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

☐ Interim       X Final

Date of Report   April 16, 2018

### Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Thomas Eisenschmidt</th>
<th>Email:</th>
<th><a href="mailto:tome8689@me.com">tome8689@me.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td></td>
<td></td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>26 Waterford Lane</td>
<td>City, State, Zip:</td>
<td>Auburn, New York 13021</td>
</tr>
<tr>
<td>Telephone</td>
<td>315-730-3980</td>
<td>Date of Facility Visit:</td>
<td>March 21-23, 2018</td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Ohio Department of Rehabilitation and Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>State</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>770 West Broad Street,</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Columbus, Ohio 43222</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Same</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>614-752-1159</td>
</tr>
<tr>
<td>Is Agency accredited by any organization?</td>
<td>X Yes</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☐ Military ☐ Private for Profit ☐ Private not for Profit</td>
</tr>
<tr>
<td>☐ Municipal ☐ County</td>
<td>X State ☐ Federal</td>
</tr>
<tr>
<td>Agency mission:</td>
<td>Reduce Recidivism Among Those We Touch</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Agency Website with PREA Information:</td>
<td><a href="http://www.drc.ohio.gov">http://www.drc.ohio.gov</a></td>
</tr>
</tbody>
</table>

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name:</th>
<th>Amanda Moon</th>
<th>Title:</th>
<th>Chief, Bureau of Operational Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Amanda.Moon@odrc.state.oh.us">Amanda.Moon@odrc.state.oh.us</a></td>
<td>Telephone:</td>
<td>614-752-1708</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREA Coordinator Reports to</th>
<th>Number of Compliance Managers who report to the PREA Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Chief Inspector</td>
<td>27</td>
</tr>
</tbody>
</table>

### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Madison Correctional Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>1851 State Route 56 London, Ohio 43140</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(740) 206-5063</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Facility Is:</th>
<th>Military</th>
<th>Private for profit</th>
<th>Private not for profit</th>
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<tbody>
<tr>
<td></td>
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<td>☐</td>
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<table>
<thead>
<tr>
<th>Facility Type:</th>
<th>Jail</th>
<th>Prison</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>
Facility Mission: The Mission of the Madison Correctional Institution is to promote public safety and to improve the quality of life for both staff and offenders by providing the following, in a safe and humane prison environment: Excellence in security. Successful inmate reentry to the community.

Facility Website with PREA Information: http://www.drc.ohio.gov/mancl

Warden/Superintendent

Name: Jeffrey Noble
Title: Warden
Email: Jeffrey.Noble@odrc.state.oh.us
Telephone: 419-526-2000 ext. 806 2000

Facility PREA Compliance Manager

Name: Jolene Castle
Title: Operational Compliance Manager
Email: Jolene.Castle@odrc.state.oh.us
Telephone: (740) 852-9777, ext. 65063

Facility Health Service Administrator

Name: Sandra Smith
Title: Senior Health Care Administrator
Email: Sandra.Smith@odrc.state.oh.us
Telephone:

Facility Characteristics

Designated Facility Capacity: 1000
Current Population of Facility: 2389

Number of inmates admitted to facility during the past 12 months: 1369
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 1369
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 1369
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: 265
### Age Range of Population:

<table>
<thead>
<tr>
<th>Youthful Inmates Under 18</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>18-80</td>
</tr>
</tbody>
</table>

- **Are youthful inmates housed separately from the adult population?**
  - □ Yes
  - □ No
  - ✗ NA
- **Number of youthful inmates housed at this facility during the past 12 months:** 0.
- **Average length of stay or time under supervision:** 7.5 years
- **Facility security level/inmate custody levels:** 1, 2 and 3’s
- **Number of staff currently employed by the facility who may have contact with inmates:** 520
- **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** 127
- **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** 23

### Physical Plant

<table>
<thead>
<tr>
<th>Number of Buildings:</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Single Cell Housing Units:</td>
<td>1</td>
</tr>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units:</td>
<td>4 HU with 7 cell blocks</td>
</tr>
<tr>
<td>Number of Open Bay/Dorm Housing Units:</td>
<td>6 HU with 12 total Dorms</td>
</tr>
<tr>
<td>Number of Segregation Cells (Administrative and Disciplinary):</td>
<td>35 cells</td>
</tr>
</tbody>
</table>

- **Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

### Medical

- **Type of Medical Facility:**
  - Outpatient
  - Primary care with overnight observation
- **Forensic sexual assault medical exams are conducted at:**
  - Madison County Hospital or Ohio State University Hospital

### Other
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.

Thomas Eisenschmidt, United States Department of Justice Certified PREA Auditor for adult facilities and Clayton, United States Department of Justice Certified PREA Auditor conducted the Prison Rape Elimination Act on-site audit at the Madison Correctional Institution, London, Ohio March 21-23, 2018. This was the second PREA audit for the institution. The facility had a successful PREA audit conducted in March 2015. The auditor wishes to extend his deepest appreciation to Warden Jeffrey Noble and the staff at the Madison Correctional Facility for their professionalism, hospitality, and kindness. The auditors also wants to compliment Jolene Castle, Operational Compliance Manager at the facility for her commitment to PREA and the hard work provided to the audit team prior, during and after the on-site visit. Her support assisted the audit process and the auditors to move forward thoroughly and efficiently.

The pre-audit preparations for the team members included a thorough review of all documentation and materials submitted by Madison including the “Pre-Audit Questionnaire”, the agency policies and supporting documentation for each of the standards. The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The onsite audit of Madison Correctional Institution began with an entrance meeting conducted on Wednesday, March 21, 2018 at 12:30 p.m. in the Facility Chapel. The following staff attended the entrance meeting: Warden Jeffrey Noble, Robert Welch, Deputy Warden of Special Services, Erica White, Administrative Assistant to the
Warden, Jolene Castle, Compliance Manager. The auditors briefed those in attendance about PREA and discussed the audit process that would occur over the three days.

Because this audit was part of an ACA audit the Chair toured the facility March 19-21, 2018 as a member of that audit team. While touring the facility this auditor observed the notices announcing the dates of this PREA audit posted in all the buildings including each of the housing units. Also observed were posters that called attention to the agency’s Zero Tolerance Policy with information on how and to whom to report allegations of sexual abuse and sexual harassment. During the physical plant review the auditor reviewed blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, inmate program areas, work areas, and all other areas were toured. While touring inmates and staff were informally questioned about their knowledge of the PREA standards, procedures for reporting, services available, and their responsibilities. Those interviewed during the tour acknowledged receiving training/information for reporting sexual abuse, sexual harassment, and/or retaliation for reporting either on their arrival at the facility.

The auditor conducted interviews over the two days. Prior to the on-site visit the facility supplied a list of inmate names sorted by housing units, those with limited English, and those with targeted designations. A list of employees and contractors was also provided to the auditor. From these lists the chair selected at random sampling of inmates and staff to be interviewed. It was from these lists the chair also selected the targeted and random individuals to be interviewed. These random staff and inmate interviews were conducted in a private setting.

A total of 40 staff members were interviewed during the course of this on-site audit. Staff interviews consisted of: 13 randomly selected correctional security staff members covering all shifts, 1 volunteers, 2 contract employees, 3 intermediate or higher level supervisors, 21 specialized staff members that have multiple roles that encompass all specialized staff interviews. All staff at Madison is trained as first responders and those uniform and non-uniform staff questioned was well versed in their areas of responsibility regarding responding to PREA allegations. The non-security staff questioned knew that once the inmate was secured their next responsibility was to immediately contact a security staff member.

There were 54 inmate interviews conducted during the on-site visit by the two auditors. Thirty-one (31) inmates were randomly selected and twenty-three (23) were targeted. The targeted group consisted of nine (9) acknowledging prior victimization, eleven (11) from the LGBTI community, two (2) with a disability and one (1) who reported sexual abuse. Each of the inmates interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting during intake. During interviews with the inmates that had self-reported as being gay and transgender stated that staff treated them equitably before and after self-reporting and had never placed them in any housing specifically designated for any group. The transgender inmates also indicated that prior to assigning them bed, work or education assignments they were asked if they had any concerns needing addressing prior. They are also allowed to shower by separately.
The audit team carefully examined a random sampling of personnel files, Background checks, staff training files, and volunteer/contractor files that are maintained at the institution. New hires and contractors are not allowed entrance into the facility until thorough background checks are completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed “Training Acknowledgement Form” documenting that the staff understood the PREA training they received.

The audit team selected and examined a sampling of inmate institutional files and observed documentation indicating, by signature, the inmate received PREA education, as well as documentation of the initial risk screening and the completed second. The second risk assessment is completed after the inmate is there 15 days but before his 30th at Madison.

All 9 sexual abuse investigative files were reviewed during the on-site visit. The audit team also looked at a sampling from 2015 and 2016 as well. All appeared to thoroughly document the investigation process per agency policy. These case files include, all interviews, photos, recording video footage, first responder detail, outcome notification, retaliation monitoring and incident reviews. Of the nine reported cases two (2) were reported by inmates who left Madison but alleged the incident occurred at Madison. The facility received no allegations from inmates who transferred into Madison from other ODRC facilities during the last 12 months.

There were nine (9) PREA cases initiated at Madison Correctional Institution during the last twelve months. There were no sexual harassment allegations. All of these alleged sexual abuse allegations were determined not to be criminal by the Ohio State Patrol and were handled by the facility Investigator.

The nine sexual abuse allegations made at Madison during the last twelve (12) months include five (5) allegations against other inmates and four (4) allegations against a staff member. All nine (9) allegations were determined to be unsubstantiated at the conclusion of the investigation.

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

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings. Jeggery Noble and eighteen of his staff were present. The audit chair explained the process that would follow the on-site visit. He also explained that any standard findings of “Does Not Meet” during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all Madison staff involved to accomplish PREA compliance and advised the Facility of their requirement to post the final report on the agency/facility website once completed.

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 Madison Correctional Institution (MaCI) is an all-male, adult, Level 1, 2 and Close facility located off U.S. State Route 56 in London, Ohio. The institution grounds cover approximately 125 acres spread across two compounds (70 acres inside fence/55 acres outside fence). The Zone A (Close Security) compound contains nine (9) buildings and the Zone B (Level 1 & 2 Security) compound contains eight (8) buildings. An administration building, Warehouse Garage Building and Pole Barn are located outside of the secure perimeter between the two compounds. The Zone A Compound houses Close Security and Residential Treatment Unit inmates. The segregation unit is also contained on the Zone A Compound. Adams A unit is designated as the Residential Treatment Unit (RTU). The Zone B Compound Houses Level 1 & 2 (Level 1 & 2 Security) general population inmates, to include a merit housing unit, faith based housing unit, and a military unit.

The Administration Building (W-Building) is located at the end of the entry drive onto institution grounds. It is comprised of the Warden’s Suite, Human Resources, Business/Cashier’s Office, Health & Safety Office, Investigator’s Office, Training Office, Network Administrator, and Operational Compliance Manager Office. This area also has training rooms and a conference room upstairs in the Warden’s Suite. Restroom facilities are
also included. The area encompasses approximately 8,742 sq. ft. of space.

The Warehouse and Garage are located just behind the Administration Building (W-Building). The Warehouse, with over 14,900 sq. ft. of space, serves as the institutions central storage and distribution facility. The Garage, which is paired with the Warehouse, covers 3,338 sq. ft. of space. They oversee the maintenance and repair of all institutional vehicles and equipment. The Pole Barn is housed behind this building and used as storage.

The 500,000-gallon water tower is located behind the Warehouse. There are 2-generators located in close proximity to the Warehouse. Boilers are located in each housing unit on both compounds. Additionally, each compound has a Maintenance Department. Both are responsible for routine maintenance at the facility. There is an electrical shop, plumbing, maintenance repair, and grounds keeping. Zone A Maintenance consists of 6,238 sq. ft. and Zone B Maintenance accounts for a total of 4,681 sq. ft.

Master Control Center is located on the Zone A Compound and serves as the hub for all movement with the institution grounds. Master Control Center contains several touch screen computers, video camera monitors, fence alarm systems, key watch systems, telephone switchboard, and radio charging stations. Many equipment and keys used daily are distributed from this central point. A second control center is located on the Zone B (Minimum Security) Compound. This control center also utilizes a key watch system and has radio charging stations.

Each control center is equipped with restroom facilities for staff. The Zone A Control Center accounts for 584 sq. ft. and the Zone B Control Center covers approximately 156 sq. ft.

Visiting rooms are located close to the entry points for each compound at MaCl. Each visiting room has a large open area equipped with small tables and individual chairs. Along the outside of the large open area is a children’s reading room, non-contact visiting booth, attorney visit room, vending area, and a shakedown/inmate processing room. Separate visitor and inmate restroom facilities are in the area as well. The Zone A and Zone B compounds have an outside patio area available for visits when weather permits. Zone A Visiting account for 3,616 sq. ft. and Zone B Visiting occupies 2,536 sq. ft.

Main Segregation is located between Mental Health and Medical Services on the Zone A compound. This area accounts for 7,159 sq. ft. There are 25 two man cells and 2 dry cells. Each segregation cell also has a shower, sink, toilet, and writing surface. Indoor/outdoor recreation is available five days per week, Monday-Friday. This area also houses the Rules Infraction Board (RIB), where disciplinary cases are heard Monday-Friday. A Limited Privilege Housing Unit is located in the Adams B Housing Unit. This area is used for overflow and consists of ten (10) segregation cells and two (2) safe cells, along with an indoor/outdoor recreation area and (3) showers. These segregation cells are also two man cells and include a sink, toilet, and writing surface.

Medical and Mental Health Services are provided on both compounds at MaCl. The Zone A Medical Services
is the location for five infirmary cells, consisting of 95.63 sq. ft per cell. Two of these cells are also utilized as safe cells. The following services are provided through medical: Chronic Care Clinic, Nurse Sick Call, Doctor Sick Call, Podiatry, Optometry, and various telemed services. A dental clinic is also located in each medical area. Mental Health Services include screenings for mental health problems, crisis intervention, psychiatric and psychological evaluations, individual and group counseling, education, and reports required for parole board.

Inmate Food Services consists of two dining halls (one on each compound). Both are equipped with security tables to seat four inmates per table with a total capacity of 184 inmates for Zone A and 214 inmates for Zone B. There are separate serving and dump stations. Each has a full service kitchen. Zone A Food Service covers approximately 11,627 sq. ft. and Zone B accounts for 12,399 sq. ft.

A commissary is available on both compounds for inmate shopping. A variety of food, health, and entertainment products are available. The Zone A Commissary consists of 1,970 sq. ft. of space and Zone B occupies 2,218 sq. ft.

An inmate Laundry and Quartermaster is also located on each compound at MaCl. Cleaning, repair, inventory, and distribution of state issued inmate clothing/uniforms and bedding take place in these departments. The Zone A Laundry occupies 1,190 sq.ft. of space and the Zone B Laundry is 1,565 sq.ft. Laundry facilities are also located in each housing unit on both compounds. The Quartermaster for Zone A consists of 2,482 sq. ft. and the Quartermaster for Zone B accounts for 2,453 sq. ft.

A Master Chemical Distribution Department is located on each compound in the laundry area. These areas serve as the central distribution point for chemicals, sanitation supplies, and various safety items.

The main mailroom is housed on the Zone B compound in the rear of the Education Building. All incoming inmate mail is sorted in this area and distributed out to the housing units Monday thru Friday. This mailroom accounts for 2,138 sq. ft.

Each compound also has an Education Building, which includes a library/law library. Vocational programs such as horticulture are available to inmates for participation. MaCl also offers an Animal Trainer Apprenticeship Program. Inmates can also participate in literacy, Pre-GED, GED, and College courses. Zone A Education is 9,032 sq. ft. and Zone B is 9,758 sq. ft.

There is a Receiving Department located on each compound with the primary being on Zone A. These areas serve as the central point for all inmate movement into and out of the prison. All inmate transports originate primarily from Zone A Receiving Department. This area consists of one holding cage, an inmate property vault, title vault, ID office, and strip out room. The Zone B Receiving has an inmate property vault, ID office, title vault, strip out room, mail/package distribution room, and a contraband vault. The Zone A Receiving department accounts for 1,906 sq. ft. and the Zone B Receiving department accounts for 1,055 sq. ft.
The OPI Correctional Industries is located on the Zone B Compound, behind the Education Building and next to Maintenance. It accounts for 22,218 sq.ft. of space. This area has two operations underway; the manufacturing of modular furniture and tables.

MaCI has a Recreation Department on each compound. The Zone A Recreation accounts for 16,328 sq. ft of space and the Zone B Recreation accounts for 10,853 sq. ft of space. Inmates also have access to a large outdoor recreational yard that includes a softball diamond, track, horseshoe pits, and handball court. Recreational services include basketball, softball, flag football, volleyball, board games, arts & crafts, music program, and weight room. A chapel and Chaplain’s Office (Religious Services) is also included in each Recreation Department.

There are a total of 10 housing units on the Zone A Compound (8 cell blocks, 2 dormitory) and 10 dormitory housing units on the Zone B Compound. Each cellblock on the Zone A Compound, with the exception of Adams A, has 63 inmate cells in a two story housing unit. The total capacity for each cellblock on Zone A, with the exception if Adams A, is 126 inmates. The Adams A housing unit, which houses the RTU inmates, has a total of 50 cells, 8 segregation cells, and 4 safe cells. It is also equipped with its own outside recreation cages, as well as an indoor recreation area for RTU inmates. Unit Management Offices are located within and between the cellblocks. The Banneker A/B housing unit is the only dormitory housing on the Zone A Compound. This building consists of 216 inmate beds, three classrooms, two dayrooms with TVs, and two- unit management offices. Housing cell blocks and dormitories for Zone A account for 43,895 sq. ft of space. Each dormitory on the Zone B Compound, with the exception of Banneker C/D housing unit, consists of 130 inmate beds in a single story building. A unit management office is located within each housing unit, just off of the unit dayroom. All dormitories have two TV rooms, a dayroom, laundry room, and restroom/shower facilities. The Banneker C/D Housing unit consists of 236 inmate beds, three-unit management offices, two dayrooms with TVs, a laundry room, and restroom/shower facilities. Dormitory housing on Zone B accounts for 55,199 sq. ft of space.

Facility Demographics

Rated Capacity: 1000
Actual Population: 2358
Average Daily Population for the last 12 months: 2498
Average Length of Stay: 79 months
Security/Custody Level: Medium/Minimum
Age Range of Inmates: 18-67
Gender: Male
Full-Time Staff: 192
31 Administrative & Support, 35 Program, 31 Security, 10 Other

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: 6

Number of Standards Met: 37

Number of Standards Not Met: 0

**Summary of Corrective Action (if any)**

115.15 (d) The chair found showers without curtains during the tour. Within 24 hours the facility paced curtain in all locations where required. The chair also found inmate bathrooms throughout the institution with solid doors obstructing any view inside. The facility began replacing the full solid door with half doors with privacy, doors with windows and PREA curtains. Prior to the audit team concluding the site visit all doors were corrected allowing staff to view inside insuring one inmate was in the bathroom at a time without compromising privacy.
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?  X Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  X Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  X Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  X 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?  X 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.) X 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.)  X 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.

Madison Correctional Institution follows the Agency comprehensive zero tolerance policies. These documents outline the approach to preventing, detecting, and responding to sexual abuse and sexual harassment that must be followed by Madison staff and all Departmental staff. Policies 79-ISA-01, 79 ISA-02, 79-ISA-3, 79 ISA-04 and 79-ISA-05 define for staff and inmates’ all specific prohibited acts, staff reporting responsibilities and obligations, investigative responsibilities, risk assessment process and procedures, support responsibilities and the punishment for violations of any of them.

James Currington, certified PREA auditor, interviewed Director Gary Mohr. During his interview he described how he has committed the Agency to provide a safe environment for staff and inmates by insuring the PREA standards remain a top priority in the day-to-day operation of the Ohio Department of Rehabilitation and Correction. He informed the auditor that any expansion or major facility modifications will continue to take into account the PREA Standards when considering design and installing video equipment.

Ms. Amanda Moon is the Agency PREA Coordinator and oversees the Ohio PREA compliant Agency. She has two (2) Compliance Administrators, Mark Stegemoller, PREA Compliance Administrator, and Charlotte Owens, PREA Compliance Administrator who work out of Central office and report directly to her. Both of these individuals supervise the 25 PREA Compliance Managers within each of the state facilities. Her interview confirmed she had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA Standards. Her position is found on the Agency organizational chart and has direct access to the Director Gary Mohr and meets regularly with him specifically to discuss PREA matters.
Jolene Castle is the Madison PREA Compliance Manager. She has been performing the duties of this position for over two years. She informed this chair during her interview that she had more than enough time to adequately perform her PREA related work at the facility. She reports directly to Warden Jeffrey Noble as well as Mark Stegemoller, PREA Compliance Administrator should she have any issues, questions or suggestions relating to PREA. During the staff and inmate interviews both were aware of who Ms. Castle position as the PREA Compliance Manager. Her picture is displayed on every living unit informing inmates she is the point of contact for any questions, concerns, reporting or information relating to PREA at Madison.

**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)*

X 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.

Kevin Stockdale, Deputy Director for Administration for the Ohio Department of Rehabilitation and Correction (ODRC) is the individual who supervises the employee contract monitor at each of Ohio’s contract facilities that oversee the three private prisons within the Agency. His interview was conducted by James Currington, certified PREA auditor.

The facility contract monitor oversees all the operational practices, contract practices, and day to day operations of that particular contracted facility. One of their primary responsibilities in monitoring is to make sure that each of the Agency contracted facilities is PREA compliant and following ODRC Policies and Procedures. The agency has included in all contracts (3) the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor takes immediate action to resolve the situation. All other concerns are documented with feedback provided to the vendor.

**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?  X 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?  X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X Yes □ No

**Auditor Overall Compliance Determination**

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

X 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.

Madison Correctional Institution, as well as every facility within Ohio Department of Rehabilitation and Correction (ODRC) is mandated by policy 23-BUD-01 (Staffing Requirements) to develop and maintain an institutional specific staffing plan to protect inmates against sexual misconduct.

Warden Noble indicated that he is required to follow the Madison staffing plan and must fill all authorized positions. All deviations from this approved facility-staffing plan must be immediately reported to him and documented. The two major causes for deviations from this plan typically are constant direct supervision and hospital duty. However, there were no deviations during the last 12 months.

The staff plan is reviewed annually by policy. The Warden, the PREA Compliance Manager and the Regional Directors Office complete the review. These individuals are required to take into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including “blind-spots” or areas where staff or inmates may be isolated), the...
composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. Staffing reviews conducted in 2015, 2016 and 2017 were looked over by the audit chair prior to the site visit and discussed with Warden Noble and the PREA Compliance Manager during their specific interviews while on site.

All upper level management staff and supervisors at Madison are required to make unannounced rounds in accordance with policy (50-PAM-02 Inmate Communication/Weekly Rounds). The supervisor rounds must be documented in each of the housing unit logbooks. Interviews conducted with officers, inmates and mid-level supervisors confirmed that unannounced rounds are completed at random times and at random locations on each shift. The chair found supervisor signatures in logs during the site visit at Madison.

**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 X 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 x 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 x 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  X 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  x 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  x NA

Auditor Overall Compliance Determination

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

X  **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.

Madison Correctional Institution complies with the standard to the extent that there are no youthful inmates ever housed at the facility. This an an adult male facility.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.15 (a)</td>
<td>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?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>115.15 (b)</td>
<td>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.)</td>
<td>☒ Yes ☐ No ☒ X NA</td>
</tr>
<tr>
<td></td>
<td>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.)</td>
<td>☒ Yes ☐ No ☒ X NA</td>
</tr>
<tr>
<td>115.15 (c)</td>
<td>Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>Does the facility document all cross-gender pat-down searches of female inmates?</td>
<td>☒ Yes ☐ No ☒ X NA</td>
</tr>
<tr>
<td>115.15 (d)</td>
<td>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?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
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? X 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? X 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? X 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? X Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

X 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.

Madison Correctional Institution is an adult male facility, required to follow Policy 310-SEC-01, Inmate and Physical Plant Searches. The policy details when, how and by whom searches may be performed on inmates by staff. It restricts cross gender strip searches or cavity searches of male inmates by female staff except in exigent circumstances. Cross gender searches must be approved and documented if performed. There were no cross gender strip searches conducted by female staff upon any male inmate during the last 36 months at Madison Correctional Institution.

Uniform staff questioned by the auditors during the on site interviews indicated their awareness of this policy restriction on strip-searching and indicated it is part of the training information they receive both in the classroom and E-learning. They also indicated that the training each of them receives includes information on the prohibition of strip-searching a transgender and/or intersex inmate for the sole purpose of determining their genitalia.

Training records at the institution were reviewed for years 2015, 2016 and 2017. The auditors looked over the staff provided training curriculum that included information on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status.

The auditors toured this facility spending a significant amount of time in all the living areas. They witnessed females announcing their presence upon entering these areas. Inmates also confirmed females announcing their presence upon entering during the random and targeted interviews conducted during the site visit.

As previously noted there are 199 cameras throughout the interior of the facility including all the living areas. The auditors visited those areas having viewing privileges. None of these areas pose cross gender viewing issues or privacy concerns.

The chair found showers without curtains during the tour. Within 24 hours the facility paced curtain in all locations where required. The chair also found inmate bathrooms throughout the institution with solid doors obstructing any view inside. The facility began replacing the full solid door with half doors with privacy, doors with windows and PREA curtains. Prior to the audit team concluding the site visit all doors were corrected allowing staff to view inside insuring one inmate was in the bathroom at a time without compromising privacy..

**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? X 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? X 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? X 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? X 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? X 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)? X Yes ☐ No

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

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X 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? X 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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Policies 64-DCM-02 and 79-ISA-0 require Madison Correctional Institution and all facilities within the agency to take appropriate steps to ensure inmates, with disabilities (including inmates who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

There were no inmates at this facility who were blind or deaf, for the auditors to interview at the time of the site visit. Madison maintains a contract with VOCLINK INC. This company provides interpretive assistance (sign language, language expertise in written materials, phone help, and on site help) if needed.

The auditors were able to interview a blind inmate and a limited English-speaking inmate. Each indicated they believed they had 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. The blind inmate was provided information in audio format and the limited English inmate was provided information in a format he was able to understand. They informed the auditors they were well aware of how and whom to report allegations of sexual abuse should it ever become necessary for them to report it.

Every inmate arriving at Madison receives a facility orientation booklet, available in Spanish and English. It provides the inmate an overview of the agency/facility rules and provides general information that includes an overview of the agency zero tolerance policy. It also alerts the inmate on how and whom to report incidents of sexual abuse and sexual harassment (locations includes phone numbers and addresses) without fear of being punished for reporting it. This information is also posted in every housing unit as well as areas accessible to the inmate population.
### 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

#### 115.17 (b)

- 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
- 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?  
  x Yes  ☐ No

115.17 (c)

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

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? x Yes  □ No

115.17 (g)

Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? x 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.) x Yes  □ No  □ NA

Auditor Overall Compliance Determination

□  Exceeds Standard (Substantially exceeds requirement of standards)

X  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.

ODRC policy 34-PRO-07 and policy 79-ISA-01 detail the prohibition on hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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.

There were one hundred (127) new employees hired at Madison during the last twelve months. There were also an additional twenty-three (23) contractors added to their workforce at during the previous 12 months. Criminal background checks were performed on each of them prior to them beginning their employment or entrance.

While on site the auditor conducted a random sampling of employee, contractor and volunteer files, The facility demonstrated that during years 2015, 2016, and 2017 background investigations were conducted on each of the sampling files. The Warden and HR Administrator indicated that none can begin work or enter into the facility prior to the background check.

The Standards of Employee Conduct (31-SEM-02) mandates employees must disclose to the facility any sexual misconduct allegation made against them under PREA, amongst other reportable misconduct.

**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 x No ☐ NA
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.)

- x 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 has been no substantial expansion at Madison Correctional Institution during the last three years. Currently there are two hundred twenty one (221) cameras at the facility. There are 199 within the secure perimeter with the remaining twenty-two (22) situated around the perimeter and at the entrance and gate areas.

During year 2017 there were eight additional cameras added to the facility outside of the inmate living areas. These cameras are included in the total count (221). Warden Noble indicated in his interview that anytime a decision is made to add or move cameras at Madison the PREA Compliance Manager has been and would continue to be included in the placement decisions taking into account blind spots, staffing, and significant incidents in the area.

The PREA Compliance Manager confirmed during her interview with the auditor that she has been completely involved in camera placement during the time she has been in her position.
### 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? x Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? x 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)? x Yes □ No

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

115.21 (d)

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

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

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? x 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.) x 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.] x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

X 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 investigations (criminal and/or administrative) conducted at Madison Correctional Institution must comply with Agency policy 79-ISA-02 and the Memorandum of Understanding between the Agency and the Ohio State Patrol (three years starting March 2016). The Ohio State Patrol is required to conduct all criminal investigations within the prisons of the Ohio Department of Rehabilitation and Corrections and has the legal authority to do so.
The investigative requirements of the policy and MOU stipulate that each and every investigation must adhere to the investigative and evidence protocols 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.

The auditor interviewed two investigators while on site (1-Criminal and 1-Administrative). Each of them detailed the training they received and informed the auditor that they must follow uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions as required by policy. Their training was based on curriculum from the National Institute of Corrections (NIC), " PREA: Investigating Sexual Abuse in Confinement Settings” curriculum.

Madison County Hospital in London, Ohio is the primary local community hospital utilized by the Madison Correctional Institution for forensic examinations. The facility will also utilize Ohio State University Hospital in Columbus Ohio if a SAFE or Sane Nurse is not available at Madison County Hospital. There were two inmates sent out for forensic exams during the last 12 months.

The Sexual Assault Response Network of Central Ohio (SARNCO) is the local community agency that provides support services to inmate victims of sexual assault incarcerated at Madison. The chair had the opportunity to speak with the Agency Director Heather Heron Murphy during the site visit. She confirmed emotional support services, crisis intervention services and phone services her agency provides to inmates based on an MOU until December 2019.

Madison also has trained Victim Support staff who provide support to victims of sexual abuse when needed. The auditor interviewed one of the 40 plus trained staff advocates and verified the training each of them receives. The auditor was informed that this one time training included among other things the forensic exam process. The auditor was also told that this staff advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

### 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

<table>
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<tr>
<th>115.22 (a)</th>
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</table>
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? x Yes ☐ No

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

- Does the agency document all such referrals? x 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).] x Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy 79-ISA-02 and Ohio State Patrol policy OSP-103.07 requires all facilities within ODRC conduct an investigation (administrative and/or criminal) on every allegation of sexual abuse or sexual harassment alleged to have occurred. As noted earlier in standard #115.21 the Ohio State Patrol, a separate agency from ODRC, has the legal authority to conduct criminal investigations.

The auditor conducted interviews with the Ohio Trooper Chad Lyons, Criminal Investigator and the Madison Administrative Investigator. Both of these individuals confirmed that an investigation is initiated and completed on every allegations of sexual abuse or sexual harassment, regardless of how the allegation was made or received (written, verbal, anonymous or third party).

There were nine (9) PREA cases initiated at Madison Correctional Institution during the last twelve months. There were no sexual harassment allegations. All of these alleged sexual abuse allegations were determined not to be criminal by the Ohio State Patrol and were handled by the facility Investigator.

The nine sexual abuse allegations made at Madison during the last twelve (12) months include five (5) allegations against other inmates and four (4) allegations against a staff member. All nine (9) allegations were determined to be unsubstantiated at the conclusion of the investigation.

ODRC publishes their investigative policy on its website (http://drc.ohio.gov/policies/investigations). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.
**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? x 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? x 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? x 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? x 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? x 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? x 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? x Yes  ☐ No

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

115.31 (b)

• Is such training tailored to the gender of the inmates at the employee’s facility?  x 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?  x Yes □ No

115.31 (c)

• Have all current employees who may have contact with inmates received such training?  
  x 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?  x 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?  x Yes □ No

115.31 (d)

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

Auditor Overall Compliance Determination

✗ Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Madison Correction Institution staff training records for 2015, 2016 and 2017. Except for those staff members out on long-term absence or on military leave everyone working during those years were provided the mandated PREA training.

In-service and pre-service curriculum was reviewed and it included: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An inmate’s right to be free from sexual abuse and sexual harassment; (4) Staff and inmate’s right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The random staff interviews that were conducted with uniform and non-uniform staff confirmed that the training they received included the topics described in the paragraph above and each staff member described the procedures they would follow if an inmate approached them with an allegation of sexual assault. All indicated that their first response would be separating the alleged victim and abuser, secure the area the alleged abuse took place if possible, contact their supervisor and preserve evidence from destruction. The non-security first responders interviewed indicated that they would immediately secure the alleged victim and then immediately contact a security staff person in the area to take control of the inmate and the situation.

Warden Noble detailed the importance that training plays in providing a safe environment for inmates and staff inside Madison. He stressed everyone (staff, volunteers and contractors) entering his facility is well informed about the zero tolerance policy ODRC has toward all forms of sexual abuse and sexual harassment.

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? x 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)? x Yes  ☐ No

### 115.32 (c)
- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? x 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 PREA training requirement for all contractors and volunteers is found in Policy 79-ISA-01. It requires all contractors and volunteers receive the zero tolerance training prior to being allowed entrance into the facility. The contractors and volunteers must acknowledge, by signature, that they received and understood this training. Any volunteers or contractors who at the facility prior to 2013 were required to attend PREA training during the 2013 training year. An exam on the subject matter is given to each volunteer and contractor at the conclusion of the training. If he/she does not receive a passing grade they must retake the training. This is also required of all employees as well.

Interviews conducted on site with three (3) contractors/volunteers confirmed each had received the zero tolerance policy training and signed documents indicating their understanding of the agency zero tolerance policy, prohibited behaviors, how and whom to report and consequences of policy violations.

The auditors reviewed the training curriculum and training records for a sampling of these individuals for years 2015, 2016 and 2017 while on site for the audit.

**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? x Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? x 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? x 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? x 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? x Yes ☐ No

### 115.33 (c)

- Have all inmates received such education? x 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? ☐
  X Yes ☐ No

### 115.33 (d)

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

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? x Yes ☐ No

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

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

### 115.33 (e)
Does the agency maintain documentation of inmate participation in these education sessions?  
☐ Yes  ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

☒  Exceeds Standard (Substantially exceeds requirement of standards)

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

☐  Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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 places a great emphasis on providing inmates information and training to keep them safe while doing their time. Everyone entering the intake area at Madison is provided information about the Agency zero tolerance policy prohibiting all forms of sexual abuse and sexual harassment. Each of them is immediately issued and signs for an inmate handbook (available in English or Spanish). This booklet provides them with information and instructions on how and to whom to report incidents or suspicions of sexual abuse and/or sexual harassment. They are informed they can make these allegations verbally, anonymously or in writing and through third parties. This information found in this booklet is also provided in the PREA video each of them is mandated to see while in this intake area.

Policy ISA-79-01 requires inmates arriving at Madison who are limited English proficient, deaf, visually impaired, as well as those inmates who have limited reading skills must be provided PREA information in a format that...
makes them aware of their rights to be free from sexual abuse and sexual harassment, their rights not to be 
punished for reporting it and their rights to be free from retaliation for reporting it. In every area of the Madison 
that inmates have access to auditors observed informational PREA posters in English and Spanish providing this 
same reporting information.

Interviews and informal discussions with inmates by the auditors during the site visit indicated they had received 
PREA information on their arrival at the facility and is also available through PREA informational postings in all of 
the housing areas and other areas that they have access to.

The audit team interviewed an inmate with limited English skills as well as a blind inmate. Both disclosed they 
were provided PREA information that each could understand when arriving at Madison. They also indicated that 
the information each received included how and whom to report and allegation of sexual abuse or sexual 
harassment. They also stated they knew who the PREA Compliance Manager was at Madison should they have 
any questions.

**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).) x 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).] x 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).] x 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).] x 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).] x 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).] x Yes ☐ No ☐ NA

**115.34 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

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

Policy 79-ISA-01 (Prison Rape Elimination) states “Prior to conducting a PREA investigation, all investigators shall receive specialized training”.

The Ohio State Trooper and the Madison Investigator interviews detailed the investigative training they each received. Part of their training included topics on: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. The audit team reviewed the training records of the facility Investigator and found his record reflected this specialized training requirement.

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? x 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? x 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? x 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? x 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 x 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? x 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? x 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? x Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

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

All full and part-time medical and mental health care practitioners are required to receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment and how to whom to report allegations or suspicions of sexual abuse and sexual harassment. This requirement is found 79-ISA-01, (Prison Rape Elimination).

The audit team conducted interviews with medical and mental health practitioners during the Madison site visit. These medical practitioners indicated that they are required to take this additional training and they had received it. This one time training requirement is documented at the facility. The auditors were provided this documentation, showing the curriculum for this training and attendance records. All full time and part time medical and mental health staff currently employed at Madison have received this training.

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<th>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</th>
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**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? x 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? x Yes ☐ No

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

115.41 (c)

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

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

**Auditor Overall Compliance Determination**

- X  **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 Madison Correctional Institution enter through the institution intake area regardless of being assigned Zone A or Zone B. Once he has been properly identified he is issued and signs for an inmate handbook containing information about the agency zero tolerance policy on sexual abuse and sexual harassment. The inmate is then exposed to the Agency PREA video informing him of how and whom to report incidents of sexual abuse for himself or someone else. The inmate proceeds from this area to the medical unit where the nurse conducts the risk assessment utilizing an objective screening instrument. Inmates normally arrive at the facility typically during the week. However, by policy, should he arrive on a weekend or after normal business hours he waits no longer than 72 hours from the date of his arrival for his risk assessment.

The nurse in a private office questions him about his knowledge regarding PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the inmate: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate’s criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The Nurse also assesses if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf. This is a computerized screening for sexual abusiveness and sexual victimization and is performed on arrival but no longer than 72 hours from the date the inmate arrives according to agency policy.

Upon completing this part of the assessment the inmates’ information is placed into a queue on the computer for the Case Managers part in the process. It is important to note that the entire risk assessment is electronic with notifications popping up to the next staff person in the process so no inmates gets lost. This electronic system allows each facility to easily share information throughout the agency if needed. This information is shared only with individuals with a need to know and is password protected.

The Case Managers check their “In-Progress” assessments at least daily and complete the second screen. The assessment then goes into the Unit Manager queue. The Unit Managers check their “Pending UM” cases and determines if the inmate does not need a PREA Classification or they recommend a classification: Victim (High

If a PREA Classification is recommended, the UMC in conjunction with the Unit Team determines the final classification and develops the PREA Accommodation Strategy (PAS). This PAS team addresses housing, programs, work and education with the goal of keeping the inmates safe. All transgender and intersex inmates are automatically referred to the PREA Accommodation Strategy Team (PAST). This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health staff. The teams meet with the inmate to discuss his views and develop a PREA Accommodation Strategy.

Interviews with three screening staff confirm the policy is followed to ensure an inmate’s risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. Interviews with random sample of inmates confirm inmate’s risk level is reassessed per ODRC policy and this standard. These interviews also confirmed inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate’s own perception of vulnerability. Information obtained during this screening process is shared with appropriate staff (medical, mental health, PREA compliance manager and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals.

Whenever an inmate alleges sexual abuse the case manager completes a new risk assessment utilizing the same risk form the nurse completed on a new arrival and the inmate assessment is again reviewed by the Unit Manager and Unit Chief with the inmate receiving a temporary classification either as a “potential victim” or “potential abuser” depending on his role in the allegation. Upon the investigation being completed another complete assessment is done regardless if the allegation is unfounded, substantiated and unsubstantiated.

The auditor team interviewed over 50 inmates while at Madison. All of them confirmed that they had received an initial risk assessment and a second assessment within the 30-day standard requirement. None of those inmates interviewed stated they were disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during their assessment.

**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? x 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? x 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? x 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? x 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? x Yes  ☐ No

115.42 (b)

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

115.42 (f)

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

**Auditor Overall Compliance Determination**

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

X **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-04, PREA Risk Assessments and Accommodation Strategies, outline the responsibilities and functions of Madisons’ Classification Committee when making all bed, program and work assignments. The Committee primary responsibility is keeping those inmates at high risk of being sexually victimized safe from those at high risk of being sexually abusive.

If the inmate screening assesses an inmate and suspects a risk of sexual victimization or risk of being sexually abusive an immediate referral will be made to the PREA Accommodation Strategy (PAS) Team to determine their housing, bed, work, education, and program assignments. The housing and program assignments are made on a case-by-case basis. Through inmate and staff interviews by the audit team, it was determined that the facility addresses the needs of the inmates consistent with the security and safety of the individual inmate.

There are no dedicated housing units based on sexual identity at Madison. Jolene Castle, PREA Compliance Manager and member of the Risk Assessment staff stated in her interview that the Risk Assessment/Accommodation policy is strictly followed and all information obtained from the risk assessment
screening during intake is reviewed, assessed and used to determine housing, bed, work, education and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.

There were eighteen (18) transgender, gay or bisexual inmates at Madison interviewed by the audit team. Each of these inmates indicated they were not currently or ever housed in dedicated housing. They also indicated they (transgender) were allowed to shower alone and allowed to provide input about their safety concerns prior to bed and work assignments. Those transgender inmates interviewed indicated they met at least twice a year but more often with the institution accommodation team to discuss any concern (safety or otherwise).

**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?  x 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?  x 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?  x 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?  x 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?  x 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? x Yes ❑ No

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

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

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

- Does such an assignment not ordinarily exceed a period of 30 days? x 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? x 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? x 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? x Yes ❑ No
Auditor Overall Compliance Determination

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

X 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 prohibits the placement of inmates at high risk for victimization at Madison in segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from the likely abuser (no longer than 24 hours). This policy mandate was confirmed during the interviews with Warden Noble and the Restricted Housing Supervisor. Both of them indicated it had not happened during the last 36 months.

Warden Noble further stated, during his interview, that if ever a situation presented itself where an inmate alleging risk of victimization needed to be moved it would most likely be moved from Zone B to Zone A or moved to the facility across the street. If it ever became necessary to utilize restricted housing the inmate would have access to programs, privileges, education, and work opportunities or the reason it was not granted would be documented.

The auditor observed and confirmed no inmates were in protective custody for protection from sexual abuse during the tour of the restricted housing unit.

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

115.51 (c)

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

115.51 (d)
Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? x 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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In every area of Madison, where inmates have access, are posters informing them that sexual abuse allegations and harassment can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties such as family members or friends for themselves or someone else. This is in addition to the information each one of them receives on admission to the facility, during their risk assessment, in their inmate handbook and on the PREA video played weekly on the television. The posters provide inmates with specific individual titles and contact address information for the Operations Support and Outside Agency Hotline

The inmate receives his orientation booklet and PREA pamphlet on arrival. He also views the PREA informational video upon arrival. Both sources of informational inform every inmate that allegations can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties such as family members or friends. These same informational poster are available at the entrance of the Unit (where inmate visitors are processed) and inside the visiting area informing family and/or friends how they can report sexual abuse/sexual harassment on behalf of the inmate if necessary.

The Franklin County Detention Facility is an independent office, separate from the Ohio Department of Rehabilitation and Correction, reporting directly back to the Chief Inspector for ODRC. This is the private/public
office inmates at Madison may report sexual abuse and sexual harassment privately. The Franklin County Detention Facility receives and immediately forwards any inmate reports of sexual abuse and sexual harassment to agency Chief Inspector, allowing the inmate to remain anonymous upon request. The chair was provided documentation of reports originating from this Facility to the ODRC Chief Inspector. The audit chair also performed a test by calling this number on March 23, 2018 at 8:35 am. The facility received notification through the Chief Inspector Office on March 24, 2018 at 3:45 am of this test.

Inmates interviewed at the Unit were well aware of this private way for them or their families to report sexual abuse or sexual harassment.

**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.  x 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  x 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  x 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  x 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  x 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  x 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  x 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  x 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  x 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  x 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  x 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  x NA
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 x NA

Auditor Overall Compliance Determination

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

X 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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Madison Correctional Institution does have administrative procedures through the inmate grievance process regarding sexual abuse and sexual harassment complaints. Inmates are notified in the inmate handbook that inmate grievances filed regarding a complaint of sexual abuse or sexual harassment shall be immediately reported to the Investigator for proper handling in accordance with ODRC Policy 79-ISA-02. There is no time limit on when an inmate may report sexual misconduct. A sexual abuse or sexual harassment complaint may be submitted at any time. The chair interviewed the Grievance Inspector who indicated that the office and receive a sexual abuse complaint but it is handled in the same manner any employee receives an allegation. It is immediately reported to the Investigator and processed by that office.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
• 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? X 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 x No

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

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

Auditor Overall Compliance Determination

□ Exceeds Standard *(Substantially exceeds requirement of standards)*
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As previously noted Madison Correctional Institution has and MOU (dated January 2017 through December 2019) with SARNCO providing support for victims of sexual abuse for their inmates. The Sexual Assault Response Network of Central Ohio (SARNCO) provides emotional support services, crisis intervention services and phone services as needed. Posters in each of the Housing Units provides contact information for this organization.

The over 50 plus inmates interviewed by the audit team indicated that they were aware of this outside support services. They were also aware that there were postings with support information on it throughout the facility but were sketchy about the information in the postings such as times available and exactly what service they provided. Some of the random inmates also indicated to the audit team they were not aware of these support services because it did not interest them.

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

**Auditor Overall Compliance Determination**

milesPREA Audit ReportPage 69 of 114 Facility Name – double click to change
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

X **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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Family and Friends Posters are located at the entrance of Madison and also in the inmate visiting rooms. These posters inform families and friends of phone numbers, mailing addresses and email addresses where they can report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The ODRC web page [http://www.drc.ohio.gov/prea](http://www.drc.ohio.gov/prea) also has a PREA section on the site allowing anyone to make a sexual abuse allegation on behalf of any inmate through that link as well.

The 50 inmates interviewed disclosed that they were aware that family or friends could make a sexual abuse/harassment reports on their behalf if it became necessary.

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

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

X 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- 01, Prison Rape Elimination, mandates every staff member, volunteer and contractor to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred at Madison or alleged to have occurred on another unit that they become aware of.

It further requires staff to report any retaliation they become aware of against inmates or staff who reported an incident and any staff neglect or violation of duties that may have contributed to any incident or retaliation. This policy emphasis was found in the training curriculum that is provided in the pre-service and in-service training each of them receives.

The auditors interviewed random uniformed staff, non-uniformed staff, contractors and medical/mental health practitioners. All of them acknowledged their reporting requirements so an investigation can be initiated. They also informed the auditors that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or official.

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? x 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.*

During the random staff interviews and the interview conducted with Warden Noble the audit team specifically asked each of them what action each would take if they became aware of an inmate who was at substantial risk of sexual abused. The staff all responded much in the same manner. All indicated the safety of the inmate at risk would be their priority concern. Their first course of action would be to seek out the inmate, isolate him and notify their supervisor.

Warden Nelson indicated he has several tools available to him depending on the degree of vulnerability of the inmate. He indicated he could move the inmate from Zone B to Zone A or move the inmate across the street to another ODRC facility. Placement in restricted housing area would be his last resort.

**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? x Yes ☐ No

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The Warden at Madison is required to notify the facility Warden or facility head about any allegation that an inmate was sexually abused while confined at their facility within 72 hours of (facility) becoming aware of the allegation. This requirement is specified in policy 79-ISA-01.

Madison had two sexual abuse allegations alleged to have occurred at Madison referred back to them from other facilities. Inmates indicated at these other institutions that they were sexual assaulted while at Madison. The auditor reviewed both cases. Notifications were made to the Madison Warden within the 72 hour mandated time. Investigations were completed and the inmates was notified of the investigation outcome. This notification was found in the case file duty file reviews. These two cases are part of the reported nine (9) PREA case at Madison during the last 12 months.

There were sexual abuse allegations made to any Madison staff occurring at another ODRC facility during the previous twelve (12) months.

### 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? x Yes  □ No

### 115.64 (b)

- 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? x Yes  □ No

**Auditor Overall Compliance Determination**

[X] **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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If you are an employee, contractor or volunteer at Madison you have been trained to respond to allegations of sexual abuse and sexual harassment. Depending on your function at the institution your duties are different when responding. The audit team interviewed and questioned uniform staff and non-uniform staff about the actions each would take when responding to allegations of sexual abuse or sexual harassment.
The uniform staff first responder training is more in depth and details their specific responsibilities. The interviewed uniformed staff indicated they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser. Staff even carries a small credit card sized documents outlining their responding responsibilities should it become necessary.

The non-custody staff, interviewed by the auditor, indicated that if an inmate alleging sexual abuse approached them they would first secure/separate the alleged victim from the abuser. Their next step would be to contact a security person to take charge of the situation.

**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?  
  x Yes  ☐ No

Auditor Overall Compliance Determination

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

x  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 O3E-02, Institution Sexual Abuse Coordinated Response Plan, is Madison’ policy detailing the coordinated actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The audit team spoke with medical staff, mental health staff, PREA Compliance Manager, the facility Investigator and multiple supervisors during the site visit. Each confirmed they were aware of their specific duties and this policy.

**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? x Yes  ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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The Ohio Department of Rehabilitation and Correction has entered into a new or renewed Collective Bargaining Agreements since August 20, 2012. Their current agreement allows the Agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation.

**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? x Yes □ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? x 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? x 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 residents 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? x Yes □ No

115.67 (d)

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

115.67 (f)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

X 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 Prison Sexual Misconduct Reporting, Response, Investigating and Prevention of Retaliation
requires retaliation monitoring for all inmates and any staff member who have reported sexual abuse and/or cooperated with sexual abuse or sexual harassment investigations. The policy further require the monitoring be documented, periodic, and continue for a minimum of 90 days. Monitoring responsibilities for both inmates and employees falls under the facility Investigator when the allegation involves sexual abuse and monitoring retaliation by the Operational Compliance Manager when the allegation involves sexual harassment.

During their interviews the Investigator and Compliance Manager told the auditor that all retaliation monitoring for staff and inmates is periodic and continues for at least 90 days and longer if necessary. They also indicated that while monitoring inmates each reviews their work assignments, disciplinary reports and evaluations, bed changes and also meet with them to discuss any concerns they might have. When monitoring staff both stated they look at the employee’s work assignments, time off approvals, transfers, and evaluations. This 30, 60, 90 day monitoring is signed by the inmates on the dates they occur and become part of the institutional case file.

The auditor chair reviewed the nine (9) cases at Madison reported within the last 12 months that required monitoring and found retaliation monitoring performed in accordance with their policy.

There were no reported incidents of retaliation over the last 12 months.

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? x 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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As noted in Standard 115.43 policy 79- IS-02 prohibits any facility from utilizing restricted housing for the protection of any inmate who has alleged to have suffered sexual abuse unless no alternative is available.

It clearly prohibits the placement of inmates at high risk for victimization at Madison Correctional Institution unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from the likely abuser (no longer than 24 hours). This policy mandate was confirmed during the interviews with Warden Noble and the Restricted Housing Supervisor. Both of them indicated it had not happened during the last 36 months.

Warden Noble further stated, during his interview, that if ever a situation presented itself where an inmate alleging risk of victimization needed to be moved it would most likely be moved from Zone B to Zone A or moved to the facility across the street. If it became necessary to utilize restricted housing the inmate would have access to programs, privileges, education, and work opportunities or the reason it was not granted would be documented.

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.)] x 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.)] x 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? x 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? x Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? x Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? x 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? x 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? x 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? X Yes ☐ No

115.71 (f)

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

**115.71 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? x 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? x 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? x 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.)

Audit Overall Compliance Determination

X 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 on every allegation of sexual abuse that is received or the facility becomes aware of. This is the requirement found in Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigating and Prevention of Retaliation) and the MOU with the Ohio State Patrol. These two documents detail the process for the completion of sexual abuse and sexual harassment investigations conducted in Madison.

Regardless of the circumstances of how the Madison Correctional Institution became aware of it, every allegation of sexual abuse must be immediately reported to the Ohio State Patrol. At that point a trained State Trooper will make a determination if elements of a crime exist in the case. If they believe criminal elements are present their office will conduct a criminal investigation. If they believe criminal conduct does not exist an administrative investigation is conducted by the facility Investigator. Both agencies require the Investigator be trained.

As was noted in Standard 115.34 specialized investigative training was received and verified for the State Trooper and facility Investigator that conduct sexual abuse investigations at the Madison. During interviews conducted with the facility Investigator and with State Trooper the auditor was informed 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. Both the criminal and facility Investigators also indicated they do not require an inmate
who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation. Two inmates that made sexual abuse investigations also verified that they were not asked or required to submit to a lie detector test as a condition of the investigation.

The Investigators detailed the investigative process. They stated to the auditor that cases involve gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the Unit does not provide a basis for terminating any investigation according to them and policy. The auditor reviewed the nine (9) case files for the last twelve months and found each file contained direct and circumstantial evidence.

The auditor looked over the investigative case files for for 2015, 2016 and 2017 while on site. There were a total of nine (9) PREA cases initiated at Madison Correctional Institution during the last twelve months. All of these allegations alleged sexual abuse. There were no sexual harassment allegations. The nine sexual abuse allegations include four (4) against staff and five (5) against other inmates. All nine investigations resulted in unsubstantiated decisions. Two allegations resulted in the inmates being sent out for forensic exams.

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

**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? x 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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Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is also documented in the Specialized Investigation Training lesson plan and confirmed with the facility Investigator during his interview.

**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? x 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.) x Yes ☐ No ☐ NA

**115.73 (c)**

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

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

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

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

**115.73 (e)**

- Does the agency document all such notifications or attempted notifications? x 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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Policy 79-ISA-02 requires that all 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. The inmate is provided a written decision of this decision by the facility Investigator.

This policy requires that following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. There were no cases involving this type of conduct requiring this notification within the last 12 months.

It also requires where the cases against another inmate results in and indictment and trial the victim is appraised of the outcome of both. There were no cases involving this type of conduct requiring this notification within the last 12 months.
The auditor interviewed two inmates who filed allegations, and both indicated they were informed of the investigation outcome. The case file review while on site demonstrated inmates were notified as the notification becomes part of the case file.

## 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? x Yes  ☐ No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  x 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? x 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)? x 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? x 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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Policy 79-ISA-01 (Prison Rape Elimination), Standards of Employee Conduct 31-SEM-02, Unauthorized Relationships 31-SEM-07 require that any sexual misconduct involving any inmate by a staff member, any harassment and/or any retaliation against any inmate or staff member for participating in an official investigation by staff, will lead to their dismissal. Termination is the presumptive disciplinary sanction for this type conduct.

There was no cases where an employee resigned prior to being terminated or was terminated for violation to these policies during the last twelve months.

**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? x Yes  □ No

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

Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? x 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? x Yes  □ No

Auditor Overall Compliance Determination

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

X  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-01 (Prison Rape Elimination), 71-S0C-01 (Recruitment, Training and Spervision of Volunteers) and 39-TRA-12 (Contractor Orientation) require that any contractor or volunteer who engages in sexual abuse is to be removed from the facility, reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.
Warden Noble stated in his interview that he would remove any contractor or volunteer from Madison for any violation of the agency zero tolerance policy. He also stated that if OSP determined the behavior to criminal the information would be turned over to any licensing body as appropriate.

A total of two (2) contractors and one (1) volunteer were interviewed by the audit team during the site visit at Madison. All three (3) of these individuals stated that they had received PREA training about the agency zero tolerance policy involving sexual abuse and sexual harassment. They also indicated they were informed of the consequences for any violation during their orientation training. The audit team randomly reviewed training records for volunteers and contractors and confirmed their training and their signatures verifying they took and understood this mandated PREA training.

**Standard 115.78: Disciplinary sanctions for inmates**

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

<table>
<thead>
<tr>
<th>115.78 (a)</th>
<th>x Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
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<thead>
<tr>
<th>115.78 (b)</th>
<th>x Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>115.78 (c)</th>
<th>x Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
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</table>

| 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? x 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? x 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? x 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.) x Yes  □ No  □ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

X 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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Policies 56-DSC-01 (Inmate Disciplinary Process) and 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) detail administrative and criminal sanctions for inmates guilty of sexual abuse and sexual harassment. Madison inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse.

The sanctions are 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, and consider whether an inmate’s mental disabilities or mental illness contributed to his behavior. Special considerations are required for inmates charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed. Warden Noble indicated during his interview that these special considerations are utilized during the disciplinary process.

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? x Yes ☐ No

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.) x 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? x 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? x 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? x Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

X 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.

When the facility becomes aware either through disclosure by the inmate or it is noted anywhere in his record that he has experienced sexual victimization (institutional setting or in the community) 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 it. This requirement is specific in 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) and 79-ISA-04 (PREA Risk Assessments and Accommodation Strategies).

During his interview RN Trenton informed the auditor that while conducting his risk assessment or if during the assessment he becomes aware through other information that the inmate had even been victimized or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, he offers that inmate a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The audit team interviewed a total of nine (9) inmates who disclosed prior victimization upon arrival Madison. All of them indicated they were offered medical or mental health intervention on their day of arrival after their risk assessment. Some of them indicated that they took advantage of the services and others did not.

Policy 79-ISA-04 (PREA Risk Assessments and Accommodation Strategies) mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting 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, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Operational Compliance Manager, Mental Health Practitioner and the Medical Practitioner interviews indicated that all information is shared only on a need to know basis and is password protected.

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

Auditor Overall Compliance Determination

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

x 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-09 (Suicide Prevention), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) and B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) are the protocols medical staff at Madison must follow insuring victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and requires the nature and scope of the services provided to the inmates be based according to their professional judgment. Interviews conducted with the medical and mental health practitioners at Madison confirmed every inmate victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis.

Both the Mental Health Practitioner and Medical Practitioner both stated that the nature and scope of the services provided are based according to their professional judgment. If it is required, the outside hospital typically starts the medication and it is then continued at the institution. All treatment services are 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.

The auditor interviewed an inmate who had recently made a sexual abuse allegation requiring he be taken out for a forensic examination. He confirmed he was dealt with quickly locally at the facility hospital, sent out to the community hospital, returned for follow up treatment by the Madison Medical staff and was never charged for the services rendered.

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? x 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?  x Yes  □ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  x 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  x 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  x NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  x 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?  x 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 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) requires that 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 without cost.

The auditor team spent considerable time with Medical and Mental Health staff during their visit. Staff indicated that the evaluation and treatment of anyone victimized includes, 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. They also indicated the policy and practice requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

As previously noted the audit team interviewed a total of nine (9) inmates who disclosed prior victimization upon arrival Madison. All of them indicated they were offered services for medical or mental health intervention on their day of arrival after risk assessment. Some indicated that they took advantage of the services and others did not.
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? x Yes ☐ No

115.86 (b)
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? x 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? x 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? x 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? x 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? x Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  x Yes  □ No

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

x  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 Madison Correctional Institution to establish a Sexual Abuse Review Team (SART)
consisting of Deputy Wardens, the Investigator, the PREA Compliance Manager, a Mental Health Staff person and a Victim Support person. This policy also requires the Warden to conduct, within 30 days, an administrative review for every sexual abuse and sexual harassment incidents, unless it was determined unfounded.

The SART team responsibilities require a thorough review of the circumstances of each incident. Their review and report must contain 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; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

Madison is required to implement any recommendations resulting from this review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on the nine (9) cases determined unsubstantiated. The SART reports were observed in the investigative by the team during the case file reviews. The review documents include the teams requirement to look at the items listed in the above paragraph.

Warden Noble, Operational Compliance Manager Jolene Castle and Incident Review Team members that were interviewed, indicated that their reviews consider staffing, inmate movement, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision are warranted.

**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? x 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
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ODRC policy, Prison Rape Elimination 79-ISA-0, requires uniform data be collected for every incident of sexual abuse alleged to have occurring at Toledo using a standardized instrument and set of definitions. Data from this facility is sent to the regional office for review prior to it being sent to Columbus where it is aggregated annually from all of the agency facilities. The incident-based data includes information needed to complete the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV. The 2016 ODRC/-01PREA Annual Report is available for review on the agency’s website.

ODRC and the PREA Coordinator aggregate this incident based sexual abuse data annually. The 2016 ODRC/-01PREA Annual Report is available for review on the agency's website. The auditor reviewed the 2016 SSV, 2015 SSV and annual report as part of the audit process.

**Standard 115.88: Data review for corrective action**

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

**115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? x 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? x 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? x 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)*

X 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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Prison Rape Elimination Act (PREA) Audit Report

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Facility Name – double click to change

Prison Rape Elimination Act 79-ISA-01 requires the agency to review incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each unit, as well as ODRC as a whole.

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 in the Agency including the two private facilities it contracts with. Madison Correctional Institution provides sexual abuse statistics to Central Office to assist them in creating the ODRC Annual Report documenting trends, concerns etc. within the aggregate data total. The data the Agency receives from the two private facilities is not included in this aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2017 deadline. The information supplied in this report to DOJ is accumulated from each facility utilizing the PREA Incident Report System.

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

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

<table>
<thead>
<tr>
<th>115.89 (a)</th>
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<tbody>
<tr>
<td>Does the agency ensure that data collected pursuant to § 115.87 are securely retained? x Yes ☐ No</td>
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</tbody>
</table>

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<tr>
<th>115.89 (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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? x Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.89 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? x Yes ☐ No</td>
</tr>
</tbody>
</table>

| 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?  x Yes  □ No

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

x 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.

Prison Rape Elimination 79-ISA-01 requires ODRC maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, including incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The Agency is required to retain all records for 10 years after the inmate has reached his final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever. This aggregate data is available to the public through the agency’s website.

The 2016 Safe Prisons/PREA Annual Report is available on the website (http://www.drc.ohio.gov/prea) for review. Before publishing the annual report, all personal identifiers are removed.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
  X Yes  □ No  □ NA

115.401 (b)
- During each one-year period starting on August 20, 2013, 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?  x Yes  □ No

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

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

115.401 (m)
- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
  x 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?  x 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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Starting August 20, 2013, and during each three-year period thereafter, ODRC ensured each of their facilities operated by the agency and private organizations, was audited at least once. The entire agency was PREA compliant within the first cycle.

**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.)  x Yes  □ No  □ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2014 and continues to post them within 2 weeks of the documents being provided to them by the auditor. http://www.drc.ohio.gov/prea
AUDITOR CERTIFICATION

I certify that:

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

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

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

April 16, 2018

Auditor Signature

Date