

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

Interim Final

Date of Report July 9, 2018

Auditor Information

Name: Douglas K. Sproat, Jr.	Email: dougksproat@gmail.com
Company Name: <small>Click or tap here to enter text.</small>	
Mailing Address: 141 Skyline Dr.	City, State, Zip: Clinton MS 39056
Telephone: 601- 832-5238	Date of Facility Visit: May 23-25, 2018 <small>Click or tap here to enter text.</small>

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Ohio Department of Rehabilitation and Correction		State of Ohio	
Physical Address: 770 West Broad Street <small>Click or tap here to enter text.</small>		City, State, Zip: Columbus, Ohio 43222 <small>Click or tap here to enter text.</small>	
Mailing Address: Same		City, State, Zip: Same <small>Click or tap here to enter text.</small>	
Telephone: 614-752-1159		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Reduce recidivism among those we touch			
Agency Website with PREA Information: http://drc.ohio.gov/prea <small>Click or tap here to enter text.</small>			

Agency Chief Executive Officer

Name: Gary C. Mohr	Title: Director
Email: Gary.Mohr@odrc.state.oh.us <small>Click or tap here to enter text.</small>	Telephone: 614-752-1708 <small>Click or tap here to enter text.</small>

Agency-Wide PREA Coordinator

Name: Amanda Moon	Title: Chief Bureau of Operational Compliance <small>Click or tap here to enter text.</small>
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Email: Amanda.Moon@odrc.state.oh.us Click or tap here to enter text.	Telephone: 614-7521708 Click or tap here to enter text.
PREA Coordinator Reports to: Agency Chief Inspector Click or tap here to enter text.	Number of Compliance Managers who report to the PREA Coordinator 25

Facility Information

Name of Facility: Marion Correctional Institution Click or tap here to enter text.								
Physical Address: 940 Marion-Williamsport Road, Marion, Ohio 43302 Click or tap here to enter text.								
Mailing Address (if different than above): Click or tap here to enter text.								
Telephone Number: 740-382-5781 Click or tap here to enter text.								
<table border="1" style="width: 100%;"> <tr> <td>The Facility Is:</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for profit</td> <td><input type="checkbox"/> Private not for profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input checked="" type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit					
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal					
Facility Type:								
<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison							
Facility Mission: MCI will provide a safe, secure, productive and professional environment for all stakeholders.								
Facility Website with PREA Information: http://drc.ohio.gov/prea								

Warden/Superintendent

Name: Lyneal Wainwright	Title: Warden
Email: Lyneal.Wainwright@odrc.state.oh.us	Telephone: 740-382-5781 Ext. 2220

Facility PREA Compliance Manager

Name: Michelle Turner	Title: Operational Compliance Manager
Email: Michelle.Turner@odrc.state.oh.us	Telephone: 740-382-5781 Ext. 2224

Facility Health Service Administrator

Name: Tara Bisang	Title: Health Care Administrator
Email: Tara.Bisang@odrc.state.oh.us	Telephone: 740-382-5781 Ext. 2294

Facility Characteristics

Designated Facility Capacity: 1452	Current Population of Facility: 2327
Number of inmates admitted to facility during the past 12 months	969

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			969
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			969
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			540
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-93	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			9.63 years
Facility security level/inmate custody levels:			1,2
Number of staff currently employed by the facility who may have contact with inmates:			446
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			52
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			13
Physical Plant			
Number of Buildings: 51		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		16	
Number of Segregation Cells (Administrative and Disciplinary):		66	
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.):			
There are 169 cameras on the interior and exterior; this number includes cameras installed after the audit period. MCI is attentive to any possible privacy violations when using cameras and mirrors.			
Medical			
Type of Medical Facility:		Outpatient primary care with overnight observation	
Forensic sexual assault medical exams are conducted at:		Marion General Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			420
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

Audit Findings

Audit Narrative

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

The second PREA audit of the Marion Correctional Institution (MCI), Marion, Ohio, was conducted on May 23-25, 2018, by Douglas K. Sproat, Jr., a Department of Justice (DOJ)-certified PREA auditor, and Clayton Kellum, also a DOJ-certified PREA auditor.

Approximately five weeks before the on-site visit, the Ohio Department of Rehabilitation and Correction (ODRC) PREA Implementation Director, mailed the auditor a pass-word protected flash drive containing the facility's Pre-Audit Questionnaire (PAQ), along with a comprehensive list of all standards with relevant policies and secondary documents supporting each subsection of a standard. The secondary documents included, but were not limited to, PREA incident reports, training documentation, inmate risk-assessment materials, and records of inmate notifications of PREA investigation results. These documents were well-organized and comprehensive. The supporting materials for the PAQ were embedded within it, making the process for reviewing materials very auditor-friendly. It should be noted that the contents on the flash drive covered every aspect of MCI's operation, so that a thorough review of the materials would permit an auditor a good understanding of the facility prior to the on-site visit.

The audit chair had served as a member of an ACA audit team immediately before the PREA audit, and this allowed an opportunity for him to make a visual inspection of all areas of the facility that related to PREA issues before the formal start of the PREA audit; it also gave him a chance to conduct two interviews during shift change and briefing on the night of May 21. While further touring the facility (including Marion Correction Camp) as a part of the ACA audit, the auditor observed the notices announcing the dates of this PREA audit and auditor contact information posted in all buildings. The auditor 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, the auditor 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 May 23, 2018, the auditors met with ODRC and facility staff in an entrance briefing to discuss the PREA protocols for the on-site part of the audit. Present at this briefing were the Warden, the Deputy Warden/Operations, the Deputy Warden/Special Services, the Chief of Security, the Operational Compliance Manager (OCM), the Unit Management Chief (UMC), and the PREA Implementation Director. The audit chair 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 briefing concluded shortly afterwards.

The auditors began the formal interview process on May 23 following the entrance briefing. There are six different categories for interviews during an audit to provide information relevant to PREA compliance: the agency head, the facility director, PREA coordinator, 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 auditors formally interviewed 33 inmates in two private rooms designated by the OCM:

- four LGBTI's,
- two transgenders,
- two inmates reporting abuse at MCI,
- three reporting prior victimization at another facility or in the community,
- two mentally/developmentally disabled,
- one physically disabled,
- one with limited English proficiency (LEP),
- three PREA classifications (one abuser, two victims), and
- 16 randomly selected

The audit chair also informally interviewed 22 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 55 formal and informal interviews clearly established that inmates at MCI 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 five PREA allegations during the audit period, and a review of the files for the investigations reflected timely and appropriate investigations that were handled in accord with ODRC policies and applicable PREA standards.

Forty-eight others were formally interviewed, either on-site or by telephone, most of whom were ODRC staff. Those formally interviewed were:

- one facility administrator,
- two deputy facility administrators,
- one unit management chief,
- one operational compliance manager,
- one chief of security,
- three investigators (two employed by ODRC, one employed by OSHP),
- one health care administrator,
- one medical staff,
- one mental health administrator,
- one mental health staff,
- one training manager,
- one case manager,
- one human resources administrator,
- one Sexual Assault Nurse Examiner (SANE employed at Marion General Hospital, telephone interview),

- one victim advocate at Marion Area Counseling Center (MACC, telephone interview),
- one 1st shift supervisor captain,
- one 1st shift random non-security first responder,
- one 2nd shift supervisor (lieutenant),
- two 2nd shift random non-security first responder,
- one 3rd shift supervisor (captain),
- six correctional officers (CO's--two from each shift),
- two contractors,
- two volunteers,
- one intake staff,
- one incident review team member,
- four random camp staff ,
- six random staff (two from each shift),
- one segregation supervisor (lieutenant), and
- one segregation CO.

Another 20 staff were informally interviewed. These interviews collectively reflect a deep knowledge of PREA, along with an appreciation of the purpose behind it and the importance of its role in the everyday operations at MCI. It was clear though all formal and informal staff interviews that the administration at MCI is committed to ensuring compliance with all standards of the Prison Rape Elimination Act.

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

- Intake/reception screening areas,
- Housing units, dormitories, and individual rooms,
- Health care/mental health departments,
- Recreation, food service, and program areas,
- Any renovations or additions,
- Segregation,
- Commissary, and
- Laundry.

These areas were all examined, and 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 females 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 with the initial MCI PREA risk assessment screening. They reviewed a sampling of risk assessment outcomes, along with reviewing the memorandum of understanding (MOU) with the Ohio Highway State Patrol (OHSP) regarding investigations, one with Marion General Hospital (MGH) regarding forensic examinations, and an MOU with MACC for victim

support. Files were reviewed for inmates who arrived at MCI during the audit period and reported having been previously abused in another facility or in the community.

On May 25, 2018, at the conclusion of the on-site portion of the audit, the auditors met with the staff of MCI 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 Operational Compliance Manager, the Unit Management Chief, the PREA Implementation Director, and the Chief of the Bureau of Operational Compliance. At that time the audit chair did not provide a final tally from the audit, but he did give a preliminary assessment that all standards were at least at the “Meets Standard” level. He expressed his gratitude 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 auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Marion Correctional Institution (MCI) of the Ohio Department of Rehabilitation and Correction (ODRC) is adult male minimum/medium security facility in Marion, Ohio. The institutional grounds cover approximately 1,243 acres, with some of that acreage leased for farm use. The facility has a double perimeter fence with razor wire, top and bottom. It is augmented with a Southwest microwave/micro-net intrusion detection system. The system also includes microwave and Doppler detectors located in critical areas throughout the complex. There are a total of 51 buildings, with some of these located outside the secure fence. There is a 24/7 armed perimeter patrol vehicle monitoring the grounds. Both the main yard and the outside perimeter are well-lit by light fixtures on poles, and pan/tilt/zoom cameras are placed at strategic points around the compound. On each shift an officer walks the inside of the perimeter fence for signs of damage and/or washouts. According to the PREA Pre-Audit Questionnaire (PAQ), the facility is designed for a capacity of 1452, with the current population being 2327. The age range is 18-93 years of age, with an average length of stay being 9.63 years.

There is a single main entrance for staff and guests arriving at MCI. Normally that entrance would be though what is designated as A-building. However, A-building was under renovation at the time of the audit, and staff and visitors made entry onto the prison grounds through a temporary trailer, where they were processed through a manned security post with a walk-through metal detector. Once processed through the trailer, staff and visitors leave the trailer and then must be admitted through the secure fence in order to gain admission into the prison’s main building, a large multi-story building that has two-three levels for offices and two levels for cellblock and dorm-style living units (six cellblocks and fourteen dormitories). MCI’s Facility Guide indicates that the total bed space in the main stockade is 2,280.

The visitation room is near the front entrance to the building, and it is a spacious area normally used by about 20,000 visitors a year. It is a large space with tables and chairs, with a special reading area for

children that also contains an aquarium and television. MCI Control Center 1 is also part of this area and serves as the hub for all movement on the institutional grounds; Control Center 2 is a short distance away down a hall. In the front part of the building there are various offices, with the Warden's suite and offices for other key staff on the second floor. Movement throughout the main building to reach any desired point is primarily through the use of two hallways (South Hall and Main Hall) that run through the vast building with various offices, facility operations, living units, etc. on either side of the hallways. The hallways also provide access to the stairways leading to upper levels of the building.

The South Hall is used to access a variety of offices and departments, such as the Medical Department, the Mental Health Department, and the Dental Department. The Main Hallway, which is approximately ½ mile long, is the main access way to all areas of the institution; it connects the institution with all living areas, recreation and workshops, including Ohio Penal Industries. Separate from the main building is the Camp Unit, which consists of a North dorm (Marion Reintegration Center) and an East dorm (Marion Correctional Camp). This unit has dormitory-style housing for approximately 390 offenders.

MCI also has a spacious area for outdoor recreation with a walking track, with areas for softball, basketball, and volleyball.

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: 10

115.11, 115.16, 115.21, 115.31, 115.33, 115.34, 115.41, 115.42, 115.64, 115.71

Number of Standards Met: 35

115.12, 115.13, 115.14, 115.15, 115.17, 115.18, 115.22, 115.32, 115.35, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

All standards were met or exceeded.

Summary of Corrective Action (if any)

There is no corrective action required of the Marion Correctional Institution for the PREA audit period that ended December 31, 2017. All standards were either met or exceeded.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

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

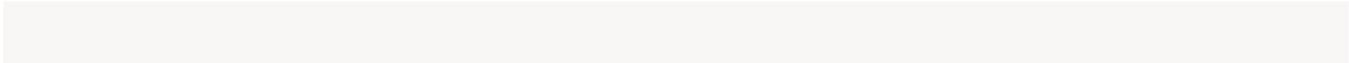
Instructions for Overall Compliance Determination Narrative

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

The Ohio Department of Rehabilitation and Correction (ODRC) has several 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, including--but not limited to--79-ISA-01 (Prison Rape Elimination), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) , 79-ISA-03 (Sexual Abuse Review Team), 79-ISA-04 (PREA Risk Assessments and Accommodation Strategies), and 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex). Policy 03E-01 is the specific policy of Marion Correctional Institution (MCI) for implementing these agency policies which are designed to prevent, detect, and respond to sexual abuse and sexual harassment. Ohio's stellar record of PREA certification for all of its facilities, including contract facilities is evidence that PREA is a priority for ODRC agency's Director. The auditor spoke briefly with the Director when he was at MCI the day before the PREA audit formally began, and the Director expressed his strong support for PREA and the compliance process.

The Chief of the Bureau of Operational Compliance is the PREA coordinator for the agency. She has a group of central office staff who work directly on PREA policy, standards adherence, monitoring, and computer streamlining of the audit process. They have a solid understanding of the standards and audit procedures, along with a keen appreciation of how PREA compliance can benefit the correctional system. She has direct access to the agency Director, meeting with him regularly to discuss PREA concerns. She verified that she has sufficient time to dedicate to ensuring that PREA standards are met and all related concerns are addressed.

MCI's Operational Compliance Manager (OCM) oversees all PREA matters at the facility. In all contacts with the auditor she demonstrated a thorough understanding of all PREA standards and the audit process. She stated she has ample time for handling all PREA-related tasks and had direct access to the Warden. During the audit process she was extremely helpful in setting up interviews of selected staff and inmates and in efficiently providing any documents requested.



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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC's Deputy Director-Administration 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. These facilities undergo numerous policy compliance site visits. Each of the private prisons has achieved PREA certification. The auditor reviewed the contracts with the three

privately-run facilities and 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.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC Policy 79-ISA-01 requires each of its institutions to create and maintain a staffing plan. MCI's plan reflects an understanding of how staff must be assigned in order to maintain direct supervision according to generally accepted detention practices in an inmate population of the type housed at MCI and confined 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 policy shows a robust understanding that having sufficient staff to make rounds is critical to management and security in a confinement setting, and that these rounds can also serve as an effective mechanism for gauging the climate of the institution for both staff and inmates and for identification and deterrence of sexual abuse and sexual harassment. The auditor reviewed the staffing plan, as well as the PREA Staffing Plan form used to give input on any changes that should be considered in the plan. That particular form listed blind spots and also listed cameras needed for different locations, most of which were acquired by the end of the audit period although not installed by that time. The Warden stated in her interview that she monitors all deviations from the staffing plan. She noted 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.

Policy 50-PAM-02 (Inmate Communication/Weekly Rounds) sets out requirements for regular, non-delegable rounds of specified areas by upper-level management, and 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 auditor confirmed adherence to the policy during interviews with supervisors, along with reviewing unit logs that documented these unannounced rounds on all shifts.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MCI is an adult male only facility. This standard does not apply since no youthful offenders are housed at MCI.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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ODRC Policy 310-SEC-01 (Inmate and Physical Plant Searches) prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The Warden stated during her interview that MCI did not conduct any cross gender strip searches or visual body cavity searches during the 12 month audit period, and the auditor viewed documentation verifying that no such searches had been done during the audit period. Should such a search be necessary, the policy requires that it be logged, along with the relevant exigent circumstances. Required staff training includes how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. The training reinforces the ODRC policy of not frisking transgender and intersex inmates for the purpose of determining their genitalia status. The auditor viewed a training video that clearly demonstrated critical techniques for performing searches of transgender inmates. Line staff and supervisors all confirmed the policy and practice of same-sex and opposite-gender searching of inmates during the interview process. Cross-gender pat searches are permitted, and the auditor observed several pat searches conducted in an appropriate and respectful manner by female correctional officers of male inmates.

The auditor observed a number of living areas with showers and toilets. The double-occupancy cells were wet, and any viewing of an inmate performing bodily functions is limited to incidental viewing during routine cell checks or counts. The showering area for the inmates in the double-occupancy cells was comprised of single stall showers with curtains. The dormitory units had showers with single stalls with curtains, and the toilets had individual partitions but no doors. However, the entrance to the toilet area had a partial-height swinging door, and the camera angle for viewing this area precluded a view of anything except an inmate's head or feet.

Agency/facility policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. When a female employee enters a male living area, she is required to set off an alarm that is both a buzzer and a blinking light. Interviews with random inmates verified they understood the meaning of this sight and sound alarm system, and the auditor observed that female staff always used the system when entering the living units.

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

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

115.16 (a)

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

ODRC policies 79-ISA-01 and 64-DCM-02 (Inmates with Disabilities) require disabled inmates and inmates who exhibit a limited proficiency in English (LEP) to have an equal opportunity to participate in and benefit from all aspects of the agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA information is communicated both in writing and orally. MCI has a contract with Hallenross and Associates to provide services for deaf inmates, as well as a contract with Vocalink Language Service to provide interpretive services for all languages. The facility distributes to each inmate on the day of his arrival an inmate handbook in English or Spanish that contains, among other things, information explaining the agency's PREA policy. It details how and to whom to report sexual abuse, including relevant phone numbers and addresses. It also provides information on how to contact an outside support group, specifically Marion Area Counseling Center, which provides services through a Memorandum of Understanding (MOU) with the facility for support services to inmate victims.

By policy, within seven days of arrival, the inmates also view a video on the agency's zero tolerance of sexual abuse and harassment. This video is closed captioned as well as signed. During the on-site visit, the auditor interviewed an LEP inmate who, although not fluent in English, could communicate well enough that the Vocalink Language Service was not necessary. His primary language was Spanish, and he confirmed he had received the zero-tolerance information in a language he understood. He stated he knew how to report sexual abuse if necessary. The inmate verified he understood the meaning of third party reporting, and he also remarked that staff went out of their way to make sure he understood PREA and what rights it gave to him. The auditor also interviewed a mentally-disabled inmate. When asked about his understanding of PREA, he did not recall any information from the inmate handbook. However, he pointed to the PREA posters and verbalized his understanding of them, and he specifically mentioned having seen the PREA video.

The ODRC policy prohibits staff from relying on inmate interpreters, inmate readers, or other types of inmate assistants except in limited situation where a protracted delay in acquiring an effective interpreter could impact the inmate's safety. This facility provided documentation reflecting that no inmates had been used to read or interpret information to another inmate on behalf of the staff. The prohibition against the use of inmates to perform such tasks was further confirmed during the auditor's interviews with case managers and unit managers.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

ODRC policy 34-PRO-07 prohibits hiring or promoting anyone having contact with inmates whose background includes a variety of sexual misconduct issues. It also prohibits using the services of any contractor or volunteer having inmate contact who may have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution. They are not allowed in any ODRC facility if they have been convicted of engaging in or attempting to engage in sexual activity in the community that was 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 consent, or anyone who had been civilly or administratively adjudicated to have engaged in such activity. The Standards of Employee Conduct (31-SEM-02) mandate that employees must disclose to the facility any sexual misconduct allegation made against them under PREA, along with other misconduct that must be reported. The Human Resources Administrator (HRA) advised the auditor during an interview that no one can have contact with inmates, begin work, or enter into the facility prior to passing the background check. In response to a question from the auditor regarding whether the employment application had any PREA-related question, she pointed out several such questions to him. The auditor then 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 HRA said that MCI is current with these five-year rechecks, and the auditor viewed a sampling of employee and contractor background checks to assess their scope and timeliness. He also viewed the Annual PREA Acknowledgement that employees use for reporting whether they have engaged in or attempted to engage in any acts of sexual misconducts, as well as 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*)

Instructions for Overall Compliance Determination Narrative

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Since the last PREA audit in 2015, substantial new construction, expansions and/or modifications at MCI have not occurred. The auditor viewed documentation establishing that 55 new cameras were purchased and delivered during the audit period, but the cameras were to be installed by a state agency other than ODRC; such installation did not occur during the audit period. Although the cameras were actually in place at the time of the on-site audit, the answer to 115.18(b) is based on the cameras not being installed during the actual audit period.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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There are three on-site investigators at the prison: two are MCI investigators and the other is an investigator assigned to MCI by the Ohio State Highway Patrol (OSHP).

Every allegation is turned over to the OSHP investigator as a potential criminal case. If the OSHP investigator determines an allegation doesn't constitute a crime, it goes back to the facility investigator for handling as an administrative investigation. If the OSHP investigator determines a crime has been committed, the case is then passed to the appropriate entity for prosecution. During the 12-month audit period, there were two allegations of sexual abuse and three of sexual harassment. One allegation of sexual abuse was unfounded and the other was unsubstantiated. The three allegations of sexual harassment were unsubstantiated. No allegations were retained by OHSP Investigator as possible criminal cases. Both the facility Investigators and the OSHP investigator verified they had received the same specialized investigatory training conducted by contract with the Moss Group. The auditor reviewed the training curriculum and also viewed the training certificates for both facility investigators. The arrangement of having a sworn law enforcement officer on-site for criminal investigations is a significant asset; it prevents criminal cases from languishing in a local law enforcement office where it may not get the same attention as cases from the community. Additionally, based on the auditor's

interview with the OHSP investigator, he maintains an excellent working relationship with the local prosecutor's office.

The MACC provides support services for inmates at MCI. The auditor reviewed a Memorandum of Understanding (MOU) with MACC regarding the provision of advocacy services to any victims of sexual assault at MCI. The auditor held a telephone interview with the supervisor at MACC, and she verified the services offered. Posters at the facility detail the services from MACC

The auditor also interviewed a specially-trained MCI victim support person from each shift and verified the training received. The auditor 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. These specially-trained support staff described to the auditor that, if necessary, they would accompany and support an MCI victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals as needed.

Marion General Hospital (MGH) is used for all forensic exams. There is no cost to the inmate for any part of this exam or any follow up. The auditor conducted a telephone interview with a Sexual Assault Nurse Examiner (SANE) at MGH, who stated that there was been one forensic examination during the audit period. If there is no SANE or Sexual Assault Forensic Examiner (SAFE) available, the examination can be conducted by other qualified medical personnel.

There is no requirement that a victim name a perpetrator or cooperate with an investigation in order to receive any medical examination, treatment, or support/advocacy services.

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*)

Instructions for Overall Compliance Determination Narrative

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Policy 79-ISA-02 requires all facilities within ODRC to conduct an investigation (administrative and/or criminal) on 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 auditor conducted interviews with the OHSP Investigator and the two MCI Investigators. They all confirmed that an investigation is initiated and completed 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 MCI investigators and the OSHP investigator outlined the process each follows when allegations occur, to include the specific evidence protocols that must be followed. 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 three investigators occupy a single office, and based on the interactions observed by the auditor during their interview, and a review of files, they appeared to have a common desire to work all PREA allegations as needed. The 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 five PREA allegations at MCI. Two were for sexual abuse and three for sexual harassment. One sexual abuse allegation was deemed unsubstantiated and the other was unfounded. The three allegations of sexual harassment were found to be unsubstantiated. No cases were referred for investigation by the OHSP Investigator as a possible criminal case. The auditor reviewed all five investigative files and materials in the files appeared to reflect thorough and appropriate investigations. ODRC publishes its investigative policy on its website (<http://drc.ohio.gov/policies/sexual-assaults>). The site gives an overview of its PREA policy and provides additional information by clicking on the topic link.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC Policy 79-ISA-01 and Policy 39-TRN-10 (Employee Training Policy) set forth the scope and depth of the training program at MCI. The commitment to training, including the issues of zero-tolerance and other PREA principles, is readily apparent in the words of the policies and in the application of the training the auditor observed. The auditor reviewed the training curriculum and confirmed that it covered all areas outlined in the standard. All correctional officers have completed their academy training, which includes a PREA component, before being placed on shift at a facility. Other employees receive 40 hours of orientation training, including various PREA topics, before assuming their duties. In addition to the annual refresher PREA training required for all employees, employee transfers from another ODRC facility must have eight hours of orientation training. This training also has a PREA component, and if the employee is transferring to MCI 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.

All staff interviewed, whether security or non-security, knew their responsibilities for how to deal with sexual abuse and sexual harassment. Both during random staff interviews and through general questions asked while on-site, the auditor was able to further confirm staff understanding of the zero-tolerance policy. The training takes place both in classrooms and online, and all training must be documented. The auditor's review of training records verified that staff members had received their initial and up-dated PREA mandatory training. The auditor believes the reason that staff who were interviewed were so knowledgeable about PREA's purpose and their responsibility to carry out its intent is the facility's frequent and valuable PREA training.

As noted previously in this narrative, ODRC's policy requires 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 and MCI accord the principles of PREA.

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*)

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ODRC Policy 79-ISA-01 requires all contractors and volunteers at MCI to receive PREA training prior to assuming their responsibilities. The auditor reviewed training records from the audit period for a volunteer and a contractor at MCI and confirmed that each person trained signed a document verifying their understanding of the PREA training. The auditor also reviewed the training script to verify that the PREA topics were covered in a clear and thorough manner. Several volunteers and contractors were interviewed. All confirmed they had completed PREA training before starting their duties, and all 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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Since an inmate coming to MCI is always coming from another ODRC facility, normally from a reception center, he has already had PREA education. However, under 52-RCP-10 (Inmate Orientation) he again receives PREA education at MCI as a part of his orientation. He is to get "a verbal explanation and written information about sexual misconduct consistent with DRC Policy 79-ISA-01, Prison Rape Elimination, upon arrival at any facility." On the day he arrives at MCI, 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 an operation 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. Within seven days of an inmate's arrival at MCI, he receives an in-depth orientation on PREA through a video that is closed captioned and signed. If there are any barriers—whether mental or physical--to an inmate's fully comprehending this information, MCI is charged with doing whatever is required to communicate the information to each inmate under ODRC Policy 64-DCM-02 (Inmates with Disabilities). The auditor reviewed several Inmate Orientation Checklists verifying that an incoming inmate had been through orientation training, 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 auditor also viewed the inmate PREA video, which is both captioned and signed.

Interviews with intake staff and interviews conducted with 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; and that 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 auditor observed PREA posters with reporting information prominently displayed throughout the living, dining, recreation, and visitation areas of MCI.

The auditor reviewed a sampling of inmate files to confirm documentation of the date PREA training was received by inmates, both those who received the training at intake and those who were already at MCI when the agency's PREA policies were established. All files reviewed contained the required dates.

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

Instructions for Overall Compliance Determination Narrative

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MCI has three investigators: two facility investigator and an assigned investigator employed by the Ohio State Highway Patrol (OHSP). A portion of ODRC 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, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative or criminal action.

This training must be documented on the PREA Training Session Report (DRC1680). The auditor viewed the training curriculum and the signed training acknowledgement forms for all three investigators. The auditor also viewed documents attesting to all three investigators completed additional training for investigators, including advanced investigation techniques, through the on-line NIC-PREA Learning Center.

When interviewed, each investigator showed a clear understanding of the issues involved when the need arises to interview any of MCI's inmates who may have communication/language problems, mental limitations or other disabilities. The three investigators, who share a single office, appear to have an excellent working relationship based on effective communication and a shared commitment to their role in carrying out the facility's zero-tolerance policy.

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

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

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Under ODRC Policy 79-ISA-01 all full time and part time medical and mental health staff (whether MCI 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 MCI 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 auditor reviewed the substance of the specialized training. 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. Auditor 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 full and part time medical and mental health staff/contractors at MCI had received this training and had achieved a passing score. Other documents reviewed included e-learning reports for medical/mental health employees and contractors and the Annual PREA report showing training completion dates for the medical and mental health departments.

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*)

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ODRC 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 MCI, the inmates are coming from a reception center, and the PREA assessment from that location is computerized and available for review for the additional screening that takes place at MCI. 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 automated is a great benefit since it allows each facility easily to share information system-wide.

The screening is a detailed, multi-step process. The auditor observed the beginning of this process when an inmate arrived at MCI and was sent to medical. All new arrivals to MCI are immediately assessed by the medical department, with the assigned nurse beginning the assessment and completing the first screen. Key points covered by the nurse are (1), whether the inmate has a mental, physical, or developmental disability; (2) the age of the inmate; (3) the physical build of the inmate; (4) whether the inmate has previously been incarcerated; (5) whether any criminal history is exclusively nonviolent; (6) whether the inmate has prior convictions for sex offenses against an adult or child; (7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8), whether the inmate has previously been sexually victimized, (9) the inmate's own perception of vulnerability, and (10) whether the inmate is being held solely for civil immigration purposes. There is no discipline imposed for an inmate's failure to reveal personal information to any of the screening questions. The auditor observed a completed assessment of this 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 teams meet 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 shall 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, pursuant to DRC policy 67-MNH-02 (Mental Health Screening and Mental Health Classification), any employee makes a mental health referral based on their observation of the inmate's behavior or at the inmate's request. Such referrals might arise based on concerns that the inmate has been or is at high risk of being subject to sexual misconduct.

An important part of the policy addresses the security of the information in any PREA risk assessment. Staff shall ensure the sensitive assessment information is not exploited and that any documents obtained from the assessment are secured. The information will be used to solely to guide staff to making prudent decisions about housing, bed, work, education, and program assignments so that inmates at high risk of being sexually victimized are separated and protected from most likely to be sexually abusive.

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

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ODRC policy 79-ISA-04 sets out the framework for using the PREA risk assessment and other relevant information at MCI. 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. The goal is to separate and closely monitor inmates at high risk of being sexually victimized from those who are at high risk of being sexually abusive.

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 about issues such as security and management, 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 determined by the team for various inmates is to be reviewed and adjusted as necessary.

The auditor reviewed documents reflecting the work of this team. Supervisors in each of these areas have limited access to the risk assessment information, only allowing them to know the PREA classification (victim or potential victim/ abuser or potential abuser) but not the reasons for it. The auditor viewed several inmate assessments by PAST, including one that recommended that placement not be in a cell and not be near any potential abusers. He interviewed four inmates who were LGBTI.

None reported any difficulty with housing, work assignments, or program assignments related to their sexual preference.

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 ODRC 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.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC policy 79-ISA-04 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 her interview, the Warden confirmed the agency policy. In the 12 months of the audit period, segregation was never used for the placement for inmates at high risk of victimization. The auditor also interviewed staff in segregation, who further confirmed that no inmates had been held in 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 NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Inmates arriving at MCI have already had some introduction to PREA principles since they come to MCI as transfers from a reception center or possibly another ODRC facility. When they get to MCI, they all get PREA information again: the inmate handbook (in English or Spanish) they receive on arrival has a detailed PREA section, and within seven days of arrival they view a PREA video and have an opportunity to ask questions. Signage in the visitors' waiting areas of the trailer, currently in use instead of the main entry of A-building, and the visitation area in the Administration Building details how reports can be made by third parties such as family members or friends on behalf of the inmate. There are also posters in the halls traversed by inmates and in the living units giving instructions on how to make reports, and 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 the Ohio Department of Youth Services (ODYS) for use by inmates in restricted housing. ODYS and the Franklin County Juvenile Detention Facility (FCJDF) in Columbus, Ohio, are the public/private agencies used by MCI 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 MCI investigator so a PREA case can be initiated. The auditor reviewed the MOU's that are in place with both ODYS and FCJDF to confirm this information.

In addition to information directed to the inmate in the handbook and on posters about making reports to staff, ODRC policy 79-ISA-02 mandates that staff accept reports of sexual assault or sexual harassment made verbally, in writing, anonymously, and from third parties. Staff must document verbal reports. Staff may privately report sexual misconduct by completing an Incident Report marked confidential and submitting it directly to the OCM or agency PREA Coordinator. The Employee Handbook clearly spells out staff reporting responsibilities, and the duty to report is emphasized in staff training. The auditor viewed a staff member's use of an Incident Report as the written documentation of an inmate's allegation. The form had a place to indicate whether the report was confidential. The auditor viewed a written verification from the Warden that there had been no such confidential reports during the audit period. The auditor verified the understanding of and practice of the different methods of reporting during interviews with the OCM and both facility investigators.

MCI does not detain persons solely for civil immigration purposes.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC considers that the standard is applicable but that they are exempt. ODRC takes this position because of the PREA guidance that "An agency shall be exempt from this standard if it does not have

administrative procedures to address inmate grievances regarding sexual abuse.” MCI’s grievance process is the appropriate mechanism for inmate use for other operational areas, but it does not use the grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. MCI informs offenders (inmate handbooks and Policy 79-ISA-02) that they should not use the grievance process for sexual abuse or sexual harassment allegations. The offenders are not absolutely prohibited from using grievance forms to make written PREA allegations, but they are instructed that any PREA allegations received on grievance forms will be immediately forwarded to the MCI investigator for proper handling under ODRC Policy 79-ISA-02.

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Under ODRC Policy 79-ISA-01, 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. The auditor verified this list of compiled resources. Inmates must be notified that telephone calls are not confidential. Inmates at MCI have access to local outside support services through the Marion Area Counseling Center—Marion Victim Assistance Program in downtown Marion, Ohio. This organization offers offenders access to a victim's advocate for the providing of emotion support and other services related to sexual abuse. Posters throughout MCI give contact information for this organization. Inmates are to be informed that communication with this organization is subject to being monitored, and community service providers may also have their own mandatory reporting rules governing privacy and confidentiality. MCI renewed its MOU with the above-named organization in 2016 to ensure on-going support and advocacy services; the MOU is effective until September 30, 2019. The auditor spoke with a representative of the organization via telephone interview during the on-site audit at MCI. She confirmed the services that the organization makes available, but she reported that there had been no mail or phone calls from any offender at MCI during the 12 month audit period.

Numerous formal interviews with targeted and random inmates reflected the inmates' general understanding that there was an organization off the prison grounds that could be contacted in regard to victim support; however, no inmate interviewed had ever made contact with an outside source for victim support.

MCI does not detain persons solely for civil immigration purposes.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC Policy 79-ISA-02 makes provisions for third-party reporting of sexual abuse or assault. Throughout the living areas and visitation rooms at MCI are readily visible posters instructing that sexual misconduct or retaliation can be reported through a third party, such as a staff member. Some of the posters, particularly at the visitors’ waiting area in the entryway trailer and in the visitation area in the Administration Building, 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 auditors conducted formal interviews of 33 targeted or random offenders, along with informally questioning 22 others during the facility tour and revisits. Of the inmates formally interviewed, all understood they could report sexual abuse to another person or organization who could then report it on their behalf. No inmate, whether formally or informally questioned, indicated any third-party report has been made on his behalf.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC Policy 79-ISA-02 and ODRC 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 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 MCI 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 an MCI 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. By policy, staff can not reveal any information related to such report to anyone other than to the extent necessary to make treatment, investigation, security, and management decisions. The auditor's questioning of 68 staff, both formally and informally, verified that everyone understood his or her duty to report and the mechanics of how to report. The auditor also viewed a file showing how a third party report received via the ODRS PREA hotline 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*)

Instructions for Overall Compliance Determination Narrative

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

Agency Policy 79-ISA-02 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 to consider 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 (DRC1187) 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 her interview. There have been no reports of imminent substantial risk to any inmate during the past 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*)

Instructions for Overall Compliance Determination Narrative

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

ODRC policy 79-ISA-02 requires that whenever an inmate reports being abused at another facility, the MCI 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. During the audit period an inmate disclosed during his PREA risk assessment that he had been abused at another ODRC facility 40 years ago. He did not want to make further comments, but MCI records show that this allegation was reported to the warden at the other facility in a timely manner and an Incident Report was completed, all according to policy. The Warden confirmed the process for handling such allegations.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ODRC Policy 79-ISA-02 and MCI's Institution Sexual Abuse Coordinated Response Plan 03E-02 set out the responsibilities of security and non-security staff acting as first responders when allegations of sexual abuse arise. Everyone at MCI 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 check list showing tasks with room for comments so the Investigator (who gets the original) and the OCM (who gets a copy) have a brief but important summary of what actions were taken by whom. Having confusion at a time of crisis is always problematic, and the flow chart and the checklist are important tools so that everyone knows just what to do. The auditor interviewed multiple security and non-security personnel about their duties as first responders. Everyone interviewed knew his or her 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, depending on the first responder's job title.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MCI policy 03E-02 is the 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 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 auditor reviewed the institutional plan, and various staff interviewed--including the Chief of Security, the Unit Management Chief, and the facility Investigators--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*)

Instructions for Overall Compliance Determination Narrative

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

ODRC engages in collective bargaining, and it has three current collective bargaining agreements that were renewed July 1, 2015. 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 auditor reviewed materials pertaining to the agreements with the unions.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 described in Policy 79-ISA-02. There is a minimum time of 90 days for this monitoring 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 deemed unfounded or if the inmate victim or witness is transferred to another institution or is released.

Documentation in the files reflected that there had been 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*)

Instructions for Overall Compliance Determination Narrative

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ODRC policy 79-ISA-04 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 MCI. The Warden confirmed that there had been no involuntary placements in segregated housing during the audit period, and the auditor verified through a review of documentation that involuntary placements had not been used.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A criminal or administrative investigation must be done promptly, thoroughly and objectively on every allegation of sexual abuse that is received or the facility becomes aware of. This requirement is found in Policy 79-ISA-02. An MOU dated February 14, 2014, with the Ohio State Patrol lists further considerations concerning victims' rights and investigatory procedures. These two documents detail the process for the completion of sexual abuse and sexual harassment investigations conducted at MCI. ODRC publishes its investigative policy on its website: <http://drc.ohio.gov/policies/investigations>.

MCI has two facility Investigators and one OSHP Investigator. The Institutional investigators, if there is no criminal conduct, handle administrative sexual abuse and retaliation investigations, and the OCM conducts harassment investigations. If an allegation may constitute criminal conduct, the OSHP Investigator has the authority to conduct a criminal investigation; if the facts can be substantiated, that case would then be referred for prosecution. Both ODRC and OSHP require their investigators to receive specialized training, and the auditor verified through interviews and through a review of their training certificates that both investigators had completed the specialized training. The auditor's interviews with all three investigators indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. The facility investigators also indicated they do not require an inmate who alleges sexual abuse to submit to a polygraph examination or some similar process as a condition for proceeding with an investigation.

During their interviews with the auditor, the investigators detailed the investigative process. The cases involve gathering and preserving direct and circumstantial evidence, 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 MCI does not provide a basis for terminating any investigation.

The auditor reviewed all five case files for the audit period and found each file contained direct and/or circumstantial evidence as described during the interviews with the investigators. These case files included all interviews, photos, recorded video footage, first responder details, outcome notifications, retaliation monitoring (if required) and incident reviews. Of the five cases, two alleged sexual abuse and three alleged sexual harassment. One sexual abuse case was found to be unsubstantiated and the other was unfounded. Of the sexual harassment cases, all three were unsubstantiated. There were no sexual abuse or sexual harassment cases investigated by the OSHP Investigator during the audit period.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 auditor confirmed this threshold during his interview with the facility Investigators. MCI did not have any substantiated PREA incidents during the audit period.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 79-ISA-02 requires that 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 making 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. If the allegation ultimately results in an indictment and trial, he must also be informed of the outcome of the trial. The duty to report to the inmate ends with his release from ODRC's custody. Based on the auditor's review of the files from allegations made at MCI during the audit period, appropriate notifications were made.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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ODRC policies 79-ISA-01 and 31-SEM-07 (Unauthorized Relationships) 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. These policies also specify that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment be commensurate with (1) the nature and circumstances of the acts committed, (2) the employee's disciplinary history, and (3) sanctions imposed on other staff with similar histories for comparable offenses. All terminations for violations of agency sexual misconduct policies must be reported to ODRC legal services by the managing officer for notification to any licensing bodies, and 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 facility investigators, 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*)

Instructions for Overall Compliance Determination Narrative

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Corrective action for contractors and volunteers is defined by ODRC policy 79-ISA-01 and policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers. 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.

In the 12 months of the audit period, there were no substantiated 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*)
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Policies 56-DSC-01 (Conduct Report and Hearing Officer Procedures) 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. MCI 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 control 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 53-CLS-05 (Inmate Separations); 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 supported that in PREA-related cases where sanctions would be imposed, offender mental health is taken into consideration. The auditor determined compliance with this standard through a review of agency policies, Ohio Admin. Code 5120-9-06 (Inmate Rules of Conduct), and written documentation verifying that there were no substantiated sexual abuse or sexual harassment cases in which disciplinary sanctions were imposed during the audit period.

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*)

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ODRC Policies 79-ISA-02 and 79-ISA-04, along with 67-MNH-02 (Mental Health Screening and Mental Health Classifications), set forth protocols on what actions are to be taken related to screening of inmates who are actual or potential victims or abusers. When the facility becomes aware--either through disclosure by the inmate or a notation anywhere in his record--that he has experienced prior sexual victimization either in an institution or in the community, 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 within

14 days of the facility becoming aware of this situation. The same protocol is applied to inmates who are determined to be actual or potential abusers.

The auditor viewed a PREA classification list compiled by MCI that shows all inmates with a PREA classification: Potential Victim (PV), Victim (V), Potential Abuser (PA), and Abuser (A), along with living unit assignments and work assignment/location. A review of the list reflected the careful attention paid to living and work assignments so that P's and PV's were separated from A's and PA's. The auditor also reviewed PREA assessments leading to a PREA classifications, referrals to mental health services, and recommendations regarding inmate assignments and type of supervision needed, such as "no celled housing" and "monitor closely."

Policy 79-ISA-04 mandates that 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 for treatment plans, security and management decisions, including housing, work, education, and program assignments, or as otherwise required by federal, state, or local law. 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.

Medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that occurred in the community; an exception to this requirement would exist for inmates under 18 (MCI does not house offenders under 18) and for vulnerable adults. Confidentiality rules and related 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

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ODRC Policies 67-MNH-09 (Suicide Prevention) and 79-ISA-02, and medical protocol B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) set out the guidelines medical staff at MCI 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 allow the nature and scope of the services to be based upon the medical/mental health practitioner's professional judgment. In accord with Medical Protocol B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) and ODRC Policy 67-MNH-02 (Mental Health Screening and Mental Health Classification), inmates reporting sexual abuse in any prison, jail, lockup or juvenile facility will be offered medical/mental health evaluations and treatment as appropriate. The auditor viewed the staffing schedule to verify the availability of practitioners; medical staff is available 24/7, and mental health practitioners are on-call for days when the employees are not at MCI.

Interviews with medical and mental health staff at MCI confirmed every inmate victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis. These interviews further confirmed that the type of services offered or provided are based on their professional judgment. If required, the outside hospital used is MGH. By policy, 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 auditor interviewed one of the inmates who had made an allegation of sexual abuse during the audit period. He was seen by the medical department but there was apparently no need for a forensic exam. He reported that he was offered mental health and victim support services, and he knew he would not be charged for any sort of medical or mental health services. In his words, he also knew he did not have to "blame anybody" in

order to have access to the services. The auditor also reviewed an incident report/medical exam that arose out of an allegation of touching; contents of the file reflected that the inmate had accessed MCI's mental health services. During the audit period, there was one forensic exam at Marion General Hospital, which was verified as having been conducted by a SANE.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 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.

The auditor interviewed one inmate who had made a sexual abuse allegation, and he confirmed he had been offered both medical and mental health services. In reviewing various other files generated because of an allegation of sexual abuse, the auditor noted that there was always documentation that the inmate had been offered treatment services.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 79-ISA-03 requires the MCI warden to establish a Sexual Abuse Review Team (SART) comprised of, at a minimum, of 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 the following:

- the name(s) of the person(s) involved;
- events leading up to and following the incident;
- a consideration of whether the actions taken were consistent with agency policies and procedures;
- 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 affiliation, or was motivated or otherwise caused by other group dynamics at the facility;
- an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts;
- an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; 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.

MCI would then be required to 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 four cases determined to be substantiated or unsubstantiated during the audit period.

The auditor reviewed a selection of completed SART reports, including the recommendations to the Warden. This review established that the team evaluated the issues listed above, made some recommendations about training and about placement of two cameras, and the Warden concurred with the recommendations. 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. She said the SART reviews did not establish the need to make any major adjustments, although they did highlight some minor changes to address.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

ODRC 79-ISA-01 requires uniform data to be collected for every incident of sexual abuse alleged to have occurred at MCI, using a standardized instrument and set of definitions. Data from MCI in the comprehensive PREA Incident Packet is then aggregated annually in Columbus with data from all other ODRC facilities. The incident-based data includes information needed to complete the standardized Survey of Sexual Violence-2 (SSV-2) for the Department Of Justice. 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. The ODRC annually aggregates and publishes this incident-based sexual abuse data, redacted as necessary for privacy. The *2017 ODRC Annual Internal Report on Sexual Assault Data*, which was published early in the audit period, is available for review on the agency's website at <http://www.drc.ohio.gov/prea>. The auditor reviewed applicable policy, data reporting forms, the 2016 SSV-2, and the current *Annual Internal Report on Sexual Assault Data* as part of the audit process to verify compliance with this standard.

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

Instructions for Overall Compliance Determination Narrative

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

ODRC policy 79-ISA-01 requires the agency to review and collect incident-based sexual abuse data from all of its facilities to assess and improve the effectiveness of 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. MCI 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>

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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 any personal identifiers, is readily available to the public on its website. The most recent compilation, the *2017 ODRC Annual Internal Report on Sexual Assault Data*, contains a comparison of incidents from

2015 and 2016; it can be viewed at this web address: <http://drc.ohio.gov/prea>. The online publication of this data was verified through the auditor's accessing the ODRC web site and viewing the most recent report.

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 auditor, files related to criminal investigation are maintained permanently. The auditor's review of policy, the agency retention schedules, and materials on the website verify compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor had free access to all parts of MCI, and he had easy access to both digitally-stored and hard-copy information. He had a private office for conducting inmate interviews. Starting August 20, 2013, and during 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. The entire agency has been PREA compliant since 2016.

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*)

Instructions for Overall Compliance Determination Narrative

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

ODRC posts its completed audit reports on the agency web site (<http://www.drc.ohio.gov/prea>) as required by this standard, and PREA audit reports from 2014 forward are available for review on the website. Audit reports are posted by ODRC within two weeks of the documents being submitted by the auditor.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Douglas K. Sproat, Jr.

July 9, 2018

Auditor Signature

Date

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

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