allegations. He is knowledgeable about all PREA standards and the PREA process. During the audit process he was extremely helpful in setting up interviews and providing any documents requested. Interviews with the Warden and the OCM confirmed LoCI’s compliance with the components of this standard.

The facility makes a consistent effort to maintain a zero-tolerance environment. The operations at LoCI exceed what is required by this standard.

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

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

115.12 (a)

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

115.12 (b)

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard *(Requires Corrective Action)*

Information/documents reviewed: 79-ISA-01, contracts with operators of private prisons within the ODRC system, shift roster, Employee Visit Records showing unannounced rounds by upper level staff, statement of status listing the names of the three private prisons and the two contractors running them, and a written summary of a PREA auditor’s interview with the agency’s Deputy Director of Administration.

ODRC’s Deputy Director-Administration (DDA) oversees ODRC’s contracts for the operation of the agency’s three private prisons: Lake Erie Correctional Institution, North Central Correctional Complex, and North East Ohio Correctional Center. Under ODRC Policy 79-ISA-01, all new or renewed contracts for the confinement of ODRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contract or contract renewal must provide for contract monitoring to ensure the contractor is complying with PREA standards, such as zero tolerance of sexual abuse and sexual harassment. Each privately-run facility has a full-time contract monitor, and these facilities undergo numerous policy compliance site visits. Each of the private prisons is audited for PREA compliance in the same manner as the facilities run directly by the State of Ohio. When reviewing the contracts with the three privately-run facilities, the lead auditor verified the inclusion of the provisions related to maintaining the PREA policies of the agency. CoreCivic and Management and Training Corporation are the contractors running these prisons.

Although the lead auditor did not personally interview the DDA responsible for the agency contracts with private facilities, he accepts the information provided from a recent interview with DOJ-certified PREA auditor Jim Curington. The DDA confirmed that the contract facilities are audited for PREA compliance as outlined in the cited policy and that these facilities are subject to site monitoring visits and annual reviews for PREA compliance.

**Standard 115.13: Supervision and monitoring**

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes  ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes  ☐ No
Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

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

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

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

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

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

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

Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

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

115.13 (c)

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  ☒ Yes  ☐ No

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?  ☒ Yes  ☐ No

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  ☒ Yes  ☐ No

115.13 (d)

• Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  ☒ Yes  ☐ No

• Is this policy and practice implemented for night shifts as well as day shifts?  ☒ Yes  ☐ No

• Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  ☒ Yes  ☐ No

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, completed staffing plan annual review, 50-PAM-02 (Inmate Communication/Weekly Rounds), unit logs, LoCI schematic, several Employee Visit Records, staff shift roster, PAQ and other documents verifying there was no deviation from the staffing plan during the audit period.
By policy ODRC requires each institution to create and maintain a staffing plan. LoCI’s plan reflects a proper knowledge of how to assign staff appropriately to maintain direct supervision according to generally accepted detention practices in an inmate population of the type confined at LoCI and in a physical plant of the type at the facility. It also takes into account the circumstances and location of any substantiated and unsubstantiated sexual abuse allegations.

The PREA Staffing Plan form is used to give input on any changes that should be considered in the general staffing plan. It allows for information to be listed about blind spots and cameras needed for different locations. The Warden stated in his interview that he monitors all deviations from the staffing plan and there were no deviations from the plan during the 12 months of the audit period. At least annually, the facility must review the staffing plan in conjunction with the agency PREA coordinator to evaluate the facility’s use of staff deployment and video monitoring to determine whether adjustments are needed. The lead auditor confirmed that the annual plan was reviewed in October of the audit period. Additionally, the Warden and the OCM stated that none of the reported PREA allegations required a recommendation to alter the staffing plan; they also stated that the annual review is discussed with the agency PREA coordinator.

Policy 50-PAM-02 sets out requirements for regular, non-delegable rounds of specified areas by upper-level management. It requires documented, unannounced rounds on each shift by intermediate level and higher supervisors. It also prohibits staff from alerting other staff members that the supervisory rounds are occurring unless there is a legitimate operational reason for the announcement. The lead auditor confirmed adherence to the policy during interviews with supervisors, along with reviewing unit logs that documented these unannounced rounds on all shifts. The chief of security stated that the combination of direct supervision and camera monitoring at LoCI provide sufficient coverage to maintain security.

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

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

**115.14 (b)**

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

115.14 (c)

Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 71-SOC-05 (Youthful Inmate Management Program), 52-RCP-01 (Reception Admission Procedures), and statement of status that the standard is not applicable to LoCI.

LoCI does not house youthful inmates (under 18). However, since it is not possible to record an "NA" here, LoCI is considered to have met this standard.

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

115.15 (a)

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

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

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

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

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

115.15 (e)

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

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

115.15 (f)

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

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

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

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

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

Materials/documents reviewed: 79-ISA-01, 79-ISA-05, 310-SEC-01 (Inmate and Physical Plant Searches), ODRC e-learning training module, transgender/intersex/opposite gender pat-down search video and video script, PREA training records with scores and dates, and statements of status for the audit period verifying:

- no cross-gender strip searches or body cavity searches,
- no exigent circumstances where non-medical personnel did cross-gender or body cavity searches,
- no medical staff at LoCI performed body cavity searches,
- no exigent circumstances where cross-gender viewing took ,
- subsections (b)1 and (b)2 are NA since LoCI is an all-male institution.
- 

All LoCI staff who might conduct cross-gender searches or transgender and intersex pat-down searches have been trained to conduct those searches in a professional and respectful manner. Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches absent exigent circumstances or when performed by medical practitioners. There is also a requirement for additional search training when an employee transfers to LoCI after having worked in a female institution.

The second auditor interviewed numerous targeted and random inmates. No inmate reported having been searched in a manner contrary to policy. Additionally, each inmate (whether he had been strip searched, pat searched, or both) stated that all searches had been conducted in a professional manner. The lead auditor also interviewed two inmates who had reported prior victimization. Each indicated that any search performed on them had been appropriate.

Most of the inmates interviewed had no concerns over any privacy issues. Although a few mentioned not having shower curtains in their units, new curtains are to be installed in the near future; additionally, the lead auditor’s inspection of the shower area confirmed that existing privacy measures gave protection from any opposite-gender viewing. The five LGBTI inmates interviewed by the second auditor stated the bathroom and shower barriers and curtains provided sufficient privacy, although they also noted that they were afforded a chance to shower separately if desired.

All inmates interviewed reported that females consistently used the buzzer/light warning device when entering the unit. The auditors also observed that women officers further gave a verbal announcement when making rounds near the bathrooms in the units. The inmates stated the female officers never entered the bathroom areas but as they approached the bathroom or shower areas during rounds, they made the verbal announcement. The inmates stated they felt the female officers’ announcement was for their benefit so they would be appropriately dressed when they came out.
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

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

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

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

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

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

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

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

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

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

115.16 (b)

 Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

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

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-01, 64-DCM-02 (Inmates with Disabilities), DRC 4267 (Reasonable Accommodation Request), ODRC/DAS contract for translation and interpretive services with Vocalink, contract for deaf services, Inmate Handbook (English and Spanish), inmate PREA video (signed and closed-captioned), PREA All-Staff Training module, documentation of staff training on PREA communication practices with disabled inmates or those with limited reading skills, PREA signage, interpretation/translation waiver form, and statements of status that there were no inmate interpreters or inmate assistants used during the audit period for communicating with disabled or Limited English Proficiency (LEP) inmates and there were no denials of any inmate requests for reasonable accommodations.
In accord with agency policy, LoCI takes appropriate steps to ensure that inmates with disabilities--such as those (1) who are deaf or hard of hearing, (2) who are blind or have low vision, or (3) who have intellectual, psychiatric, or speech disabilities--have an equal opportunity to participate in and benefit from all of the protections of PREA. Upon arrival at LoCI, each inmate receives a facility handbook containing the agency’s PREA policy. This booklet contains phone numbers and addresses so inmates know how and to whom to report sexual abuse or sexual harassment. They are all verbally informed about various issues they might need to know immediately, including information about sexual misconduct and how to be on guard. They must sign a form indicating having received this initial information. There is also a place on the form for the intake officer to record whether the inmate needed any extra assistance for comprehending the information.

In addition to the material given to the inmates orally at intake, inmates must watch a PREA informational video. The video is usually shown at intake, but by policy it can be shown as late as within seven days of arrival. This video is closed captioned and signed. At the conclusion of the video, inmates can ask questions of staff regarding PREA and on the information they received. For inmates who aren’t fluent in English, the facility has a contract with Vocalink. Services for the deaf are also provided.

The second auditor conducted interviews with one vision-impaired inmate, one physically-disabled inmate, and one intellectually disabled inmate. The physically-disabled inmate had no impairment that affected his learning about/understanding of PREA, and he expressed his knowledge of the subject and his understanding of how to make a report. The inmate with impaired vision was losing his sight, but he said he could still read the PREA information with his glasses and was able to watch the video without the use of any visual aid. The intellectually-challenged inmate also understood PREA, and in his interview it appeared that a staff member had worked with him one-on-one to show him the phone numbers in a PREA pamphlet for making a report. This inmate expressed his confidence in being able to report a PREA violation should that be necessary. A Spanish-speaking LEP inmate was also interviewed by the second auditor through the use of Vocalink. He acknowledged receiving information in Spanish, although he said he did not read it because he did not think it applied to him. However, he acknowledged being aware of PREA information in Spanish and English in the housing units and knew how to access the information if he needed it.

The random staff interviews indicated staff awareness about not relying on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. Interviews with intake staff and random staff interviews revealed that in instances where the inmate might have a limited ability to comprehend the PREA information, a staff member would individually read the material (inmate handbook, PREA posters, etc.) in a manner that would allow the inmate to understand the information.

**Standard 115.17: Hiring and promotion decisions**

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

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

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

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

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

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

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

115.17 (b)

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

115.17 (c)

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

- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No
- 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)*
Information/documents reviewed: 79-ISA-01, 31-SEM-02 (Standards of Employee Conduct), 34-PRO-07 (Background Investigations), a sampling of completed background investigation checklists authorized by the potential employee/contractor/volunteer/intern, a statement of status reporting there had been no requests during the audit period to provide information on substantiated allegations of sexual abuse or sexual abuse investigations of a former employee, log that tracks the date of initial background checks and the date for the next background check, employee applications, and the annual acknowledgement form for self-reporting sexual infractions/misconduct outside the agency.

At ODRC, no one can have contact with inmates, begin work, or enter into the facility prior to passing the background check. The ODRC employment application contained a variety of PREA-specific questions. The lead auditor reviewed a sampling of employment applications.

Policy 79-ISA-01 requires that criminal background checks be conducted at least every five years for current employees and contractors who may have contact with inmates. The Human Capital Manager said that LoCI is current with these five-year rechecks, and the lead auditor viewed a log of employee and contractor background checks to assess their timeliness. He also viewed the annual PREA Acknowledgement form that employees use for reporting whether they have engaged in or attempted to engage in any acts of sexual misconducts. This form is also used for reporting whether there have been any criminal, civil, or administrative actions against them for such acts.

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

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

115.18 (a)

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

115.18 (b)

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

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

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

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

Information/documents reviewed: PAQ, staffing plan review, and letter related to sally port construction project.

During the audit period, LoCi completed a “state of the art” sally port construction project. Additionally, nine new cameras were added in the Education and Training Center. The lead auditor verified the new cameras and their placement.

### RESPONSIVE PLANNING

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

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

**115.21 (a)**

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

**115.21 (b)**

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

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

115.21 (c)

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

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

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

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

115.21 (d)

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

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

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)
Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-01, 79-ISA-02, B-11 (Medical Guidelines for Sexual Conduct or Recent Sexual Assault), 68-MED-15 (Bureau of Medical Services Co-Payment Process), ODRC investigator protocol, OHSP Evidence Protocol, ODRC/OSUMC Medical Services Agreement, list of victim support persons, victim support person lesson plan, OCM memo with victim support schedule and verifying 24-hour availability, victim support person certificate for OCM, ODRC/OSHP MOU, LoCI/SARNCO MOU, agency memos regarding agency policies on use of SAFE’s/SANE’s and on policy of not charging inmates, PREA incident packets documenting outside forensic exam and use of victim support person, and statement of status that there were no sexual abuses cases where an inmate had a forensic exam by qualified medical professional during the audit period.

There is one on-site primary investigator and one assistant investigator at LoCI. The investigator assigned to LoCI by the Ohio State Highway Patrol (OSHP) has a separate office. Every allegation is handled by the facility investigative staff. Potential criminal cases are then turned over to the OSHP investigator; if the OSHP investigator determines a crime has been committed, the case is then passed to the appropriate entity for prosecution. Both the facility investigators and the OSHP investigator have received specialized investigatory training. The lead auditor reviewed the training certificates to verify the specialized training.

According to the PAQ, PREA Incident Report Summary, during the 12-month audit period, there were six allegations of sexual abuse; two were substantiated and four were unfounded. No cases were referred by the OHSP Investigator for prosecution.

SARNCO (Ohio Sexual Violence Helpline and Sexual Assault Response Network of Central Ohio), a rape crisis of Central Ohio, provides support services for inmates at LoCI. Both auditors reviewed the MOU (coverage through 12/31/19) regarding the services to be provided by SARNCO. SARNCO is
also the entity providing support at the hospital used by LoCI for sexual assault incidents. The second auditor tested the telephone number for contacting SARNCO.

The lead auditor interviewed one of the trained LoCI victim support staff and reviewed the training curriculum. He was informed that selected staff receive training that includes, among other things, the forensic exam and how to provide support to an inmate during this process. This specially-trained support person described to the lead auditor that, if necessary, he would accompany and support an LoCI victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals as needed. He further stated that he had actually been able to serve as a victim support person at LoCI. He said he was able to use his training to put the inmate at ease and to establish a positive rapport with the inmate during a time of anxiety.

Ohio State University Medical Center (OSUMC, also referred to as Franklin Medical Center) is used for all forensic exams. There is no cost to the inmate for any part of this exam or any follow up. The second auditor conducted a telephone interview with a representative of Franklin Medical Center Emergency Room, who verified that the medical center would accept and perform forensic exams on LoCI inmates using either a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE). If there is no SANE or SAFE available, the examination can be conducted by other qualified medical personnel. During the audit period there was one forensic exam performed.

Because LoCI has specially-trained in-house investigators and a specially-trained OSHP investigator with an office on the compound, along with its trained victim support staff and detailed protocols for forensic exams, it exceeds the requirements for this standard.

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

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

**115.22 (a)**

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

**115.22 (b)**

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

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, OSP 103.07/ Appendix P (Sexual Assault Evidence Collection and Analysis), Investigator Protocol Appendix A, PREA incident packets showing dates investigations were turned over to the OSHP investigator and dates he completed his work, memo providing agency website address where sexual abuse policy is set out, facility-wide training roster for PREA, a completed form showing the PREA training required for all institutional transfers (including gender-specific training), contractor/volunteer/intern training acknowledgment form, background check authorization, annual staff sexual misconduct disclosure form, web site links, and OAC 5120-9-24 (Incident Reporting and Investigation).

Policy 79-ISA-02 requires all facilities within ODRC to conduct an investigation (administrative and/or criminal) into every allegation of sexual abuse or sexual harassment alleged. The OSHP investigator is legally authorized to conduct criminal investigations, and OSP 103.07, Appendix P, sets out the protocol for evidence collection for the OSHP Investigator. The facility investigators handle the administrative investigations, except for the allegations of sexual harassment, which are forwarded to the OCM.
The lead auditor interviewed the OHSP Investigator and the primary LoCl investigator. They confirmed that an investigation is conducted on every allegation of sexual abuse, sexual harassment, or retaliation, regardless of how the allegation was made or received (written, verbal, anonymous or third party). The primary LoCl investigator and the OSHP investigator outlined the process each follows when allegations occur, to include the specific evidence protocols that must be followed. The investigators seemed to work well together, with a common desire to work all allegations as needed.

Appendix A of Policy 79-ISA-02 contains a very detailed set of tasks related to evidence collection, along with an investigatory/evidence checklist, with tasks listed depending on whether the allegation is made sooner than 96 hours after the event or later. The lead auditor viewed several PREA Incident Report Applications as a verification of the type of information entered into the reporting system when an allegation occurred.

During the audit period, there were six PREA allegations at LoCl, all for sexual abuse. No cases were referred for prosecution. The lead auditor reviewed a sample of the investigative files from the audit period. Materials in the files appeared to reflect thorough and appropriate investigations. ODRC publishes its investigative policy (70-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) on its website (http://drc.ohio.gov/policies/sexual-assaults), along with several other PREA-related policies. The links on this site give detailed coverage of the different operational components involved in carrying out the agency’s commitment to PREA.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

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

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

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

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

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

115.31 (b)

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

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

115.31 (c)

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

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

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

115.31 (d)

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

**Auditor Overall Compliance Determination**

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

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

Information/documents reviewed: 79-ISA-01, 03E-09, 39-TRN-10 (Employee Orientation Training), intranet site with PREA information, completed Orientation/OJT Program Checklist for institutional transfers, learning training module from the Corrections Training Academy, e-learning training list with PREA completion date and score, training curriculum for Appropriate Communication with LGBTI Inmates, and lesson plan for Appropriate Supervision of the LGBTI and Sex Offender Population Policies

Policies 79-ISA-01, 03E-09, and 39-TRN-10 set forth the scope and depth of the training program at LoCI. The commitment to training, including the issues of zero-tolerance and other PREA principles, is readily apparent the application of the training as the staff go about their daily assignments. The lead auditor reviewed the training curriculum and confirmed that it covered all areas outlined in the standard.

Non-custody employees receive 40 hours of new employee orientation training (NEO), including various PREA topics, before assuming their duties and being allowed to have any unsupervised offender contact; they must also have supervised job-specific OJT. Custody staff obviously receive more training, including various PREA topics, such as proper search techniques for transgender or opposite gender detainees, supervision techniques for LGBTI detainees, etc.

Annual refresher PREA training is also required for all employees. Employee transfers from another ODRC facility must have at least eight hours of orientation training, which has a PREA component. If the employee is transferring to LoCI from a female institution, for instance, a part of the training will be tailored to working with the gender of inmates at their new institution. The lead auditor viewed a record of a transfer’s orientation that reflected a total of 12 hours of training. LoCI issues PREA informational cards to staff and discusses PREA policies at rollcall. The NEO curriculum is reviewed annually. There is also an intranet component with PREA information.

All staff interviewed, whether security or non-security, knew their responsibilities for dealing with sexual abuse and sexual harassment. Both during random staff interviews and through general questions asked while on-site, the lead auditor was able to further confirm staff understanding of the zero-tolerance policy and the tasks associated with it. The training takes place both in classrooms and online, and all training must be documented. The lead auditor’s review of training records verified that staff members had received their initial and up-dated PREA mandatory training.

As noted above, there is annual refresher training on PREA, even though the Department of Justice PREA requirement under this standard is employee training every two years. Having an annual requirement for PREA training serves to underscore the importance ODRC accords the principles of PREA and is a large part of the reason LoCI exceeds the requirements of this standard.
Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-01, training curriculum and script for contractor/volunteer training, PREA video, contractor and volunteer training session report, and training acknowledgement for contractors/volunteers.

ODRC Policy 79-ISA-01 requires all contractors and volunteers at LoCI to receive PREA training prior to assuming their responsibilities. The lead auditor reviewed relevant training records from the audit period and confirmed that each person trained signed a document verifying their understanding of the PREA training. He also reviewed the training script to verify that the PREA topics were covered in a clear and thorough manner. He interviewed a contractor and a volunteer, with both confirming they had completed PREA training before starting their duties. They were well aware of the facility’s zero-
tolerance policies, including the consequences for violations of ODRC’s PREA policies. They were also knowledgeable about how to make a report and what to do if they received a report.

**Standard 115.33: Inmate education**

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/document reviewed: 79-ISA-01, 52-RCP-10 (Inmate Orientation), 64-DCM-02 (Inmates with Disabilities), Appendix A to Inmate Handbook, Inmate Transfer (Incoming) List, PREA posters, inmate PREA video and sampling of signed Inmate Orientation Checklists to verify receiving items such as the inmate handbook, to hearing spoken sexual misconduct information, and to viewing a PREA video.

Since an inmate coming to LoCI is always coming from another ODRC facility--normally from a reception center--he has already had PREA education. However, under 52-RCP-10 he again receives PREA education at LoCI as a part of orientation. He must have “a verbal explanation and written information about sexual misconduct consistent with DRC Policy 79-ISA-01, Prison Rape Elimination, upon arrival at any facility.”

When he gets to LoCI, he receives an inmate handbook, which is available in English and Spanish. The handbook details the zero-tolerance policy and how/to whom he can report any incident. The handbook also tells how to contact support services for victims of sexual assault or harassment. It lists the toll free numbers for a support center and for an outside agency hot line. It provides inmates in
restricted housing an address for making a written allegation (anonymously, if desired) to the Office of Quality Assurance and Improvement of the Ohio Department of Youth Services.

Often occurring at intake—but in no case later than seven days of an inmate’s arrival at LoCI—he receives an in-depth orientation on PREA through a video that is closed captioned and signed. Watching the video is mandatory. If there are any barriers—whether mental or physical—to an inmate’s fully comprehending this information, LoCI must do whatever is needed to communicate the information to each inmate under ODRC Policy 64-DCM-02 (Inmates with Disabilities). The lead auditor reviewed a sample of signed Inmate Orientation Checklists verifying that an incoming inmate had been through the required orientation, which includes a PREA component. There is PREA information in the handbook, but the checklist has a place for recording that PREA information also was given verbally. There was a place on each checklist for staff to note whether the inmate needed assistance in understanding the material. The lead auditor also viewed the inmate PREA video, which is both captioned and signed.

Interviews with both intake staff and inmates verified that PREA information is provided both verbally and in writing. Interviews confirmed that inmates know they can report sexual abuse or harassment to staff, contractors, and volunteers; they also know they can also have someone else make an allegation on their behalf. Each inmate interviewed knew that reports could be made anonymously and knew they could contact a victim support group or other organization by using a phone number or address in the handbook. They were well aware of the posters throughout the prison mentioning PREA and giving contact information for help or support. The auditors observed PREA posters with reporting information prominently displayed throughout the living, dining, recreation, and visitation areas of LoCI. The lead auditor reviewed a sampling of inmate files to confirm documentation of the date of PREA training. All files established that the inmate’s orientation had been timely.

The second auditor interviewed several inmates classed as having a disability: one had a physical handicap related to his mobility, one was vision-impaired, one was a limited-English-proficient (LEP) inmate, and one had a cognitive disability. The auditor communicated with the LEP inmate by using the facility’s translation and interpretative service, Vocalink, Inc. Three of these inmates were knowledgeable of LOCI’s zero tolerance policy; they clearly understood how to report abuse and harassment to staff, outside agencies, and through third parties. The LEP inmate was aware of the PREA posters in Spanish and knew how to access the information if he needed to.

**Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

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

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-01, Moss Group training curriculum, and training certificates verifying that both facility investigators and the OHSP investigator had completed specialized PREA training for investigators.
LoCI has three investigators: two facility investigators and an assigned investigator employed by the Ohio State Highway Patrol (OHSP). A portion of Policy 79-ISA-01 covers the training required for conducting a PREA investigation. In addition to the PREA training required of all staff, investigators must also have specialized training which includes, but is not limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, sexual abuse evidence collection, proper use of Miranda and Garrity warnings, and the criteria and evidence required to substantiate a case for administrative or criminal action. The lead auditor also viewed the certificates attesting to all three investigators having completed the specialized training for investigators.

When the lead auditor interviewed the primary facility investigator and the OSHP investigator, each one showed a clear understanding of the issues involved when the need arises to interview any of LoCI’s inmates. Although the investigators have separate offices, the lead auditor’s occasions to view them together suggest that they have an excellent working relationship.

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

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

115.35 (a)

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

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

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

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

115.35 (b)

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

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, PREA training sign-in sheets for regular PREA training, logs showing completion dates for medical and mental health practitioners’ (staff and contractors) training, list of medical and mental health staff, on-line curriculum for specialized medical and mental health training, training acknowledgments from contractors, medical services agreement between ODRC and the Ohio State University Medical Center/Franklin Medical Center, and statement of status that 115.35(b) is NA since this facility does not employ staff that perform forensic exams.

Under Policy 79-ISA-01 all full-time and part-time medical and mental health staff (whether LoCI employees or contractors) must have specialized training beyond their mandated initial/refresher PREA training. Additionally, passing a post-test with a minimum score of 80% is required. Medical practitioners at LoCI do not perform forensic exams, but their daily interactions with inmates require them to be knowledgeable about mental and/or physical issues that may be indicators of sexual abuse.

The lead auditor reviewed the e-learning specialized training module. It covered essential topics such as how to detect signs of sexual abuse and harassment, how to respond to victims, how/to whom to report incidents, and how to preserve evidence. The interviews with the Health Care Administrator and the Mental Health Administrator verified they and their staff had received the training; a review of training records confirmed all medical and mental health staff/contractors at LoCI had satisfactorily completed this training.
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

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

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

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

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

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

115.41 (e)

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

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

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

115.41 (f)

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

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

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

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

☒ 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)

Information/documents reviewed: 79-ISA-04 (Screening Policy), several screens in the assessment process, completed screening instruments, incident reports (including a 3rd party report to a staff member), Inmate Transfer List, Daily Intake Reports, and agency letter to PREA auditors giving a detailed summary of the intake/screening process.

Policy 79-ISA-04 requires offenders to be screened for risk of sexual victimization or sexual abusiveness toward other inmates whenever they are admitted to a facility or transferred to another facility. At LoCI, the inmates are always coming from elsewhere, normally a reception center. The PREA assessment from that location is computerized and available for review for the additional
screening that takes place at LoCI. That screening is normally completed on the day of arrival since it must occur within 72 hours of arrival. By policy the facility must also reassess each inmate’s risk of victimization or abusiveness from 15-30 days after the inmate’s arrival at the facility, based on any additional relevant information received by the facility after the intake screening. The fact that the ODRC PREA risk assessment is digital is a great benefit since it allows each facility easily to share information system-wide.

The screening is a detailed, multi-step process. The lead auditor observed the beginning of this process when an inmate arrives at LoCI. All new arrivals are immediately assessed by the medical department, with the assigned nurse beginning the assessment and completing the first screen. Key points in the assessment mirror the details of the standard. There is no discipline imposed for an inmate’s failure to reveal personal information to any of the screening questions. After the first step, the assessment is then put in a queue for the case managers, and any inmate potentially at risk based on this screening is sent to mental health or medical.

The case managers review their “In Progress” assessments at least daily and complete the second screen. The assessment then goes into the unit manager queue, and the unit managers determine whether or not an inmate requires one of four PREA classifications: Victim (High Risk)--an automatic classification for any previous victim of sexual abuse in an institution setting; Abuser (High Risk)--an automatic classification for anyone who previously abused another in an institutional setting; Potential Victim--at risk of victimization; or Potential Abuser--at risk of abusing another.

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

After an inmate’s initial housing/program assignment, if there is any allegation of abuse, the inmate victim is moved to a safe housing situation until a review of his situation is made. Within seven calendar days, unit management must complete a special assessment of both the alleged victim and abuser within the PREA risk assessment system. This special assessment may lead to a change in PREA classifications for those involved, as well as a different accommodation strategies. A special screening may also occur if any employee makes a mental health referral based on their observation of the inmate’s behavior or at the inmate’s request.

Staff shall ensure the sensitive assessment information is not exploited and that any documents obtained from the assessment are secure. The information is used only to guide staff to making prudent decisions about housing, work, education, and program assignments.

A policy variance was approved after the audit period but before the on-site review; it includes additional procedures for screenings after inmates were off the compound for court appearances or other law enforcement reasons. A screening on return to LoCI was already required by the policy, but now there are provisions for a more thorough screening. There are also requirements for another screening at least 15 days after the inmate’s return to the prison but no later than 30 days afterward, should new relevant information become available. Even though this variance was incorporated into
the policy after the end of the audit period, it is noted here as indicative of the attention of ODRC to staying abreast of any nuances in the standards and to being in complete compliance with all PREA provisions. In their interview with the lead auditor, the OCM and the UMC said the variance allows for a more thorough screening to ensure continuing PREA protection upon an inmate’s return to LoCI.

LoCI exceeds the requirements of this standard in large part due to the comprehensiveness of its process, which essentially captures and tracks PREA-related information from the moment the inmate arrives, throughout his time at LoCI. Additionally, if he is transferred to another Ohio prison, this comprehensive digital assessment is ready to be shared with any other facility in the system.

### Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

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

Information/documents reviewed: 79-ISA-04, 79-ISA-05, PREA assessments with accommodation strategies, PREA Classification Report, list of LGBTI inmates showing dorm and job assignments, and risk assessment files.

ODRC policy 79-ISA-04 sets out the framework for using the PREA risk assessment and other relevant information at LoCI. The information from the risk screening process is applied to all aspects of the inmate’s life—housing, bed, and work assignments, along with education and program assignments.

If an inmate is designated as a victim or potential victim or as an abuser or potential abuser, the PREA Accommodation Strategy Team (PAST) pays special attention to that inmate’s housing, work assignments, and program assignments. The OCM chairs the team, which also includes the UMC, medical and mental health staff, and other staff as necessary. The team uses Risk Assessment and classification information, along with sound correctional judgment, to devise the best accommodation for an individual inmate. The accommodation strategy must be completed within five business days, although an initial housing placement must be decided immediately. LGBTI housing assignments are decided on a case by case basis. The strategy for various inmates is to be reviewed and adjusted as necessary.

The lead auditor reviewed documents and assessments reflecting the work of this team, like the assessment that gave information about suitable housing and work assignments, such as “not to be housed with abusers” and “not to be assigned to classes with abusers.” Supervisors in areas such as educational/vocational programs or work assignments have limited access to the risk assessment information; they will know the PREA classification (victim or potential victim/abuser or potential abuser) of an inmate, but not the reasons for it. The lead auditor also interviewed one bi-sexual inmate and one gay inmate; neither reported any difficulty with housing, work assignments, or program assignments related to their sexual preference. Both of them commented on how frequently someone checked on them to assess their well-being. They said they did not fear for their safety and staff were accommodating and very open to working with them.

Assignments for transgender and intersex inmates are done individually after discussions with the inmates, with such discussion to include offering the inmate the choice to shower alone. In addition to the directives in Policy 79-ISA-05, any accommodation other than showering alone shall be forwarded to the PREA coordinator by e-mail for approval. The OCM does not complete the strategy assessment until a response is received from the PREA coordinator. The UMC confirmed how the information was used during her interview. Transgender and intersex inmates receive special screening every six
months regarding their placement and programming assignments using the PREA assessment strategy.

The PREA assessment tool provides a wealth of information. Because of the facility’s consistent efforts to use all of the information provided to meet its responsibilities under PREA, LoCI exceeds what it required.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

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

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

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

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

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

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

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

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

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, and statements of status for 115.43(a), (b), (c), (d), (e) that there were no inmates placed in involuntary segregation during the audit period.

Policy forbids the placing of inmates at high risk for sexual victimization in involuntary Restrictive Housing (RH) or Limited Privileges Housing (LPH) unless an assessment of all available alternatives has been made and a decision has been made that there is no other means of separating a vulnerable inmate from likely abusers. If an Imminent Risk of Sexual Abuse (DRC1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than 24 hours while completing the assessment. If an inmate is separated from the general population as a means of providing him PREA-related protection, unit management will offer the inmate a review every 30 calendar days to determine whether there is a continuing need for separation.
During his interview, the Warden confirmed the agency policy. In the 12 months of the audit period, involuntary segregation was never used for the placement for inmates at high risk of victimization. The lead auditor also interviewed the Chief of Security and the OCM on the matter of involuntary confinement in segregation; they both further confirmed that no inmates had been involuntarily held in RH or LPH segregation for protection purposes during the audit period.

**REPORTING**

**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

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

**115.51 (b)**

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

**115.51 (c)**

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

115.51 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-02, 52-RCP-10 (Appendix A to Inmate Handbook), PREA posters, LoCI Incident Report arising from 3rd party report made to staff, ODRC/Ohio Department of Youth Services (ODYS) MOU regarding services to inmates in Restrictive Housing, Employee Handbook, inmate PREA video script, PREA e-learning module for staff, and outside agency MOU between ODRC and Franklin County Juvenile Detention Facility (FCJDF).

Inmates arriving at LoCI have already had some introduction to PREA principles since they arrive as transfers from a reception center or another ODRC facility. When they get to LoCI, they all get PREA information again: upon arrival they get the inmate handbook (in English or Spanish) with a detailed PREA section and an oral explanation of important topics that include sexual misconduct, and within seven days of arrival they must view a PREA video, followed by the opportunity to ask questions. Signage in the visitation area at LoCI details how reports can be made by third parties such as family members or friends. There are also posters in the halls traversed by inmates and in the living units giving instructions on how to make reports. There are posters specific to restricted housing areas that provide information on how to report sexual abuse.

The handbook clearly sets out that reports of “incidents or suspicions of sexual abuse, sexual harassment and retaliation” can be made (1) orally or in writing to any staff member, (2) to the Operation Support Center at a phone number for which there is no charge if the call is from an inmate phone, and (3) to an outside agency hot line by using *89, which allows the call to be made without cost. The handbook also provides an address for the Bureau Chief of Quality Assurance and Improvement with ODYS for use by inmates in restricted housing. ODYS and FCJDF in Columbus, Ohio, are the public/private agencies used by LoCI for inmates to report sexual abuse, harassment, or retaliation. Neither has any organizational connection to ODRC. Calls to the phone number for FCJDF are monitored 24/7, and there is no charge for such calls. When a call comes in regarding a PREA allegation, FCJDF notifies ODRC’s chief inspector, who then contacts an LoCI investigator so that a PREA case can be initiated. The lead auditor reviewed the MOU’s that are in place with both ODYS
and FCJDF to confirm this information. He also tested the *89 telephone number to verify that it was in working order.

Additionally, Policy 79-ISA-02, cited in the Employee Handbook, requires staff to be fully aware of their responsibility to receive reports of sexual assault or sexual harassment made verbally, in writing, anonymously, and from third parties. The lead auditor viewed a staff member’s use of an Incident Report to record an inmate’s allegation. The form had a place to indicate whether the report was confidential. The understanding of and practice of the different methods of reporting was verified during interviews with the OCM, the primary facility investigator, and the OSHP investigator.

LoCI does not detain persons solely for civil immigration purposes; consequently consulate contact information is not required.

**Standard 115.52: Exhaustion of administrative remedies**

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

115.52 (a)

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

115.52 (b)

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

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

115.52 (c)

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

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

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

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

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

115.52 (e)

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

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

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

115.52 (f)

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

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
• After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

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

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, inmate handbook and agency exemption memo.

ODRC considers that the standard is applicable but that it is exempt. PREA guidance says “An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.” LoCI’s grievance process is the mechanism for inmate use for other operational areas but not for addressing allegations of sexual abuse or sexual harassment.

The facility informs offenders (inmate handbooks and Policy 79-ISA-02) that they should not use the grievance process for sexual abuse or sexual harassment allegations. Though not absolutely prohibited from submitting grievance forms to make written PREA allegations, inmates are instructed that any PREA allegations received on grievance forms will be immediately forwarded to an LoCI investigator for proper handling under Policy 79-ISA-02. There will not be a resolution at LoCI to a
PREA allegation through the grievance process; allegations submitted on a grievance form will be re-routed into the process reserved for PREA allegations.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

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

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

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Information/documents reviewed: 79-ISA-01, Inmate Handbook (Appendix A), MOU for outside services with Sexual Violence Hotline/SARNCO (Sexual Assault Response Network of Central Ohio), rape crisis center posters, and list of contact information for Ohio rape crisis centers.

By policy a list of mailing addresses and telephone numbers including toll-free hotline numbers of local, state, or national victim advocacy or rape crisis organizations is provided to the unit staff for communication to the inmates. Inmates must be notified that telephone calls are not confidential.

Inmates at LoCI have access to local outside support services through the Ohio Sexual Violence Helpline and SARNCO. SARNCO offers offenders access to a victim’s advocate for the providing of emotional support and other services related to sexual abuse. Abundant posters at LoCI have contact information for this organization. Inmates must be informed that communication with this organization is subject to being monitored and that community service providers may also have their own mandatory reporting rules governing privacy and confidentiality. The auditors reviewed the MOU with Sexual Violence Hotline/SARNCO to confirm the organization is to provide on-going support and advocacy services for LoCI inmates.

The second auditor spoke with a representative of the organization via telephone interview during the on-site audit at LoCI; the representative confirmed the services that the organization makes available. The second auditor also verified that the agency provides a confidential response service for incarcerated individuals who have been sexually assaulted or abused.

Numerous formal interviews with targeted and random inmates reflected the inmates’ understanding that there was an organization off the prison grounds that could be contacted in regard to victim support.

**Standard 115.54: Third-party reporting**

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**
Policy 79-ISA-02 makes provisions for third-party reporting of sexual abuse or assault. Throughout the living areas and the visitation room at LoCI there are posters informing the reader that sexual misconduct or retaliation can be reported through a third party, such as a staff member. Some of the posters, particularly in the visitation area are targeted to “family and friends” and explain how to report abuse, harassment and retaliation by calling certain numbers or by emailing ODRC at DRC.ReportSexualMisconduct@odrc.state.oh.us to make a report by email. Reporting information is also provided in the inmate handbook, along with telephone numbers to call without charge so that reports can be made, anonymously if desired. Although not designated as being PREA-related, at http://drc.ohio.gov/family there is information on how a family may contact ODRC by email or phone with questions or concerns. Additionally, employees, volunteers, and contractors are trained on how to respond properly to any allegations they receive, specifically including third-party reports.

The second auditor conducted formal interviews of 38 targeted or random offenders, with the lead auditor interviewing another two targeted offenders, along with numerous informal inmate interviews. Of the inmates interviewed, whether formally or informally, all understood they could report sexual abuse to another person or organization who could then report it on their behalf; they also understood that the report could be made anonymously.

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**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

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

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

**115.61 (a)**

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

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

115.61 (b)

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

□ Does Not Meet Standard *(Requires Corrective Action)*
Information/documents reviewed: 79-ISA-01, 79-ISA-04, screens 1 and 2 of facility’s 72-hour intake screening of an inmate which did not lead to a PREA classification but did result in an information referral to an investigator, and a 3rd party report that was immediately investigated and followed-up with the abuser being first being put in restrictive housing and then being transferred to another institution.

Policy 79-ISA-02 and Policy 01-COM-08 (Incident Reporting and Notification) require all staff to report immediately any knowledge, suspicion, or information they receive about an incident of sexual misconduct, sexual harassment, or retaliation (whether it arises through personal knowledge, from an inmate, through a third party or anonymous report, or some other method) that occurred in a facility, whether or not it is part of the agency.

Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are also required to report sexual abuse, but they must inform inmates of this duty to report and the limitations of confidentiality at the initiation of services. There are some different reporting issues, addressed in Policy 79-ISA-04, involving informed consent if sexual abuse is reported as having occurred in the community. However, exceptions exist for community abuse allegations if the victim is a vulnerable adult or someone under 18, but LoCI had no situations of this type during the audit period.

Staff may privately report sexual misconduct by completing an Incident Report marked confidential and submitting it directly to the OCM or the ODRC PREA Coordinator; the report will then be routed to the LoCI investigator. Any employee who receives a verbal or written report from an inmate, an anonymous source, or a third party of about an incident of sexual misconduct or retaliation must immediately notify the shift supervisor and complete an Incident Report, marked confidential, with a copy to the OCM and an institutional investigator. Documents reviewed by the lead auditor were in compliance with the ODRC policies. The lead auditor’s questioning of 54 staff, both formally and informally, verified that everyone understood the duty to report and the mechanics of how to report. The lead auditor also viewed a file showing how a third party report had been handled; the documents demonstrated that the report had been handled swiftly and efficiently, according to policy.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-02, and statement of status there were no inmates at imminent risk during the audit period.

Agency requires that whenever the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action must occur to protect the inmate. All reports of substantial risk of imminent sexual abuse shall immediately be forwarded to an institutional Investigator, the OCM, UMC, and shift supervisor. As soon as a report is received, security staff will act immediately to protect the inmate. Protective measures would be housing changes, transfers of inmate victims or abusers, and removal of alleged staff or inmate abusers from contact with victims.

Reports of substantial risk of imminent sexual abuse are to be investigated by a facility investigator and documented in the electronic PREA Incident Reporting system. If an Imminent Risk of Sexual Abuse assessment cannot be completed immediately, the inmate may be held in Involuntary Restrictive Housing or Limited Privileges Housing for less than 24 hours while the assessment is completed. This process was verified with the OCM during his interview. There were no reports of imminent substantial risk to any inmate during the audit period.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, notification letters to other facilities based on an inmate reports of abuse at another facility, Incident Report documenting the inmate’s PREA allegation, and statement of status verifying there had been no reports from other institutions that an inmate had alleged any sexual abuse at LoCI.

By policy, whenever an inmate reports being abused at another facility, the LoCI warden must notify the head of that facility or the appropriate office of the agency/facility within 72 hours, and the facility receiving such allegation is then responsible for conducting an investigation as required. The Warden confirmed the process for handling such allegations. LoCI received four reports of this type during the audit period. The lead auditor reviewed documents that confirmed the facility handled such reports in a proper manner. It is the practice of the Warden to notify notified the named facility on the same day the inmate reports the allegation to staff at LoCI. During the audit period LoCI received no reports from other facilities that an inmate reported sexual abuse at LoCI.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, 03E-10 (Sexual Abuse Coordinated Response Plan), completed Incident Report and First Responder Checklist, completed PREA Incident Report Applications (both security and non-security), and first responder cards carried by staff.

ODRC Policy 79-ISA-02 and LoCI’s Institutional Sexual Abuse Coordinated Response Plan set out the responsibilities of security and non-security staff acting as first responders when allegations of sexual abuse arise. Each staff member at LoCI is trained to be a first responder. The agency has an excellent flow-chart type graphic in Appendix C of Policy 79-ISA-02 that clearly distinguishes the duties of both security supervisors and of non-security/line security as first responders. Appendix D of that same policy is a detailed first responder checklist showing tasks with room for comments so the facility investigator and the OCM have a brief summary of what actions were to be taken by whom.

The lead auditor interviewed multiple security and non-security personnel about their duties as first responders. All staff interviewed knew their duty to separate the inmates to ensure safety for the victim while also either asking those involved not to destroy evidence or acting to protect/preserve evidence themselves, depending on the first responder’s job title. All first responders have a card listing their tasks. Additionally, the lead auditor reviewed completed Incident Reports and their accompanying First Responder Checklists. The checklists have a place for indicating whether the first responder is security or non-security.
Among the staff interviewed by the lead auditor was the facility’s locksmith, who easily recited all of the tasks he would carry out as a first responder. The lead auditor noted that many of the staff he interviewed had their first responder cards in hand during their interviews—but no one ever had to refer to the card before listing what he or she would do if acting as a first responder. The locksmith, along with several others, specifically credited the facility’s emphasis on training for his ability to recall without hesitation what to do if called upon to be a first responder.

The in-depth knowledge of staff about what to do when an incident occurs was impressive, and the comprehensive checklist helps to make sure that no important step is missed. The policy’s graphic showing who does what throughout the process is also indicative of LoCI’s understanding of the important role of the first responder. The facility exceeds what is required by this standard.

**Standard 115.65: Coordinated response**

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

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

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

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

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

Information/documents reviewed: 79-ISA-02 and 03E-10 (Sexual Abuse Coordinated Response Plan).

LoCI has a very detailed written institutional plan that sets out how the actions of first responders, medical/mental health practitioners, victim support persons, investigators, and facility leadership are to be carried out and coordinated to provide the most effective response possible to an incident of sexual abuse. This local policy works in conjunction with ODRC policy 79-ISA-02. The lead auditor reviewed the institutional plan, and various staff interviewed—including the Chief of Security, the Unit Management Chief, and the primary facility investigator—indicated their familiarity with LoCI’s coordinated response plan and verified they knew what their individual roles would be in case of an incident.
Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: agency memo preserving the right to protect inmates from abusers, and 2018-2021 union contracts or other materials setting out the agreements with ODRC.

ODRC engages in collective bargaining, and it has three current collective bargaining agreements. The state retains the right to hire and transfer employees, and to remove staff alleged to have engaged in sexual misconduct by removing him/her from inmate contact or by placing the employee on paid leave pending the outcome of an investigation. It further retains the right to make rules and regulations regarding employment and to determine the basis for hiring, retaining, and promoting employees. The lead auditor reviewed materials pertaining to the agreements with the unions to confirm compliance with this standard.

Standard 115.67: Agency protection against retaliation
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02 and documents tracking the 3rd party report of an allegation through the investigation, substantiation of the allegation, and the monitoring period.

Retaliation monitoring for any inmate and any staff member who has reported sexual abuse/harassment and/or cooperated with a sexual abuse or sexual harassment investigations is required by policy. There is a minimum time of 90 days for this monitoring period unless the incident requires more time; the monitoring must be documented, with periodic status checks every 30 days. Monitoring duties for all cases involving sexual abuse for both inmates and employees are handled by a facility investigator. If the allegation involves sexual harassment involving staff or inmates, the monitoring of retaliation falls to the OCM. The duty to monitor ceases if the retaliation allegation is
The lead auditor reviewed a comprehensive file starting with an abuse allegation, going through the investigation process to substantiate the allegation, and through the lengthy monitoring process. Each step in the process was handled in accord with ODRC policy and the PREA standards.

According to the PAQ, there were no cases of retaliation during the audit period.

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

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

115.68 (a)

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

**Auditor Overall Compliance Determination**

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

Information/documents reviewed: 79-ISA-04 and statement of status verifying that during the audit period LoCI did not place any inmate in segregated housing for protection after an allegation of sexual abuse.

Policy prohibits placing inmates who allege sexual abuse into segregated housing involuntarily unless there are no alternatives available. By policy, an involuntary placement into the Transitional Program Unit (TPU) under Restrictive Housing (RH) or Limited Privilege Housing (LPH) conditions would occur only after an assessment and only as a last resort for the protection of inmates alleging sexual abuse. Such placement must last no longer than the time it takes to find suitable housing, normally no longer than 30 days. Should the involuntary placement extend beyond 30 days, every 30 days unit management is to afford the inmate a review to determine the need for a continued separation from the general population.

According to the OCM and the Chief of Security, this type of involuntary placement is not used at LoCI. The Warden confirmed that there had been no involuntary placements in segregated housing during
the audit period, and the lead auditor verified through a review of documentation that involuntary placements had not been used for the protection of inmates.

**INVESTIGATIONS**

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

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

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

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

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

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

☒  Exceeds Standard (Substantially exceeds requirement of standards)

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

☐  Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-02, 09-INV-07 (DRC Investigation Policy), 09-INV-04 (Institution Investigator), certificates of specialized training for investigators, MOU with OSHP, case files, record retention schedule, and statements of status that during the audit period

- no cases were referred for prosecution,
- no allegations of sexual harassment were made, and
- no inmates were released after a case based on an allegation of sexual abuse was closed.

By policy, every allegation of sexual abuse and sexual harassment is investigated. A criminal or administrative investigation must be done promptly, thoroughly and objectively on every allegation of sexual abuse received by the facility or the facility becomes aware of. LoCI has an MOU with the Ohio State Highway Patrol (OSHP). The policy and the MOU detail the process for the completion of sexual abuse and sexual harassment investigations conducted at LoCI. ODRC publishes its investigative policy on its website: http://drc.ohio.gov/policies/investigations.

LoCI has two facility investigators (one primary investigator and an assistant investigator) and one OSHP Investigator. The OHSP Investigator has the authority to conduct a criminal investigation and then refer the case for prosecution, if warranted. The two facility investigators handle administrative investigations of abuse and retaliation. The OCM handles harassment investigations and monitoring.

Both ODRC and OSHP require their investigators to receive specialized training, and the lead auditor verified through interviews and through a review of their training certificates that all investigators had completed the specialized training. The lead auditor’s interviews with the primary facility investigator and the OSHP investigator indicated that the credibility of an alleged victim, suspect, or witness is assessed on an impartial basis and not determined by the person’s status as an inmate or staff member.

During their separate interviews with the lead auditor, the investigators detailed the investigative process. The cases involve gathering and preserving direct and circumstantial evidence, DNA and physical evidence, and electronic monitoring data, along with conducting interviews with alleged victims, perpetrators, and witnesses. An investigation also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of LoCI does not provide a basis for terminating any investigation.
The lead auditor reviewed case files for the audit period and found each file contained whatever evidence could be gathered regarding an allegation, with the files supporting what the investigators had stated in their interviews. The case files included interviews, photos, recorded video footage, first responder details, outcome notifications, retaliation monitoring (if required) and incident reviews. The materials in the files demonstrated thorough investigations and comprehensive documentation.

Having PREA investigations handled by the two facility investigators and one OHSP investigator ensure that PREA violations are never overlooked. LoCI exceeds what is required by this standard.

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

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

115.72 (a)

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

**Auditor Overall Compliance Determination**

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

Information/documents reviewed: 79-ISA-02.

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The lead auditor confirmed this threshold during his interview with the primary facility investigator and the OSHP investigator. LoCI had six sexual abuse allegations during the audit period, two of which were substantiated; the other four were unfounded.

**Standard 115.73: Reporting to inmates**

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

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

115.73 (b)

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

115.73 (c)

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

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

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

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

115.73 (d)

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

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

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-02, PREA Abuse packet with notification dates, LoCI PREA Incident Report Summary, Victim 90-Day Follow-up Schedule signed by victim, list of SART members, mental health referrals for victim and abuser, and statements of status verifying for the audit period LoCI had no staff on inmate sexual abuse cases and no PREA cases completed by OSHP for LoCI.

By policy, inmates who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If ODRC did not conduct the investigation, it must request the relevant information from the OSHP in order to inform the inmate. The inmate is to be provided a written decision into his allegation by a facility investigator.

This same policy requires that whenever an inmate alleges that a staff member has committed sexual misconduct against him, the facility will inform the inmate (unless the investigation has determined the allegation was unfounded) when the employee is no longer assigned on his unit, no longer employed in the facility, and if the employee was charged or indicted. Any inmate who makes an allegation against another inmate must be notified about the outcome of the allegation--whether criminal or administrative--and any consequences arising out of the allegation. The duty to report to the inmate ends with his release from ODRC’s custody. Based on the lead auditor’s review of the records, during the audit period appropriate notifications were made to the inmates in all cases.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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

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

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, 31-SEM-02, and 31-SEM-07 (Unauthorized Relationships), and statement of status that no employee resigned or was terminated due to PREA violations.
ODRC policies clearly state that facility employees are subject to disciplinary sanction up to and including termination for violating agency sexual abuse, sexual harassment, and/or retaliation policies. The lead auditor reviewed the detailed disciplinary grid detailing possible employee sanctions for violating policies. All terminations for violations of agency sexual misconduct policies must be reported to ODRC legal services by the managing officer (i.e., the warden) so that any licensing bodies can be notified. Such terminations, as well as resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and will also be reported to any relevant licensing bodies.

According to the primary investigator and the OCM, there were no substantiated sexual abuse or sexual harassment allegations involving an employee during the audit period; consequently there were no terminations or disciplinary actions related to any allegation of sexual misconduct.

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

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

115.77 (a)

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

115.77 (b)

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*
Corrective action for contractors and volunteers is defined by two policies. These policies require that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and reported to law enforcement agencies and/or relevant licensing boards (unless the activity was clearly not criminal). Contractors, volunteers and others who fall under this standard have been trained about these policies, rules, and regulations. The facility’s Code of Conduct for Contractors, Volunteers, and Interns is very detailed in addressing the kinds of behaviors that must be avoided, such as shows of partiality to specific inmates or fraternization with inmates or their families.

In the 12 months of the audit period, there were no allegations of sexual abuse or harassment against contractors or volunteers.

**Standard 115.78: Disciplinary sanctions for inmates**

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

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

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

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

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

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, Policies 56-DSC-01 (Conduct Report and Hearing Officer Procedures), Ohio Admin. Code 5120-9-06 (Inmate Rules of Conduct), Ohio Admin. Code 5120-9-08 (Disciplinary Procedures for Violations of Inmate Rules of Conduct), Conduct Report, Hearing Officer's Report, assorted documents from a Rules Infraction Board hearing, documentation of sanctions imposed on two inmates after their hearings, mental health report on an inmate classified as an abuser, and statement of status that no inmates were disciplined during the audit period for having non-consensual sexual contact with a staff member.

Policies 56-DSC-01 and 79-ISA-02 detail administrative and criminal procedures and sanctions for inmates cited for and determined to be guilty of sexual abuse and sexual harassment. LoCI inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse, sexual harassment, or retaliation. Any inmate found guilty by the Rules Infraction Board (RIB) of sexual abuse will be considered for disciplinary sanctions and any/all of these administrative actions:

- referral to the Serious Misconduct Panel (SMP) for placement into Extended Restrictive Housing;
- a special security review which considers the sexual abuse behavior, during which, at a minimum, the inmate should be considered for an increase of one security level;
• institutional separations shall be placed on the aggressor and the victim consistent with ODRC policy; and
• the RIB/SMP may order the aggressor to pay reasonable restitution to ODRC for the costs it incurred as a result of the sexual abuse.

Staff interviewed, including mental health staff, all verified that in PREA-related cases where sanctions would be imposed, offender mental health is taken into consideration. The lead auditor determined compliance with this standard through a review of agency policies, Ohio Admin. Code provisions relating to inmate conduct and disciplinary proceedings. He also reviewed written documentation showing the process of an inmate hearing and the imposition of sanctions, such as placement in Extended Restrictive Housing.

### MEDICAL AND MENTAL CARE

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

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

| 115.81 (a) |  
| --- | --- |
| ▪ If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | ☒ Yes ☐ No ☐ NA |

| 115.81 (b) |  
| --- | --- |
| ▪ If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | ☒ Yes ☐ No ☐ NA |

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

| 115.81 (d) |  
| --- | --- |
Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Information/documents reviewed: 79-ISA-02 and 79-ISA-04, PREA classification report, completed risk assessments showing classification of an inmate as an abuser and his placement in TPU, risk assessments in which the inmates requested mental health referrals for the abuser, and the screening assessment/mental health notes for a developmentally disabled inmate not assigned a PREA classification.

LoCI uses a very detailed assessment process for PREA-related screening. When the facility becomes aware that the inmate being screened has experienced prior sexual victimization or if he is perceived to be at risk of victimization, he is to be offered a follow-up meeting with a medical or mental health practitioner. This meeting is to occur within 14 days of the facility becoming aware of the situation. The same protocol is applied to inmates who are determined to be actual or potential abusers.

A review of some of the PREA assessments reflected the careful attention paid to living and work assignments so that victims/potential victims would be separated from abusers/potential abusers. The lead auditor also reviewed PREA assessments leading to PREA classifications, referrals to mental health services, and recommendations regarding inmate assignments or placements, such as “to be housed away from victims.” In an assessment where the inmate had requested mental health services, the file also showed the referral was made in a timely manner, along with a confirmation from a mental health professional that the inmate had been seen.

By policy, all information related to sexual victimization or abusiveness is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions on such matters as treatment plans, housing and job assignments, as well as for proper security and
management decisions. The lead auditor’s interviews with the OCM, the Mental Health Administrator, and the Health Care Administrator indicated that all information is shared only on a need to know basis and is password protected. The Mental Health Administrator also stated inmates are often suspicious and distrustful about the nature of mental health services. However, she said when inmates realize that the facility’s intent in offering mental health services is actually to benefit them, they become more open to the process.

Medical and mental health practitioners follow all requirements regarding reporting information about prior sexual victimization in the community. Confidentiality rules and mandatory reporting laws are clearly explained to offenders and acknowledged by them in writing.

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

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

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

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

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

Information/documents reviewed: 79-ISA-02, 67-MNH-09 (Suicide Prevention), 67-MNH-15 (Mental Health Treatment), medical protocol B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse), 67-MNH-02 (Mental Health Screening and Mental Health Classification), mental health and nursing staff schedules, incident report, and statement of status that LoCI did not have any inmate who was sexually abused and received precautionary treatment and contraception.

Several policies set out the guidelines medical staff at LoCI must follow to ensure that victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services. These policies and guidelines permit the scope of the services to be based upon the medical/mental health practitioner’s professional judgment. In accord with Medical Protocol B-11 and policy 67-MNH-02, inmates reporting sexual abuse in any prison, jail, lockup or juvenile facility will be offered medical/mental health evaluations and treatment as appropriate. The lead auditor viewed the comprehensive staffing schedules to verify the availability of practitioners.

Interviews with medical and mental health staff at LoCI and a review of sexual abuse allegation files confirmed every inmate alleged to be a victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis. The hospital customarily used is Ohio State University Medical Center/Franklin Medical Center. The second auditor verified by telephone the available SAFE (Sexual Assault Forensic Examiners) and SANE (Sexual Assault Nurse Examiners) procedures and services provided by Ohio State University Medical Center/ Franklin Medical Center.

All treatment services, whether physical or mental health, are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation. The lead auditor also reviewed an incident report from a sexual abuse allegation, confirming the inmate making the allegation had been offered both medical and mental health services. During the audit period, there was one forensic examination conducted.

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

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

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

**Auditor Overall Compliance Determination**
Information/documents reviewed: 79-ISA-02, B-11, 67-MNH-02 (Mental Health Screening and Mental Health Classifications), 67-MNH-04 (Transfer and Discharge of the Mental Health Caseload), 67-MNH-15 (Mental Health Treatment), mental health progress notes arising from a PREA incident, and statements of status verifying that during the audit period the facility did not house females and it had no inmates who were sexually abused and received follow-up services or treatment plans when transferred or released.

Policies 67-MNH-02 (Mental Health Screening and Mental Health Classifications), 67-MNH-15 (Mental Health Treatment) and 79-ISA-02 require the facility to offer, without cost, medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Health Care Administrator and the Mental Health Administrator confirmed to the lead auditor that the evaluation and treatment of any victim includes, as needed, follow-up services, treatment plans, and, when required, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are provided to victims without cost and regardless of whether the he names the abuser or cooperates with any investigation.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Information/documents reviewed: 79-ISA-03, list of SART members, Sexual Abuse First Responder Checklist, “Sexual Abuse Review Team Screens” of several PREA Incident Report Applications showing the actions of the SART including any recommendations that might be made according to the circumstances of the allegation.
Policy requires the Warden to establish a Sexual Abuse Review Team (SART) comprised of, at a minimum, a deputy warden, an investigator, the OCM (who will serve as chair), a victim support person, and other staff that may have relevant input, such as a mental health professional. This policy also requires the SART to conduct an administrative review within 30 days of the conclusion of a sexual abuse investigation, unless an allegation was deemed to be unfounded.

SART responsibilities require a thorough review of the circumstances of each incident. Their review and report must contain an extensive list of relevant information, some of which are listed below:

- events leading up to and following the incident;
- a consideration of whether the allegation or investigation shows a need to change policy or practice to better detect, or respond to sexual abuse;
- a consideration of whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; and
- recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

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

LoCI then must implement any recommendations resulting from this review or document the reasons for not doing so. Sexual abuse incident reviews were completed in the prescribed timeframe on the two cases determined to be substantiated during the audit period; all of the other cases were unfounded. The lead auditor reviewed the completed SART reports, including any recommendations to the Warden. When interviewed, the OCM stated that SART reviews consider such things as inmate movement, area blind spots, and any significant need to supplement camera monitoring.

**Standard 115.87: Data collection**

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

115.87 (a)

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

115.87 (b)

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

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, comprehensive PREA Incident Packet, agency statement of 2017 private facility PREA incident information, and 2017 Survey of Sexual Violence-2 (SSV-2)

ODRC 79-ISA-01 requires uniform data to be collected for every incident of sexual abuse alleged to have occurred at each facility. Data from LoCI in the comprehensive PREA Incident Packet is then aggregated annually in Columbus with data from all other ODRC facilities. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews must be maintained, reviewed, and collected as needed to complete the SSV-2 for the Department of Justice. ODRC annually aggregates and publishes this incident-based sexual abuse data, redacted as necessary for privacy. The PREA Incident Packet form is quite comprehensive, from definitions to detailed instructions for completion to final resolution, including reviews, reports, and recommendations and the end of the entire process.
Standard 115.88: Data review for corrective action

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

115.88 (a)

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

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
Policy requires the agency to review and collect incident-based sexual abuse data from all of its facilities to assess and improve sexual abuse prevention, detection, and response policies, procedures, and training by (1) identifying problem areas, (2) taking corrective action on an ongoing basis, and (3) compiling an annual report of findings/corrective actions for each facility, as well as for ODRC as a whole.

ODRC collects, maintains, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility, including the three private facilities it contracts with. LoCI provides sexual abuse statistics to the agency’s central office to assist in creating the ODRC Annual Internal Report on Sexual Assault Data that helps to identify trends, concerns, etc., by the use of this aggregate data. The data compilation in this report has had personal identifiers removed; it is available for public viewing on the agency’s website: http://www.drc.ohio.gov/prea.

The reports reflect the number and types of sexual abuse allegations reported, as well as the number of allegations that were substantiated, unsubstantiated, or unfounded. The narratives in the reports present information gathered during abuse investigations and the steps taken to address any issues that might have contributed to the PREA violations that were reported. The decreasing number of sexual abuse cases are indicative of the emphasis ORDC places on maintain a zero-tolerance attitude throughout its prison system.

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

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

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

Auditor Overall Compliance Determination

☐ 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)

Information/documents reviewed: 79-ISA-01, 2018 ODRC Annual Internal Report on Sexual Assault Data (An Analysis of 2016-2017 Sexual Assault Data), 2017 ODRC Annual Internal Report on Sexual Assault Data (An Analysis of 2015-2016 Sexual Assault Data), case files, and record retention schedule.

ODRC policy 79-ISA-01 requires that aggregated sexual abuse data from facilities under its direct control, including all privately-run facilities, is annually updated. This information, stripped of personal identifiers, is readily available to the public on its website. The most recent compilation, published shortly after the end of the audit period, is the 2018 ODRC Annual Internal Report on Sexual Assault Data. It contains a comparison of incidents from 2016 and 2017 and can be viewed at this web address: http://drc.ohio.gov/prea. The online publication of this data was verified through the lead auditor’s accessing the ODRC web site and viewing the most recent report. Also reviewed was the 2017 ODRC Annual Internal Report on Sexual Assault Data, which was published in March of the audit period.

ODRC maintains all case records (including incident and investigative reports, case disposition, medical and counseling information, and recommendations for treatment) arising from an allegation of a PREA violation regarding a given inmate for 10 years after the inmate has reached final release, expiration of sentence, or death. Any records regarding an employee named in a PREA violation are kept for 10 years after the staff member leaves the employ of the agency. The actual case records maintained by ODRC are password protected so that the data remains confidential. According to documentation reviewed by the lead auditor, files related to criminal investigation are maintained permanently. The lead auditor’s review of policy, case files, the agency retention schedules, and materials on the website verify compliance with this standard.
Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

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

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

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

Information/documents reviewed: hard-copy and digitally-stored information of many types.

The auditors had free access to all parts of LoCi. The lead auditor had easy access to both digitally-stored and hard-copy information, and both auditors had private offices for conducting interviews. Starting August 20, 2013, and for each three-year period thereafter, ODRC ensured that each of the facilities operated by the agency or a private company contracting with ODRC was audited at least once.

**Standard 115.403: Audit contents and findings**

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

115.403 (f)

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

**Auditor Overall Compliance Determination**

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

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

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

Information/documents reviewed: Relevant policies and website.
ODRC posts its completed audit reports on the agency website (http://www.drc.ohio.gov/prea) as required by this standard, and the lead auditor has verified that PREA audit reports from 2014-2018 are available for review on the website. It has been an on-going practice with ODRC to publish a final PREA audit report for a facility on its website within two weeks after its completion and approval.
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.

Douglas K. Sproat, Jr. May 11, 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.