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

☐ Interim X Final
Date of Report May 14, 2018

Auditor Information

Name: Thomas Eisenschmidt Email: tome8689@me.com
Company Name: Click or tap here to enter text.
Mailing Address: 26 Waterford Lane City, State, Zip: Auburn, New York 13021
Telephone: 315-730-3980 Date of Facility Visit: March 28-30, 2018

Agency Information

Name of Agency: Ohio Department of Rehabilitation and Correction
Governing Authority or Parent Agency (If Applicable): State
Physical Address: 770 West Broad Street, City, State, Zip: Columbus, Ohio 43222
Mailing Address: Same City, State, Zip: 
Telephone: 614-752-1159
Is Agency accredited by any organization? X Yes ☐ No
The Agency Is: ☐ Military ☐ Private for Profit ☐ Private not for Profit
☐ Municipal ☐ County X State ☐ Federal
Agency mission: The mission of Mansfield Correction Institutional is to serve the public by working to reduce
Agency Website with PREA Information: http://www.drc.ohio.gov/manci

### Agency Chief Executive Officer

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

### PREA Coordinator Reports to

Agency Chief Inspector

### Number of Compliance Managers who report to the PREA Coordinator

27

### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Mansfield Correctional Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>1150 North Main Street, Mansfield, Ohio 44903</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>419-526-2000</td>
</tr>
</tbody>
</table>

**The Facility Is:**

- [ ] Military
- [ ] Private for profit
- [ ] Private not for profit
- [ ] Municipal
- [ ] County
- [x] State
- [ ] Federal

**Facility Type:**

- [ ] Jail
- [x] Prison
Facility Mission: The mission of Mansfield Correction Institutional is to serve the public by working to reduce recidivism among those they touch.

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

<table>
<thead>
<tr>
<th>Warden/Superintendent</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Ed Sheldon</td>
<td>Title: Warden</td>
</tr>
<tr>
<td>Email: <a href="mailto:Ed.Sheldon@odrc.state.oh.us">Ed.Sheldon@odrc.state.oh.us</a></td>
<td>Telephone: 419-526-2000 ext. 806 2000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility PREA Compliance Manager</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Randy Gearheart</td>
<td>Title: Operational Compliance Manager</td>
</tr>
<tr>
<td>Email: <a href="mailto:Randy.Gearheart@odrc.state.oh.us">Randy.Gearheart@odrc.state.oh.us</a></td>
<td>Telephone: 419-526-2000 ext. 806 2080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Health Service Administrator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Julie Hensley</td>
<td>Title: Health Care Administrator</td>
</tr>
<tr>
<td>Email: <a href="mailto:Julie.Hensley@odrc.state.oh.us">Julie.Hensley@odrc.state.oh.us</a></td>
<td>Telephone: 419-526-2000 ext. 806-2080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Facility Capacity: 2,387</td>
<td>Current Population of Facility: 2,542</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months</td>
<td>1,973</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>1,845</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>1,959</td>
</tr>
<tr>
<td>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</td>
<td>214</td>
</tr>
<tr>
<td>Age Range of Population:</td>
<td></td>
</tr>
<tr>
<td>Youthful Inmates Under 18:</td>
<td>Adults: 18-85</td>
</tr>
<tr>
<td>Are youthful inmates housed separately from the adult population?</td>
<td>☐ Yes ☐ No ☒ NA</td>
</tr>
<tr>
<td>Facility Name – double click to change</td>
<td>milesPREA Audit change</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Number of youthful inmates housed at this facility during the past 12 months:</td>
<td>0.</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>4.5 years</td>
</tr>
<tr>
<td>Facility security level/inmate custody levels:</td>
<td>1, 2 and 3's</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>585</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>52</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>5</td>
</tr>
</tbody>
</table>

**Physical Plant**

<table>
<thead>
<tr>
<th>Number of Buildings:</th>
<th>18</th>
<th>Number of Single Cell Housing Units:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units:</td>
<td>5 HU</td>
<td>Number of Open Bay/Dorm Housing Units:</td>
<td>1-HU</td>
</tr>
<tr>
<td>Number of Segregation Cells (Administrative and Disciplinary):</td>
<td>80 cells</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Mansfield has 322 cameras throughout the inside of the facility. The majority of these are located in the living areas and recreation (common) areas. Viewing of these cameras is done by the 24 hour control centers and the Warden. None of the cameras cause cross gender viewing issues in the cell block housing units. The one dorm unit does have cameras in the living area where they sleep. However inmates are required by policy to change their clothes in the inmate bathrooms and must be clothed while in their living unit. The cameras recording capability is 30 days and then information is recorded over.

**Medical**

<table>
<thead>
<tr>
<th>Type of Medical Facility:</th>
<th>Primary care with infirmary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 and 3</td>
<td></td>
</tr>
</tbody>
</table>

Forensic sexual assault medical exams are conducted at: Ohio Health Mansfield Hospital

**Other**

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | Contractors/Volunteers 293 |
Number of investigators the agency currently employs to investigate allegations of sexual abuse: 2

## Audit Findings

### Audit Narrative

*The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-on-site 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 MaryAnn Aldrich, United States Department of Justice Certified PREA Auditor conducted the Prison Rape Elimination Act on-site audit at the Mansfield Correctional Institution in Mansfield, Ohio March 28-30, 2018. This was the second PREA audit for the institution. The facility had a successful PREA audit conducted in March 2015. The auditors wish to extend their deepest appreciation to Warden Ed Sheldon and the staff at Mansfield for their professionalism, hospitality, and kindness. The auditors also want to compliment Randy Gearheart, Operational Compliance Manager (facility) for his commitment to PREA and the hard work provided to the audit team prior, during and after the on-site visit. His hard work and 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 Mansfield including the “Pre-Audit Questionnaire”, the agency policies and supporting documentation for each of the standards. The documentation reviewed by the auditors included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, investigative files and results, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The on-site audit of Mansfield Correctional Institution began with an entrance meeting conducted on Wednesday, March 28, 2018 at 1:00 p.m. The following staff attended the entrance meeting: Warden Ed Sheldon, Angela Hunsinger, Deputy Warden of Special Services, Harold May, Deputy Warden of Operations, Keisha Allen Deputy Warden of Administration, and Randy Gearheart, OperationalCompliance 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 26-28, 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. These posting were up eight (8) weeks prior to our arrival. 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 of the facility were toured including those area at the Camp. 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 auditors conducted interviews over the two days. Prior to the on-site visit the facility supplied a list of inmate names sorted by housing units and those with targeted designations. A list of employees and contractors was also provided to the auditors. From these lists the chair selected at random a sampling of inmates and staff to be interviewed. It was from these lists the chair also selected the targeted individuals to be interviewed as well. These staff and inmate interviews were conducted in a private setting.

A total of 43 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, 3 contract employees, 5 intermediate or higher level supervisors, 21 specialized staff members that have multiple roles that encompass all specialized staff interviews. All staff at Mansfield 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 to turn over the alleged victim.

There were 52 inmate interviews conducted during the on-site visit by the two auditors. Twenty seven (27) inmates were randomly selected and twenty five (25) were targeted. The targeted group consisted of 3 acknowledging prior victimization, 4 from the LGB community, 9 identifying as transgender, 2 blind/deaf, 1 with a cognitive disability, 3 with a disability and 3 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. 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. Transgender inmates indicated that staff immediately upon learning of their sexual identity questioned them about their safety and any concerns they may have prior to assigning them bed, work or education assignments. They also stated that they were allowed to shower by separately. Neither auditor received any correspondence from any inmate prior to the site visit. During the random interviews an inmates reported to one of the auditors that he had been sexually abused by a staff member while at another ODRC facility and never
reported it but wished to file an sexual abuse allegation. The auditor ended the interview contacted the Operational Compliance manager who immediately contacted the Investigator, Medical/Mental Health and the Warden.

The audit team carefully examined a sampling of personnel files, background checks, staff training files, and volunteer/contractor files that are maintained at Mansfield. No one is allowed entrance into the facility to work or volunteer until a thorough background check is 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 they understood the PREA training they received. Upon the completion of PREA training the individual must take and pass an exam on the subject matter. If they do not pass the exam they must retake the class.

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

The auditors looked at all the PREA cases for the last 12 months as well as a sampling of investigative case files for years 2015 and 2016. All appeared to thoroughly document the investigation process per agency policy. These case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. There were 32 PREA cases initiated at Mansfield Correctional Institution during the last twelve months. All of these cases alleged sexual abuse. There were no sexual harassment allegations. The 32 sexual abuse allegations included seven (7) allegations made against staff and twenty-five (25) allegations made against other inmates. The outcome of the investigations of allegations made against staff were five (5) determined unfounded and two (2) unsubstantiated. The outcome of the investigations of the allegations made against other inmates was twenty-one (21) unsubstantiated and four (4) unfounded. Mansfield had no sexual abuse allegations alleged to have occurred at Mansfield reported back to them from other facilities during the previous 12 months. There were however three sexual abuse allegations made to Mansfield staff occurring at other ODRC facilities during the previous twelve (12) months. These cases are not part of the reported 32 cases. None of the allegations were found to be criminal in nature upon review by the Ohio State Patrol. One allegation resulted in the inmate being sent out for forensic exam but he declined and after arriving at the hospital and was returned to the institution without a forensic exam.

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 with Warden Sheldon and seven of his staff. 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 Mansfield 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.
Mansfield Correctional Institution (ManCI) is an adult, male, close security (level 3) institution located at 1150 North Main Street in the city of Mansfield, Ohio, 63 miles north of Columbus, Ohio. The facility is situated on over 1,124 acres of ground. Much of that is farm land which was utilized by the institutions farming operation until all farming operations were halted due to budgetary reasons in 2016. Much of that land is now leased to local farmers. The main compound is made up of 57 acres.

Construction was initiated in July, 1986. The first inmates were received in September 1990. The main institution has a rated capacity of 1,920 for close (level 3) custody general population inmates. The Mansfield Correctional Camp has a capacity of 412 minimum custody inmates. The current total inmate population is 2555.
ManCI consists of 18 buildings that create a heart-shaped, open compound on 33 acres of landscaped lawn inside a secure perimeter. Once through the Main Entry Building, visitors and staff view entrances to the Administration building, Visit Room, and Warden’s office adjacent to the main gate at Control Center 1.

Entering the compound, to the left are the Operations building and two housing units. In the center of the compound is a building complex which houses the double recreation yards, gyms, Library, Recovery Service offices, group rooms, High School, Ashland University, and the Chapel. To the right side of the compound are two more housing units and the Mental Health/Programs building.

To the far right of the compound are Laundry, Maintenance, Receiving/Discharge, Infirmary, Food Services, Commissary, Quartermaster, Mail Office, Ohio Penal Industries/Community Services, Special Services, Health & Safety, Career-Technical, and the inmate entrance to the Visit Room leading back to the main gate at Control Center 1.

The Transitional Programming Units (TPU), including Limited Privilege Housing (LPH) and Restrictive Housing (RH), as well as the Rules Infraction Board are located beyond Control Center 2. TPU populations – LPH and RH are separated from the general population by an additional fence. The TPU is monitored and regulated by Control Center 2, located at its entrance.

Two parallel 14-foot fences, topped with razor ribbon enclose the Level 3 inmate general population. Vibration and motion sensors between the fences and on the inner fence are continuously monitored in Control Center 1, which is located on the ground floor of the administration building.

There are two means of entry into the main compound through the perimeter fence: the main gate through the security building, and the truck gate at the dock sally port. Both of these gates and all building entry and exit doors inside the perimeter are electronically controlled in Control Center 1. Armed mobile patrol vehicles survey the perimeter fence 24 hours every day.

The main institution contains 960 general population cells. ManCI’s TPU maintains 235 cells including 160 LPH cells, 75 RH cells, and 7 cells which are designated as Crisis cells. ManCI’s Infirmary maintains 10 single cells and 2 Crisis cells.

Each of the 4 General Population housing units consist of four triangular shaped pods, which are two-story adjoining structures. Each pod has 60 double man cells. The triangular shape provides staff with nearly a complete view of all the cells from anywhere inside the pod.

The Mansfield Correctional Camp is located northeast of the main institution. It houses minimum security (Level 1) inmates in a dormitory style setting consisting of two dorms on a single floor. This population of inmates provides the workforce for the farm, garage and warehouse operations. In addition to the correctional camp, there are 16 buildings outside the perimeter fence, which include outside maintenance buildings, a training classroom for institutional staff, a warehouse, a garage and farm buildings.
Mansfield Correctional Institution provides inmates with program and job opportunities to aid them in their personal growth and preparation to re-enter society as productive citizens. These program and job opportunities include re-entry classes; OPI Correctional Industries, career technical classes in masonry and landscape/turf management; job training; anger management; educational classes from Adult Basic Education through college; family living; release preparation; religious services programs; recovery services programs that encompass drug abuse, alcohol abuse and smoking cessation. The institution has a mental health-programming department that meets the mental health needs of the inmate population. There is an orientation program for inmates newly arrived at the institution. Community services are provided by obedience training of homeless dogs for adoption by citizens of the community as well as other specialized projects.

Facility Demographics

Rated Capacity: 2387  
Actual Population: 2542  
Average Daily Population for the last 12 months: 2553  
Average Length of Stay: 54 months  
Security/Custody Level: Medium/Minimum  
Age Range of Inmates: 18-85  
Gender: Male  
Full-Time Staff: 585

**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:** 7

**Number of Standards Met:** 36
Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.13 (a-5) Auditors noted that two inmate bathrooms had solid doors in the school area. When it was brought to the attention of the Operational Compliance Manager he indicated that the facility was already aware that both doors needed a small glass window in each prior to the visit. The doors were at the facility awaiting installation. The auditors informed the Manager that once completed to forward pictures via email in order to comply with the standard.

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? 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)

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 79-ISA-01, 79 ISA-02, 79-ISA-3, 79 ISA-04 and 79-ISA-05 contains the Ohio Department of Rehabilitation and Correction comprehensive approach to prevent, detect and respond to sexual abuse and sexual harassment within their agency. They outline to all employees, contractors and volunteers at the facility the approach to preventing, detecting, and responding to sexual abuse and sexual harassment that must be followed. They define for their staff and inmates’ the specific prohibited acts, staff reporting responsibilities and obligations, investigative responsibilities, risk assessment process and procedures, support responsibilities and the punishment for violations if not followed.

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 Bureau of Operational Compliance. 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 Operational 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.

Randy Gearheart is the Mansfield PREA Compliance Manager. He informed the chair during his interview that he had more than enough time to adequately perform his PREA related work at the facility. He has a thorough understanding of the PREA standards and sees that all staff is trained about their duties and responsibilities when responding and reporting any suspicions or allegations of sexual abuse or sexual harassment. He also ensures inmates know their rights about PREA as well including the private ways of reporting sexual abuse/harassment and retaliation. He maintains copies of all staff training (employee, contractor and volunteer) records in his office and ensure the files are current and up to date. Randy reports directly to Warden Sheldon as well as Charlette Owens, PREA Compliance Administrator who make themselves available should he have any issues, questions or suggestions relating to PREA. Interviews at Mansfield confirmed that staff and inmates are aware that Randy Gearheart is the point of contact for reporting (allegation of sexual abuse/harassment or retaliation), questions, or concerns relating to PREA and sexual safety.

**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.)  X 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".)  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.

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 these 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 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? X 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? X 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? X 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.)

X 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? X 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? X 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? X 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? X 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)
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 Correctional Institutions operating within Ohio Department of Rehabilitation and Correction (ODRC) are mandated by policy 23-BUD-01 (Staffing Requirements) to develop and maintain an institutional specific staffing plan to protect inmates against all forms of sexual misconduct. The policy requires the facility 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 when designing the plan.

Warden Sheldon stated during his interview that Mansfield has such a staffing plan based on those criteria that he is required to adhere to along with the 322 cameras to provide sexual safety to the inmates at his facility. He indicated that any and all deviations from this approved facility-staffing plan must be immediately reported to him and receive approval unless the deviation is in response to an emergency situation. There have been no deviations from the facility-staffing plan over the last twelve months. The auditors spoke with shift supervisors who also stated they couldn’t remember post closings. A review of shift rosters by the team found no post closings indicated on the charts.

The Warden, the Operational Compliance Manager, PREA Coordinator, and the Regional Directors Office complete an annual review of the Mansfield staffing plan. Each of them was separately interviewed and stated that when the plan is reviewed annually they take into account prior PREA incidents, changes in the security level of the institution and electronic enhancements among other things. Staffing reviews were conducted and documented in 2015, 2016, and 2017. The team looked over the reviews provided before the site visit and discussed them with Warden Sheldon and the Operational Compliance Manager during their specific interviews.
The audit team interviewed upper level management staff and supervisors on all shifts at Manfield. Policy (50-PAM-02 Inmate Communication/Weekly Rounds) requires them to make unannounced rounds, document them with the supervisor signing in each of the employee visit record log. This same policy prohibits staff from alerting other staff that these rounds are occurring. Officers, inmates and mid-level supervisors confirmed that unannounced rounds are being done on each shift and their presence is observed on each shift. The audit team observed supervisors on the units during the site visit tours and observed signatures in the employee visit record logs.

Auditors noted that two inmate bathrooms had solid doors in the school area. When it was brought to the attention of the Operational Compliance Manager he indicated that the facility was already aware that both doors needed a small glass window in each prior to the visit. The doors were at the facility awaiting installation. The auditor informed the Manager that once completed to forward pictures via email in order to comply with 115.15 (d). The glass does not create a privacy issue but does eliminate a safety concern.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

Mansfield Correctional Institution complies with the standard to the extent that there are no youthful inmates ever housed at the facility. This is 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

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

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

115.15 (c)
- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☐ Yes ☐ No X NA

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

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? 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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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.

As noted earlier in this report Mansfield is an adult male facility with male and female staff. Policy 310-SEC-01 (Inmate and Physical Plant Searches) outlines the mandates these staff must adhere to when searching inmates. It details when, how and by whom each type search must 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. The cross gender searches must be approved and documented if performed. The PAQ and interviews with the Warden, Operational Compliance Manager and shift supervisors indicated that the facility conducted no cross gender strip searches by female staff upon any male inmate during the last 36 months at Mansfield Correctional Institution. Neither auditor was informed during the random and targeted inmate interviews that they were exposed to cross gender searches.

The audit team questioned uniform staff about frisk training and agency requirements duties during the on site interviews. Each of them indicated their awareness of the cross gender restriction on strip-searching and indicated that not only is it prohibited in policy it is part of the training information they receive both in the classroom and E-learning. They also indicated that the training includes information on the prohibition of strip-searching a transgender and/or intersex inmate for the sole purpose of determining their genitalia. The transgender inmates interviewed indicated that they always frisked by male staff and never felt the frisk was anything more than routine and warranted.

The auditors discussed and reviewed the searching training curriculum that is presented to the staff. The information in the curriculum included the conducting of 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. Staff also indicated that they had received video and practical application training on the professional and respectful approach to conducting searches with transgender and intersex inmates.

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. Most inmates confirmed females announcing their presence upon entering inmate living areas during the random and targeted interviews conducted. Some stated that not every female hits the buzzer on entry. When questioned if there were females already present in the living area most said yes. Both auditors informed the Warden during the exit briefing to reinforce the announcement with female staff and also emphasize with the inmate training that the announcing requirement is only if there is not a female on the unit and not required every time a female enters if there is also a female currently on the unit.

Mansfield has 322 cameras throughout the inside of the facility. The majority of these are located in the living areas and recreation (common) areas. Viewing of these cameras is done by the 24 hour control centers and the Warden. None of the cameras cause cross gender viewing issues in the cell block housing units. The one dorm unit does have cameras in the living area where they sleep. Inmates are required by policy, to change they
clothes in the inmate bathrooms and must be clothed while in their living unit. The cameras recording capability is 30 days and then new information is recorded over.

**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)

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 64-DCM-02, (Inmates with Disabilities) and 79-ISA-01 (Prison Rape Elimination) requires that inmates with disabilities (including those 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.

The auditors interviewed three blind/deaf inmates, three disabled inmates and one inmate with a cognitive disability during the site visit at Mansfield. Each indicated they were provided PREA related materials that they could understand. They also indicated they believe the 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. They were provided information in written or verbal format they were able to understand. One of the blind inmates indicated it would be difficult for him to make an allegation to a private/public agency without involving a staff person. Mansfield maintains a contract with VOCALINK INC. This company provides interpretive assistance (sign language, language expertise in written materials, phone help, and on site help) if needed.
Every inmate arriving at Mansfield receives an inmate handbook available in Spanish and English. This was observed during the site visit. The handbook provides the inmate an overview of the agency/facility rules and provides information on the agency zero tolerance policy. It alerts the inmate of numerous ways to privately report incidents of sexual abuse, sexual harassment and retaliation without fear of being punished for reporting it. The information includes phone numbers and addresses. 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**

<table>
<thead>
<tr>
<th>115.17 (a)</th>
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<tbody>
<tr>
<td>Does the agency prohibit the hiring or promotion of anyone who may have</td>
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<tr>
<td>contact with inmates who has engaged in sexual abuse in a prison, jail,</td>
</tr>
<tr>
<td>lockup, community confinement facility, juvenile facility, or other</td>
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<tr>
<td>institution (as defined in 42 U.S.C. 1997)? x Yes ☐ No</td>
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<tr>
<td>Does the agency prohibit the hiring or promotion of anyone who may have</td>
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<tr>
<td>contact with inmates who has been convicted of engaging or attempting to</td>
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<tr>
<td>engage in sexual activity in the community facilitated by force, overt</td>
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<tr>
<td>or implied threats of force, or coercion, or if the victim did not consent</td>
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<tr>
<td>or was unable to consent or refuse? x Yes ☐ No</td>
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<tr>
<td>Does the agency prohibit the hiring or promotion of anyone who may have</td>
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<tr>
<td>contact with inmates who has been civilly or administratively adjudicated</td>
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<tr>
<td>to have engaged in the activity described in the question immediately</td>
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<tr>
<td>above? x Yes ☐ No</td>
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<tr>
<td>Does the agency prohibit the enlistment of services of any contractor who</td>
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<tr>
<td>may have contact with inmates who has engaged in sexual abuse in a prison,</td>
</tr>
<tr>
<td>jail, lockup, community confinement facility, juvenile facility, or other</td>
</tr>
<tr>
<td>institution (as defined in 42 U.S.C. 1997)? x Yes ☐ No</td>
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<tr>
<td>Does the agency prohibit the enlistment of services of any contractor who</td>
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<td>may have contact with inmates who has been convicted of engaging or</td>
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<td>attempting to engage in sexual activity in the community facilitated by</td>
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<tr>
<td>force, overt or implied threats of force, or coercion, or if the victim</td>
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| did not consent or was unable to consent or refuse? x 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? x Yes  □ No

### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? 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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ODRC policy 34-PRO-07 (Background Investigations) and policy 79-ISA-01(Prison Rape Elimination) 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. The interview conducted by PREA certified auditor James Currington with the Agency HR staff person confirmed the agency adherence to these policies.

During the previous (12) months Mansfield hired fifty-two (52) new employees and five (5) additional contractors added to their workforce. Three separate background checks are performed on each of them through Central Office. Any checks coming back with any attempt or any engagement of sexual abuse, coercion regardless of where it happened are not hired according to the HR staff person while on site.

While on site the auditor conducted a random sampling of employee, contractor and volunteer files. The samplings showed background check completed dates and report to duty dates. This sampling showed no one reported to work prior to the background being completed. The Warden and HR Administrator reiterated during their interviews that they are not allowed to let anyone enter the institution prior to receiving a cleared background check.

The Standards of Employee Conduct (31-SEM-02) mandates employees must disclose to the facility any sexual misconduct allegation made against them, amongst other reportable misconduct. The random interviews with staff indicated they were aware of this reporting responsibility.

**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

Facility Name – double click to change
If agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No  x NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  - 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 Mansfield Correctional Institution during the last three years. Currently there are three hundred fifty eight (358) cameras at the facility. There are 322 within the secure perimeter with the remaining thirty-six (36) situated around the perimeter and at the entrance and gate areas.

Warden Sheldon indicated anytime a decision is made to add or move cameras at Mansfield he would have the
Operational Compliance Manager be included in the placement decisions taking into account blind spots, staffing, and significant incidents in the area.

The Operational Compliance Manager confirmed during his interview that he has been completely involved in camera placement during the time he has been in the position.

**RESPONSIVE PLANNING**

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

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

**115.21 (a)**

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

  - x 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.)

  - x 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.)

  - x Yes  □ No  □ NA
• 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

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

Instructions for Overall Compliance Determination Narrative

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

Agency policy 79-ISA-02 and the Memorandum of Understanding (three years starting March 2016) between the
Ohio Department of Rehabilitation and Correction and the Ohio State Patrol stipulate that each and every administrative and criminal 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 auditors interviewed two investigators (1-Criminal and 1- Administrative) separately while at Mansfield. Both detailed the content of the training they received and indicated they are required to 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.

Ohio Health Mansfield Hospital is the primary local community hospital utilized by the Mansfield Correctional Institution for forensic examinations. A SANE or Safe Nurse conducts the examination. If there is not one available the examination is conducted by a qualified medical practitioner. There was one inmate sent out for a forensic exam during the last 12 months. The exam was not completed as the inmate refused the exam and was returned to the facility.

The Domestic Violence Shelter, Inc in Richland County is the local community agency that provides support services to inmate victims of sexual assault incarcerated at Mansfield. The chair had the opportunity to speak with the Agency Director Kathy Ezra during the site visit. She confirmed her agency provides emotional support services, crisis intervention services and mail services to inmates based on an MOU expiring in March 2021.

Mansfield has trained Victim Support staff who are available to provide support to victims of sexual abuse when needed. The auditor interviewed one of the 20 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**

115.22 (a)
- 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)*
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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Every allegation of sexual abuse or sexual harassment alleged to have occurred in any facility within ODRC must be thoroughly and completely investigated criminally or administratively. This mandate can be found in Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) and Ohio State Patrol policy OSP-103.07 Sexual Assault Evidence Collection and Analysis. As noted earlier in standard #115.21 the Ohio State Highway Patrol, is a separate agency from ODRC, has the legal authority to conduct criminal investigations within all prison in the State including the privates.

The auditor conducted interviews with the Ohio Trooper Brian Kelly, Criminal Investigator and the Mansfield Administrative Investigator. Both investigators stated 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).

The auditors looked at all the PREA cases for the last 12 months as well as a sampling of investigative case files for years 2015 and 2016. All appeared to thoroughly document the investigation process per agency policy. These case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. There were 32 PREA cases initiated at Mansfield Correctional Institution during the last twelve months. All of these cases alleged sexual abuse. There were no sexual harassment allegations. The 32 sexual abuse allegations included seven (7) allegations made against staff and twenty-five (25) allegations made against other inmates. The outcome of the investigations of allegations made against staff were five (5) determined unfounded and two (2) unsubstantiated. The outcome of the investigations of the allegations made against other inmates was twenty-one (21) unsubstantiated and four (4) unfounded. Mansfield had no sexual abuse allegations alleged to have occurred at Mansfield reported back to them from other facilities during the previous 12 months. There were however three sexual abuse allegations made to Mansfield staff occuring at other ODRC facilities during the previous twelve (12) months. These cases
are not part of the reported 32 cases. None of the allegations were found to be criminal in nature upon review by the Ohio State Patrol. One allegation resulted in the inmate being sent out for forensic exam but he declined and after arriving at the hospital and was returned to the institution without a forensic exam.

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? 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)*

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.

Employee Training, regardless of title or position, is given high priority by the Agency Director and at the facility level through the Warden especially as it pertains to sexual safety. Auditors reviewed annual in-service and pre-service curriculum provided to the staff at Mansfield. Subject matter includes: (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. All employees must receive this training prior to having contact with inmates.

Random staff interviews were conducted with uniform and non-uniform staff. All indicated that they received the agency training prior to reporting for work. They stated that the training included the topics described in the paragraph above. They also informed both auditors the procedures they would follow if an inmate approached...
them with an allegation of sexual assault. 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.

The auditors reviewed a sampling of Mansfield Correctional 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 annual mandated PREA training. The auditors also verified in the sampling that the report for work date was after the training was received.

**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**

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Policy 79-ISA-01 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 were at the facility prior to 2013 were required to attend PREA training during the 2013 training year. Volunteers, Contractors and even staff must take and pass an exam at the end of the PREA training they received. If he/she does not receive a passing grade they must retake the training.

Interviews conducted on site with 4 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 a sampling of the training curriculum and training records for contractors/volunteers. Except for those who began prior to 2013 all received this training before being allowed entrance into Mansfield.

The Operational Compliance Manager at Mansfield maintain all of these training records and copies of their acknowledgment receipts in his office.

**Standard 115.33: Inmate education**

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

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<th>115.33 (a)</th>
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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? x 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? 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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Inmate education on sexual safety is given the same high priority as employee education within the Ohio Department of Rehabilitation and Correction. It begins once the inmate leaves the bus and enters the Mansfield Intake Area. He is provided an inmate handbook (available in English or Spanish) that provides him with information to keep them safe while doing their time. This booklet not only deals with the day to day prison procedures, rules and operations it provides inmates with information and instructions on how and to whom to report incidents or suspicions of sexual abuse and/or sexual harassment and retaliation. They are informed they can make these allegations verbally, anonymously or in writing and through third parties. While they are in the area waiting to continue processing they are provided a 22-minute Inmate Education video. This video documents to them how they can privately report allegations of sexual abuse for themselves or others without fear of being punished. It also informs them they can report retaliation for reporting sexual abuse or sexual harassment as well. Newly arrived inmates are placed in pod 2A for Reception and Orientation. While on this unit, for approximately 2 weeks, inmates receive an in-depth orientation including an overview of PREA and sexual safety from the Operational Compliance Office. Among other things he stresses with them is how to privately report allegations if it becomes necessary. Interviews and informal discussions with approximately 75 inmates by the auditors during the site visit indicated they had received PREA information on their arrival at the facility and is also available to them through PREA informational postings in all of the housing areas and other areas that they have access to.

As noted in standard #115.16 Mansfield inmates who are limited English proficient, deaf, visually impaired, as well as those inmates who have limited reading skills are 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. This is required in Policy ISA-79-01.

**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

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

The audit team interviewed separately the criminal investigator and one of the two administrative investigators during the site visit. Both of them detailed the investigative training they received. They stated the 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 curriculum and training records of the facility Investigators as the Trooper training record was not available for review. The training, based on NIC Training for Investigators in confined settings, reflected this specialized training requirement. Both facility Investigators successfully completed this course.

**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

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

The audit team conducted interviews with medical and mental health practitioners during the Mansfield site visit. These medical practitioners told the auditors that they are required to take this additional training and they all 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 Mansfield have received this training.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? 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

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As noted in standard 115.33 all inmates arriving at Mansfield Correctional Institution enter through the institution intake area. Once properly identified, issued an inmate handbook and exposed to the Agency PREA video he proceeds to the medical unit where the nurse privately conducts a risk assessment to determine the inmates’ vulnerability and/or abusiveness utilizing an objective screening instrument. All inmates normally arrive at the facility during the normal week day hours. 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 first question the nurse asks the inmate is about his knowledge about 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.

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 in the process. 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 Risk): Previous victim of sexual abuse in an institution setting – automatic classification, Abuser (High Risk): Previously sexually abused another in an institution setting – automatic classification, Potential Victim: At risk of victimization, Potential Abuser: At risk of abusing.

If a PREA Classification is recommended, the Unit Manager CHief 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.

The chair interviewed three screening staff (risk assessment, case manager, unit manager chief) who are involved in this process. Each confirmed the policy and process noted above including their responsibilities in the process. The case manager indicted a second risk assessment is performed on every inmate after being at mansfield for at least 15 days but prior to his 30th day. The interviews also confirmed the 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 staff also stated 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, operational compliance manager and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals. This information is password protected.

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 formally interviewed 52 inmates while at Mansfield. All of them confirmed that they had received an initial risk assessment. Six inmates did not recall receiving the second assessment within the 30-day standard requirement. The auditors pulled those inmate files and verified the second assessment was in fact completed. 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**

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 information obtained during the risk assessment as well as any information found in the institutional record is used with the primary goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Mansfield Classification Committee is responsible for making all bed, program and work assignments with this primary objective in mind.

If the inmate risk screening assesses the inmate and believes a risk of sexual victimization or risk of being sexually abusive may be present the inmate is immediately referred to the PREA Accommodation Strategy Team (PAST) who will determine their housing, bed, work, education, and program assignments. These 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 Mansfield. This was confirmed during interviews with those inmates identifying as transgender, gay or bisexual. Each indicated they were not currently or ever housed on dedicated housing.

There were nine (9) transgender inmates interviewed at Mansfield. All indicated they were seen by the PREA Accommodation Strategy Team (PAST) and questioned about their safety. They indicated they are seen at least twice a year by this team and allowed to provide input about their safety concerns prior to bed and work assignments. Those transgender inmates interviewed indicated they are allowed to shower alone.

**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**

*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 placement of inmates at high risk for victimization in segregated housing is prohibited by Policy 79-ISA-02 unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (for no longer than 24 hours). The audit team talked to three (3) inmates who made sexual abuse allegations and the Supervisor of the Transitional Programming Units (Restricted Housing and Limited Privilege Housing). The inmates were not placed in segregation as a result of his allegation as a means of separation. The Supervisor indicated it had not happened at anytime during the last 36 months.

Warden Sheldon stated that if ever a situation presented itself where an inmate alleging risk of victimization needed to be separated his last choice would be placement in Restricted Housing. The inmate would be placed in the Infirmary or moved to another facility. 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 toured and confirmed no inmates were housed in the Transitional Programming Units for protection from sexual abuse during the tour of the 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

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)

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.

Reporting information of sexual abuse and sexual harassment allegations is made available to every inmate upon arrival at Mansfield. As noted in standard 115.33 they receive an inmate booklet outlining how to privately report, posters are made available in all inmate accessible areas noting how to privately report. They are informed during the risk assessment and the Operational Compliance Manager informs them during their orientation. The information provided includes specific individual titles and contact mailing address information for the Operations Support and Outside Agency Hotline. The inmates also view the PREA informational video. These reporting informational sources advise 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.

Informational posters are available at the entrance of Mansfield (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 agency, separate from the Ohio Department of Rehabilitation and Correction. This is the private/public office where inmates at Mansfield may privately report sexual abuse and sexual harassment should they wish to do so to an outside public/private agency. The Franklin County Detention Facility receives and immediately forwards any inmate reports of sexual abuse and sexual harassment directly back to the Chief Inspector for ODRC, allowing the inmate to remain anonymous upon request. This call is made from phones used for all type calls by inmates by simply dialing “89.” The inmates do not have to enter a “pin” or any other identifying code. The audit chair performed a test by calling this number on March 30, 2018 at 10:52 am. The facility received notification through the Chief Inspector Office on March 31, 2018 at 5:08 am of this test.

Inmates in segregation do not have the opportunity to utilize this public/private notification system. They must instead utilize the mail system to make contact with a private/public agency completely separate from ODRC. There are posters in the Transitional Programming Units (Restricted Housing) informing inmates of reporting incidents of sexual assault and retaliation through staff (verbally, in writing-signed or unsigned), third party or by mailing to Ohio Department of Youth Services. This information is also available to them in Appendix “A” of the Restricted Housing Unit inmate handbook each inmate there is issued. The mailing is to the public agency with no current affiliation with the Ohio Department of Rehabilitation and Correction. A locked mailbox is located on these units allowing the inmate to drop his sealed letter on his way to recreation. The mail from this unit is picked
up by a mailroom staff and like all outgoing mail is sent out unopened, unread and not logged. The mailroom staff confirmed this process. Auditors spoke with two inmates housed in the Restricted Housing Unit. Both were well aware of these private ways for them or their families to report sexual abuse or sexual harassment including writing to the Department of Youth Services.

All of the 52 inmates that were formally interviewed during the site visit were aware of how to privately report any incident of sexual abuse/harassment and retaliation. A good share of them did not have trust in the phone system even though they did not have to utilize their pin number to access the reporting phone number. The auditors verified with the Investigator and Operational Compliance Manager that the phone can only be monitored once the inmate enters his pin. The *89 reporting number cannot be monitored.

During the random interviews an inmate reported to one of the auditors that he had been sexually abused by a staff member while at another ODRC facility and never reported it but wished to file an sexual abuse allegation. The auditor ended the interview contacted the Operational Compliance manager who immediately contacted the Investigator, medical/Mental Health and the Warden.

- **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  x 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  x 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  x 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  x 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  x 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  x 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

115.52 (g)

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  x 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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Mansfield 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 can 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 in accordance with agency policy.
Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? 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*)

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.

Mansfield does not detain inmates/persons for civil immigration purposes. As previously noted Mansfield Correctional Institution has and MOU (dated through March 2021) with The Domestic Violence Shelter, Inc. of Mansfield, Ohio. The chair spoke with the director of this agency and she indicated they would provide emotional support and crisis intervention services via mail to inmates at Mansfield. She also indicated that within the last 12 months the Shelter has provided services to some inmate at the facility. Posters in each of the Housing Units provide address information for this organization.

There were 52 inmates formally interviewed by the audit team during the site visit. Most indicated that they were aware of this outside support services because there were postings with information about them throughout the facility. Some were sketchy about the information in the postings such as times available and exactly what services 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

☐  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 the entrance to Mansfield were inmate visitors are processed as well as in the facility visiting room are Family and Friends Posters. These posters inform inmate families and friends of phone numbers and email addresses where they can report all allegations of sexual abuse, sexual harassment or retaliation on behalf of any inmate. The ODRC web page [http://www.drc.ohio.gov/prea](http://www.drc.ohio.gov/prea) is also listed on this poster. The site provides more information should they need it or want it.

Inmates interviewed during the site visit knew of third party reporting. Some even responded to the interview question of “how to report privately” with having their family make a report on their behalf.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? 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?  

- Yes ☐  
- No ☐  
- NA ☐  

115.61 (e)

Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?  

- Yes ☒  
- No ☐  
- 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.

Every staff member, volunteer, medical and mental health practitioners and contractor are required to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred at Mansfield or alleged to have occurred on another unit anytime that they become aware of the incident. Policy 79-ISA-01, Prison Rape Elimination, clearly defines this mandate and the requirement can also be found in the training curriculum for each of them. This policy and their training further requires them 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.

The auditors interviewed random uniformed staff, non-uniformed staff, contractors and medical/mental health
practitioners while on the premises at Mansfield. All of them acknowledged their obligation to immediately report so an investigation can be initiated without delay. The auditors were also informed that any and all information that they become aware of in the performance of their duties is not to be reported or repeated to anyone except for reporting it to a designated supervisor or an 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)*

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 random staff interviews (uniform and non uniform) and the interview with Warden Sheldon specifically questioned them about what action each would take if they became aware of an inmate who was at substantial risk of sexual abused.
The random staff all responded much in the same manner as if the inmate had been sexually assaulted. Each 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 and hold the inmate until further directed from him/her.

Warden Sheldon indicated he would expect it to be resolved before it reached him but would base his decision and direction on the degree of vulnerability of the inmate. He has plenty of housing units within the facility where the inmate could be placed. He indicated he could move the inmate to another ODRC facility if it was an extreme case. 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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Policy 79-ISA-01 requires the Warden at Mansfield to notify the facility Warden or facility head about any sexual abuse allegation that occurred while confined at their facility. This notification must be made by the Warden within 72 hours of (facility) becoming aware of this allegation.

Mansfield had no sexual abuse allegations alleged to have occurred at Mansfield reported back to them from other facilities during the previous 12 months.

There were however three sexual abuse allegations made to Mansfield staff occurring at other ODRC facilities during the previous twelve (12) months. The notifications were made on behalf of the Mansfield Warden to the appropriate Warden where the allegations were made. The notification documentation indicated the letters were sent 24 hours after the facility became aware of the incident.

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?
  
  x 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? x 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

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

115.64 (b)

If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? 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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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 employees, contractors and the volunteers at Mansfield have been trained to respond to allegations of sexual abuse and sexual harassment. Everyone is considered a first responder regardless of rank, position, title or length of service. Your specific duties are different when responding but everyone responds with the duty to protect the victim. 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 what is expected of them. The interviewed uniformed staff indicated they’re first step would be to separate the alleged victim and abuser, then preserve and protect any crime scene, insure that the alleged victim does 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.

The non-custody staff at Mansfield indicated that if an inmate approached any of them and alleged sexual abuse they would first secure/separate the alleged victim from the abuser if both were present. Their next step would be to contact the closest security person in their area 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?  ☑ 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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Manci Policy 79-ISA-02, Institution Sexual Abuse Coordinated Response Plan, is Mansfield’s policy detailing the coordinated actions to be taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

During the site visit interviews were conducted with medical staff, mental health staff, Operational Compliance Manager, the facility Investigator and multiple supervisors. Their interviews confirmed their awareness to this specific policy and their specific responsibilities as they relate to responding to sexual abuse investigations.

**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 Collective Bargaining Agreements with its’ bargaining units after August 20, 2012. Their current agreements 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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  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: Act promptly to remedy any such retaliation?  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 any inmate disciplinary reports?  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 inmate housing changes?  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 inmate program changes?  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 negative performance reviews of staff? 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 reassignments of staff? x 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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Retaliation monitoring for any inmate and any staff member who has reported sexual abuse/harassment and/or cooperated with a sexual abuse or sexual harassment investigations is outlined in Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigating and Prevention of Retaliation. This policy also sets up the minimum time of 90 days for this monitoring unless the incident requires more time and it requires the monitoring be documented and periodic. Monitoring responsibilities for all cases, except those determined unfounded, involving sexual abuse for both inmates and employees falls under the responsibility of the facility Investigator. When the allegation involves sexual harassment, except those unfounded, involving staff or inmate the monitoring of retaliation falls under the responsibility of the Operational Compliance Manager.

During their respective interviews the facility Investigator and Compliance Manager told the auditors that all retaliation monitoring for staff and inmates is periodic and continues for a minimum of 90 days and longer if necessary. They also indicated that while monitoring inmates each review the inmates’ work assignments, disciplinary reports and evaluations, and any bed changes. Each indicated they meet with them individually 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. The 30, 60, 90 day monitoring is documented and the signature of the inmate on the dates the monitoring occurred becomes part of the institutional case file.

The auditors reviewed the thirty-two (32) cases reported by Mansfield within the last 12 months that required monitoring and found retaliation monitoring being conducted as required by policy. During the case file review, conducted by both auditors, the records showed signed inmate copies of the retaliation monitoring in each of the case file records were required.

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)*

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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Army Corrections Command (ACC) Policy Letter # 14 prohibits the placement of any inmate in Restricted Housing for his protection after alleging sexual abuse. Unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (no longer than 24 hours).

The auditor interviewed the Restricted Housing Supervisor and Lt. Colonel Watson and each informed the auditor that Segregation is never used for inmates his protection after alleging sexual abuse. An inmate told the auditor that when he made an allegation of sexual abuse against another inmate they were both place in Restricted Housing but he was released after 90 minutes once it was determined what role each played in the allegation. It should be noted that this allegation involved brushing up against inmate with clothes on.

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?

Yes ☑ No ☐

115.71 (k)

Auditor is not required to audit this provision.

115.71 (l)

When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)

Yes ☑ No ☐ NA ☐

Auditor Overall Compliance Determination

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 promptly, thoroughly and objectively on every allegation of sexual abuse that is received or the facility becomes aware of. This requirement can be 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
Regardless of the circumstances of how the Institution became aware of it, every allegation of sexual abuse must be immediately reported to the Ohio State Patrol. Once notified 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 must be conducted by the facility Investigator. Both agencies require the Investigator receive specialized training and as was noted in Standard 115.34 their specialized investigative training was received and verified by the audit team.

The interviews conducted with the facility Investigator and with State Trooper indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person’s status as an inmate or staff member. Everyone starts at the same place and the evidence determines the case. Not their standing. Both the criminal and facility Investigators also indicated they do not require the 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. The three (3) inmates that made sexual abuse allegations indicated in their interviews that they were not asked or required to submit to a lie detector test as a condition of the investigation.

Both Investigators detailed the investigative process to the auditors. The cases involve gathering and preserving direct and circumstantial evidence, including available physical and DNA evidence, available electronic monitoring data, conducted interview notes 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 Mansfield does not provide a basis for terminating any investigation according to them and the policy. The auditors reviewed all 32 case files for the previous twelve months and found each file contained direct and circumstantial evidence that each investigator described during their interviews.

The auditors looked at all the PREA cases for the last 12 months as well as a sampling of investigative case files for years 2015 and 2016. All appeared to thoroughly document the investigation process per agency policy. These case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. There were 32 PREA cases initiated at Mansfield Correctional Institution during the last twelve months. All of these cases alleged sexual abuse. There were no sexual harassment allegations. The 32 sexual abuse allegations included seven (7) allegations made against staff and twenty-five (25) allegations made against other inmates. The outcome of the investigations of allegations made against staff were five (5) determined unfounded and two (2) unsubstantiated. The outcome of the investigations of the allegations made against other inmates was twenty-one (21) unsubstantiated and four (4) unfounded. Mansfield had no sexual abuse allegations alleged to have occurred at Mansfield reported back to them from other facilities during the previous 12 months. There were however three sexual abuse allegations made to Mansfield staff occurring at other ODRC facilities during the previous twelve (12) months. These cases are not part of the reported 32 cases. None of the allegations were found to be criminal in nature upon review by the Ohio State Patrol. One allegation resulted in the inmate being sent out for forensic exam but he declined and
ODRC publishes their investigative policy on its website ([http://drc.ohio.gov/policies/investigations](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)*

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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Inmates at mansfield 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. This requirement is outlined in Policy 79-ISA-02. The inmate is provided a written decision into his allegation by the facility Investigator.

This same policy requires that following an inmates allegation that a staff member has committed sexual abuse against the inmate, the facility will inform the inmate (unless the investigation has determined that the allegation was 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 at Mansfield during the previous 12 months requiring this notification.

The inmate making the allegation is also required to be notified where the case made against another inmate resuts in and indictment and trial. He must also be appaised of the outcome of the trial as well. There were no cases at Mansfield during the previous 12 months requiring this type of notification either.

The auditors interviewed two inmates who filed allegations of sexual abuse, both indicated they were informed of the investigation outcome. The 32 case files were reviewed and each contained copies of investigation outcomes provided to each inmate making an allegaegation.

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*)

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.

79-ISA-01 (Prison Rape Elimination), Standards of Employee Conduct 31-SEM-02, Unauthorized Relationships 31-SEM-07 policies state that termination is the presumptive disciplinary sanction for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. Warden Sheldon stated in his interview that any of his staff that violated the agency zero tolerance policy would be terminated. There have been no staff terminations or disciplinary sanctions for any violations of these agency policies in relation to sexual abuse, sexual harassment or sexual misconduct at Mansfield.

**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) VI A 3 states- in accordance with DRC policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, and DRC policy 39-TRN-12, Contractor Orientation, any contractor or volunteer who engages in sexual misconduct is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also to relevant licensing bodies. The facility shall take appropriate remedial measures and terminate the contract or volunteer arrangement with independent contractors or volunteers or shall demand that the offending employee of a contractor be excluded from providing services under the contract. The facility may hire or contract with an individual who would otherwise be prevented from such employment or contracting only if the Director: (1) determines that the individual does not pose a safety threat, based on considerations such as the length of time that has passed since the activity, the evidence of rehabilitation on the part of the individual, or other relevant factors, and documents all relevant factors and rationale leading to the safety threat determination; (2) considers the individual to be important to the success of a specialized inmate rehabilitative program; and (3) does not permit the individual to have contact with inmates without staff supervision (i.e., circumstances where an individual would have the opportunity to potentially sexually abuse an inmate, due to the ability to privately interact with, or to supervise, inmates).

A total of three (3) contractors and one (1) volunteer were interviewed by the audit team during the site visit at Mansfield. All four (4) of these individuals stated that they had received PREA training 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.

Warden Sheldon stated in his interview that he would remove any contractor or volunteer from Mansfield for any violation of the agency zero tolerance policy. He also stated that if OSP determined the behavior to be criminal the information would be turned over to any licensing body as appropriate.

### 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>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? x Yes ☐ No</th>
</tr>
</thead>
</table>

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

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

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<tr>
<th>115.78 (d)</th>
<th>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</th>
</tr>
</thead>
</table>
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. Mansfield 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 Sheldon stated during his interview that inmates would and have been subject to the disciplinary process when it was determined that they engaged in this type of behavior and special considerations are utilized during the disciplinary process with inmate’s mental disabilities or mental illness.

**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

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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.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) and 79-ISA-04 (PREA Risk Assessments and Accommodation Strategies) requires that when any staff member becomes aware either through disclosure by the inmate or it is noted anywhere in his institutional 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. If this screening reveals the inmate had perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days.

The audit chair interviewed RN Ashlee Lucas. She stated that while conducting her risk assessment if she becomes aware through other information or through the assessment that the inmate had ever been victimized or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, she offers that inmate a follow-up meeting with a mental health practitioner within 14 days of the intake screening. She stated that inmates are typically seen within 7 days.

The audit team interviewed a total of three (3) inmates who disclosed prior victimization either upon arrival at Mansfield or it was noted in their record. All of them indicated they were offered medical or mental health intervention on their day of arrival. Some of them indicated that they took advantage of the services offered 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 conducted by the audit team 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)*

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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 Mansfield 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.

Both the Mental Health Practitioner and Medical Practitioner both stated, during their interviews that the nature and scope of the services provided by Mansfield medical and mental health staff are based according to their professional judgment. They further stated if it is required, the outside hospital typically starts the medication (sexually transmitted infections prophylaxis) 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.

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

<table>
<thead>
<tr>
<th>115.83 (d)</th>
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<tr>
<td>Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) □ Yes □ No x NA</td>
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<th>115.83 (e)</th>
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<tr>
<td>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</td>
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<th>115.83 (f)</th>
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<tbody>
<tr>
<td>Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? x Yes □ No</td>
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<th>115.83 (g)</th>
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<tr>
<td>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</td>
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<th>115.83 (h)</th>
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<td>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.) x Yes □ No □ NA</td>
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**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)*

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Mansfield Correctional Institution is required to offer medical and mental health evaluation and, as appropriate, treatment to all inmates, without cost, who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. These requirements are found in 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).

The auditors spent a considerable time with Medical and Mental Health practitioners 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 they are required to follow 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 three (3) inmates who disclosed prior victimization upon arrival Mansfield. 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

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Policy 79-ISA-03 requires Mansfield Correctional Institution to establish a Sexual Abuse Review Team (SART) consisting of Deputy Wardens, an Investigator, the Operational Compliance Manager, Mental Health Staff person and a Victim Support person. This policy further requires the Warden to conduct, within 30 days of the investigation conclusion, an administrative review for every sexual abuse and sexual harassment incidents, unless it was determined unfounded.

The SART team is required to conduct 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.

The facility 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 23 cases determined unsubstantiated. The SART reports were observed in the investigative by the team during the case file reviews. The reviewed documents include the teams requirement to look at the items listed in the above paragraph. There were no recommendations made by the SARTeam in any of these 23 cases.

Warden Sheldon, Operational Compliance Manager Randy Gearheart 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? x 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)*

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

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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, Prison Rape Elimination 79-ISA-01, requires uniform data be collected for every incident of sexual abuse alleged to have occurring at Mansfield 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 2016 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)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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Prison Rape Elimination policy 79-ISA-01 requires the agency 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, maintain, 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 three private facilities it contracts with. Mansfield 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

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

**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 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.)

☐ 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?

☐ Yes  ☐ No

115.401 (h)

Did the auditor have access to, and the ability to observe, all areas of the audited facility?

☐ Yes  ☐ No

115.401 (i)

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?

☐ Yes  ☐ No

115.401 (m)

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?

☐ Yes  ☐ No

115.401 (n)

Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?

☐ Yes  ☐ No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

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.)

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 Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2013 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.

May 14, 2018

Auditor Signature

Date