

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

Interim Final

Date of Report September 6, 2019

Auditor Information

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Mailing Address: P.O. Box 308	City, State, Zip: St. Petersburg, PA 16054
Telephone: (724) 679-7280	Date of Facility Visit: June 10-13, 2019

Agency Information

Name of Agency: CoreCivic	Governing Authority or Parent Agency (If Applicable): N/A		
Physical Address: 5501 Virginia Way, Suite 110	City, State, Zip: Brentwood, TN 37027		
Mailing Address: Same as Above	City, State, Zip: Same as Above		
Telephone: (615) 263-3000	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission:
We help government better the public good through: CoreCivic Safety – We operate safe, secure facilities that provide high-quality services and effective reentry programs that enhance public safety. CoreCivic Community: We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Agency Website with PREA Information: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Agency Chief Executive Officer

Name: Damon Hininger	Title: President & Chief Executive Officer
Email: damon.hininger@corecivic.com	Telephone: (615) 263-6915

Agency-Wide PREA Coordinator

Name: Eric Pierson

Title: Sr. Director – PREA Compliance & Programs

Email: eric.pierson@corecivic.com

Telephone: (615) 263-6915

PREA Coordinator Reports to:

John Robinson, Vice President – Correctional Programs

Number of Compliance Managers who report to the PREA Coordinator Indirectly – 63 Directly - 0

Facility Information

Name of Facility: Northeast Ohio Correctional Center

Physical Address: 2240 Hubbard Road, Youngstown, OH 44505

Mailing Address (if different than above): [Click or tap here to enter text.](#)

Telephone Number: (330) 746-3777

The Facility Is:

Military

Private for profit

Private not for profit

Municipal

County

State

Federal

Facility Type:

Jail

Prison

Facility Mission:

We help government better the public good through: CoreCivic Safety – We operate safe, secure facilities that provide high-quality services and effective reentry programs that enhance public safety. CoreCivic Community: We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Facility Website with PREA Information: <http://www.corecivic.com/facilities/northeast-ohio-correctional-center>

Warden/Superintendent

Name: Christopher Larose

Title: Warden

Email: Christopher.Larose@corecivic.com

Telephone: (330) 884-7301

Facility PREA Compliance Manager

Name: Daniel Sullivan

Title: Assistant Warden

Email: Daniel.Sullivan@corecivic.com

Telephone: (719) 469-2248

Facility Health Service Administrator

Name: Dana Hivner		Title: Health Service Administrator	
Email: Dana.Hivner@corecivic.com		Telephone: (330) 884-7320	
Facility Characteristics			
Designated Facility Capacity: 2048		Current Population of Facility: 1581	
Number of inmates admitted to facility during the past 12 months			5874
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			4096
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			5756
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-Over 70	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			160.7 Days
Facility security level/inmate custody levels:			Low/Medium/High
Number of staff currently employed by the facility who may have contact with inmates:			440
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			151
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1
Physical Plant			
Number of Buildings: 3		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		16	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		88	
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.):			
<p>The facility recently (2018) installed a new video/electronic monitoring system. In 2018, the facility installed the Milestone Video System. As part of this system, there were (239) cameras installed throughout the facility, including hallways, housing units and areas where inmates work and have recreation. There were (25) cameras that remained from the prior system. The facility has a total of (264) cameras.</p>			
Medical			
Type of Medical Facility:		24 hours medical observation	

Forensic sexual assault medical exams are conducted at:	St. Elizabeth Health Center, Youngstown, OH
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	11
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	4

Audit Findings

Audit Narrative

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

CoreCivic provided information prior to the onsite audit for review. These materials included policies related to PREA, the completed pre-audit questionnaire and additional supporting documentation. Portions of the information provided were agency related, provided by the corporate headquarters and portions were provided by the facility.

The onsite audit began on the morning on June 10, 2019 and concluded on June 13, 2019. The onsite audit included an initial meeting, exit meeting, tour of the facility, interviews with staff and inmates, review of PREA related files, volunteer files, personnel files, training files, investigation files, and inmate files. The facility staff provided all materials requested by this Auditor while at the facility.

The first day of the audit began with a tour of the facility. Members of the tour group included the PREA Compliance Manager and PREA Case Manager, CoreCivic corporate staff, Ohio Department of Rehabilitation and Corrections (ODRC) staff, and the Warden at different points throughout. This tour included the entire facility, in all areas which inmates have access to. Areas that were toured included: all housing units, including segregation units, control center, the "old" reception and diagnostic area, staff learning and development area, warehouse and receiving, mental health office area, facility laundry, maintenance shop, property room, the "new" reception and diagnostic, recreation area, gymnasium, commissary, masonry shop (vocational), staff dining area, kitchen & chow hall, barber shop, medical (including dental), greenhouse, education & library area, chapel and visitation.

Interviews were conducted in accordance with the PREA Auditor's Handbook (September 2017). This Auditor interviewed key staff members, randomly selected staff members, randomly selected inmates and inmates who fall under specific categories. There were (40) inmate interviews conducted, from both the U.S. Marshal Service and the Ohio Department of Rehabilitation and Corrections, (24) staff member interviews and (1) contractor interview and these were conducted in a formal setting. Staff interviews were conducted from all shifts. Additionally, informal interviews were conducted during the facility tour with both inmates and staff members. Inmate interviews included the following targeted populations:

- Inmates with physical disabilities
- Inmates who are hard of hearing
- Inmates who are limited English proficient (LEP)
- Inmates with a cognitive disability
- Inmates who are gay or bisexual
- Inmates who identify as Transgender or Intersex
- Inmates who reported sexual victimization during the risk screening
- Inmates who reported sexual abuse at the facility

Staff interviews included the following specialized positions:

- Warden

- Assistant Warden/PREA Compliance Manager
- PREA Case Manager
- Captain
- Mental Health worker
- Nurse
- Health Service Administrator
- Personnel Investigator
- Intake Staff
- Lieutenant
- Investigative Staff
- First Responders
- Contractor (Food Service Worker)

At the end of the onsite audit, an exit meeting was held in order to update the facility staff on any issues that had been noted through the previous (3.5) days and any corrections that were discussed.

For the purposes of this audit, only areas utilized by ODRC and/or the U.S. Marshals Service were viewed and only those persons in the custody of these two entities were interviewed. This Auditor did not have interaction with the ICE inmates at the facility.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Northeast Ohio Correctional Center is a large facility located at 2240 Hubbard Road, Youngstown, Ohio 44505. This facility is owned and operated by CoreCivic, newly headquartered at 5501 Virginia Way, Suite 110, Brentwood, Tennessee 37027.

This facility was opened in 1997 and sits on 135 acres of land. This facility has been under contract to the Ohio Department of Rehabilitation and Correction (ODRC) since its opening. In addition to ODRC inmates, the facility also houses inmates for the U.S. Marshals Service and Immigration and Customs Enforcement (ICE).

The facility's rated capacity at the time of the onsite audit was 2048. The population count on the first day of the onsite audit was a total of 1581. The make-up of the population is as follows: (939) ODRC inmates, (642) U.S. Marshals inmates and (356) ICE detainees. For the purposes of this PREA Audit, only U.S. Marshals inmates and ODRC inmates were interviewed. This Auditor did not consider any areas solely housing ICE inmates. Staff at the facility can work any of the three contracts, so questions directed to those interviewed were strictly in reference to U.S. Marshals inmates and ODRC inmates and areas of the facility in which those incarcerated individuals had access to.

The inmate population consists of a growing number of inmates who identify with the lesbian, gay, bisexual, transgender, intersex (LGBTI) group. Staff indicated that this population is growing in number. Additionally, there was one inmate at the time who identified as a transgender individual.

The facility has (10) buildings inside the secure perimeter. Seven of those buildings are housing units for the inmates. Six of the housing units are dormitory style with open bays. One unit is restrictive housing with (50) cells. This housing unit is known as the Transitional Program Unit (TPU). The inside yard of the facility is very open and all housing units utilize the same yard, which is in the center of the facility, with all the housing units surrounding it. The other buildings house education and vocation programs, commissary, laundry, a barber shop and R&D.

The facility operates programs to assist with the re-entry of the inmates who will be returning to society. The facility has a GED program for those who have not obtained a high school diploma. Other re-entry programming includes workshops such as parenting and life skills. Vocational programs include a Computer Aided Drafting (CAD) program, dry wall, building trades and maintenance.

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: 4

115.11 Zero Tolerance of sexual abuse and sexual harassment; 115.21: evidence protocol and forensic medical examinations; 115.71: Criminal and Administrative Agency Investigations; 115.86: Sexual abuse incident review

Number of Standards Met: 39

115.12: Contracting with other entities for confinement of inmates; 115.14: Youthful inmates; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.17: Hiring and promotion decisions; 115.18: Upgrades to facilities and technologies; 115.22: Policies to ensure referrals of allegations for investigations; 115.31: Employee training; 115.32: Volunteer and contractor training; 115.33: Inmate education; 115.34: Specialized training: Investigations; 115.35: Specialized training: Medical and mental health care; 115.41: Screening for risk of victimization and abusiveness; 115.42: Use of screening information; 115.43: Protective custody; 115.51: Inmate reporting; 115.52: Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.61: Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65: Coordinated response; 115.66: Preservation of ability to protect inmates from contact with abusers; 115.67: Agency protection against retaliation; 115.68: Post allegation protective custody; 115.72: Evidentiary Standard for Administrative Investigations; 115.73: Reporting to Inmates; 115.76: Disciplinary Sanctions for Staff; 115.77: Corrective Action for Contractors and Volunteers; 115.78: Disciplinary Sanctions for Inmates; 115.81: Medical and Mental Health Screenings; History of

Sexual Abuse; 115.82: Access to Emergency Medical and Mental Health Services; 115.83: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers; 115.87: Data Collection; 115.88: Data Review for Corrective Action; 115.89: Data Storage, Publication, and Destruction; 115.401: Frequency and Scope of Audits; 115.403: Audit Contents and Findings

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

Any standard which required corrective action is listed in the standard below, as well as the remedy used to bring the standard into compliance.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 - Yes
 - No
 - NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic, based in Nashville, TN, employs a Sr. Director position and a PREA Director position to assist all facilities operated by CoreCivic in obtaining and maintaining PREA compliance. The PREA Director position was newly created in 2018.

At the facility level, there is a PREA Compliance Manager (PCM). PREA duties are incorporated into the duties of the Assistant Warden of Special Services. The Assistant Warden (AW) of Special Services oversees anything that falls outside of the realm of security at the facility.

At NEOCC, there is also a PREA Case Manager. This person oversees many of the PREA functions within the facility, in conjunction with the AW/PCM. The PREA Case Manager works primarily with the inmates from ODRC.

In addition, the facility has a Unit Team that work specifically with the U.S. Marshals' inmates. This team has a Case Manager who focuses on PREA issues for the federal inmates housed at the facility.

A recommendation was provided to the facility that they may want to consider having only one person, the PREA Case Manager, oversee all PREA functions, in conjunction with the AW/PCM, to alleviate any confusion in regards to PREA compliance.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Organizational Chart
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- ODRC Organizational Chart

- ODRC OSC – Chief Inspector Organizational Chart
- ODRC OSC – Operational Compliance Organizational Chart
- NEOCC Prison Rape Elimination/Zero Tolerance Policy 79-ISA-01-LOCAL
- NEOCC Organizational Chart
- CoreCivic Senior Director, PREA Programs and Compliance Job Description

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Northeast Ohio Correctional Center does not contract with any other facility or company to house inmates. This facility is contracted by Ohio Department of Correction and Rehabilitation to house

inmates serving state sentences in Ohio, the U.S. Marshal Service to house federal inmates and by the Immigration and Customs Enforcement Agency (ICE), to house ICE inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic and Northeast Ohio Correctional Center develop a staffing plan, which is reviewed by several levels of administration through CoreCivic. This plan discusses the makeup of the population of the facility, the posts which need to be covered on each shift throughout the facility and the video monitoring which the facility has throughout the facility.

This plan is reviewed by the PREA Coordinator for CoreCivic and by the Ohio Department of Corrections and Rehabilitation (ODRC). This staffing plan is reviewed on an annual basis, as required by this standard.

Through interviews onsite at the facility, it was determined that if there were deviations from the approved staffing plan, this would be documented through reports at the facility sent up through the Warden of the facility.

The staff indicated that there were (264) cameras installed throughout the facility. These cameras are a combination of stationary, 360 degree and point, tilt, zoom (PTZ) cameras. It was noted during the tour that the main areas of the facility are well covered by the camera system, with one exception. There is a small room directly off of the gymnasium that has recently been converted into a music room for inmates to play different instruments. At the time of the onsite audit, there was no camera coverage in this area, as it had been a storage area prior to the conversion.

Staff indicated during the tour that they recognized that as a blindspot and it needed to have a camera placed in the music room for the safety of inmates and staff. The PREA Case Manager provided documentation to this Auditor that the camera has been approved and ordered and will be installed as soon as it is delivered to the facility.

Review of both ODRC Policy 50-PAM-02; Inmate Communication/Weekly Rounds and CoreCivic Policy 14-2: Sexual Abuse Prevention and Response, and interviews with staff members showed that the facility does conduct unannounced PREA rounds on a routine basis.

Supervisory rounds are to be conducted at least once per shift by the shift supervisor who is of a rank of either captain or lieutenant. In addition, weekly rounds are to be conducted by the managing supervisor or deputy warden. Policy clearly indicates to staff that these rounds are not to be announced. Interviews with the shift supervisors indicated that their practice is to vary the path and

timing of the rounds they make each shift. Documentation by the shift supervisor and activity logs support this practice.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 9-17: Duty Officers
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC 50-PAM-02: Inmate Communication/Weekly Rounds
- ODRC Policy/Operations Manual Variance Request
- NEOCC Annual PREA Staffing Plan Assessment Dated March 21, 2019
- Examples of NEOCC Administrative Staff Visiting Logs for ODRC and USMS units
- Examples of Employee Visit Records (Log Books) for ODRC and USMS units

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Northeast Ohio Correctional Center does not house any individuals under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Northeast Ohio Correctional Center is an all-male facility. There are female staff members who work in security at the facility. However, all staff interviewed were clear in their answers that strip searches were only conducted by male staff members in the facility. Female security staff are permitted to conduct pat searches.

The facility allows inmates to shower, change clothes and perform bodily functions without non-medical staff viewing their genitals. In order to assist with ensuring this is the case, female staff are required announce themselves when entering a housing unit. There are reminder stickers placed on all housing unit doors directing opposite gender staff to announce themselves.

A number of interviews with inmates indicated that while some female staff were consistent in announcing themselves when they entered the housing unit, not all were. In order to address this issue, the Warden re-issued a memo to all opposite gender staff to announce themselves upon entering a housing unit. A copy of this memo was provided to this Auditor as documentation that this was accomplished.

During the onsite tour of the facility, it was noted that (4) shower areas needed to have additional coverage at the ends of the rows of showers in order for opposite gender staff not to have view of inmate genitals while they are showering. These areas were:

- Alpha 7 (A7)
- Bravo 1 (B1)
- Zulu 1 (Segregation Unit)
- Zulu 2 (Segregation Unit)

Once these areas were identified, the PREA Case Manager immediately submitted requests to have curtains put up on the end showers in A7 and B1. In the segregation units (Zulu 1 & 2), metal plates were installed on the end showers to block the view of opposite gender staff, the same that was already present in Zulu 3. Once these corrections were completed, the PREA Case Manager provided photographs of each of these shower areas showing the corrections have been completed.

Interviews with staff indicated that there is usually at least one inmate in the facility at any given time who identifies as either transgender or intersex. When asked about any training they have received in relation to working with transgender or intersex individuals, all were able to articulate information on how to conduct a proper pat search of these individuals, as well as interacting with them in general.

At the time of the onsite audit phase, there were (8) individuals that identified as either transgender or intersex individuals. Two of these individuals were very open and vocal about their status and how they are treated at this facility. During an interview with one of the transgender inmates, it was brought up that the individual was strip searched by two staff members, one male and one female. When reviewing the strip search logs, it was unclear to this Auditor exactly how that search was conducted, although staff indicated that only one staff member searched the inmate.

In order to ensure that all staff are clear about the policy, which states that only one staff member will search a transgender or intersex inmate, the administration determined it would be beneficial to reinforce this policy. This was done by making this announcement through shift briefings, beginning June 13, 2019 through June 30, 2019. Documentation of this was provided to this Auditor in the form of

copies of the emails sent to staff on each shift. In addition, it was included on the recorded shift briefings that all staff can/should call in to listen to at the beginning of each shift.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Curriculum: PREA/Searches Training for Transfers
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- ODRC Policy 79-ISA-05: Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
- Examples of ODRC Strip Out Search Logs
- Examples of Employee Training Records

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Northeast Ohio Correctional Center provides PREA information in multiple formats. The institution provides written PREA information in both English and Spanish. The video with PREA information can be viewed in Spanish or with closed captioning for those who are deaf or hard of hearing.

If an individual is unable to read or has limited cognitive functioning, staff members will read the information to an inmate and stop to determine understanding of the materials.

Both staff and inmate interviews confirmed that the facility provides multiple formats of available PREA information.

The majority of the ODRC inmate population speaks, reads and understands the English language. There were inmates in the U.S. Marshal housing units who were LEP and during the interview with this Auditor, required an interpreter through the language line. This detainee indicated that he has received all required PREA information and was asked the risk assessment questions. He indicated that he has no concerns in regards to PREA at this facility.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- ODRC Policy 64-DCM-02: Inmates with Disabilities w/Appendix A: Interpreter/Translator Waiver Form
- ODRC 2018 Inmate Handbook
- NEOCC 2018 Inmate Admission and Orientation Handbook
- CoreCivic Contract with Language Line Services, Inc.
- NEOCC Staff Bulletin No. NEOCC-2019-2-30: Telecommunications Device for the Deaf (TDD)

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This facility employs a Personnel Investigator whose responsibility is to conduct background investigations on all employees and contractors of the facility. She is also responsible for conducting the required (5) year background checks.

CoreCivic has a standardized application online that includes the required PREA questions outline in item 115.17(f). These questions are asked on the form 14-2H, a copy of which was provided to this Auditor. The 14-2H form also includes the statement indicating that if an applicant has omitted, or provided false information, they could be subject to termination. The applicant is required to sign and date this form. This form is also required to be signed on a yearly basis to fulfill their requirement of continuing affirmative duty to disclose any sexual misconduct information.

The Personnel Investigator conducts the NCIC background check on each applicant, as well as a police check. This check looks at their place of residence for the past (5) years and the investigator will contact all police departments, local and/or county, to verify any interaction with the applicant. These checks satisfy the CoreCivic Policy and that of the ODRC, specifically the DRC1674 Background Investigation Checklist.

Reference checks with employers for the past (5) years of employment, and (7) years if the individual worked at a correctional facility are conducted on each applicant. In the case the applicant worked at a correctional facility, the required PREA questions are asked, in writing, of that facility.

A full set of background checks are conducted every (5) years as required by 115.17. The Personnel Investigator has two methods of tracking due dates for these re-checks. First, there is a system that has been set up through CoreCivic to track this information. In addition, the facility keeps its own excel spreadsheet with the employee/contractor name, start date, date of first NCIC check, the date of their conditional approval through the USMS, final approval for USMS and the date of the anticipated (5) year check and dates of when those anticipated checks need to begin. There is additional information included regarding requirements of the facility's ICE contract.

During the onsite audit phase, a total of (16) background investigation files were reviewed for documentation of all required elements of 115.17.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Form 14-2A: CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement
- CoreCivic Form 14-2H: Self Declaration of Sexual Abuse/Sexual Harassment
- CoreCivic Policy 1-19: Roles of Consultants, Contract Employees and Employees of Other Agencies
- CoreCivic Policy 3-20-1: Career Opportunities (Internal Applicants)
- CoreCivic Policy 3-20-2: Career Opportunities (External Applicants)
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Policy 34-PRO-07: Background Investigations
- Examples of NCIC Background Check Applications and Conditional Approval Letters
- NEOCCs NCIC Background Check Spreadsheet

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Through interviews with key staff members, it was found that the facility has not had any major renovations or additions built in the physical plant of the facility recently. During the interview with the AW/PCM, he indicated that if there were to be any major renovations or additions to the technology of the facility, that staff at the Facility Service Center (FSC) would be involved in those decisions, and that would include the company's PREA Coordinator.

If there were any major renovations or additions to the facility or the technology system, the facility would be required to complete CoreCivic form 7-1B, PREA Physical Plant Considerations. A copy of this form was provided to this Auditor.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 7-1: Record Drawings and Alterations/Additions
- CoreCivic Form 7-1B: PREA Physical Plant Considerations
- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility employs (4) investigators who are responsible for conducting investigations within the facility, including PREA administrative investigations. This Auditor was able to interview the "Head" of Facility Investigators. He has been an investigator at the facility for (5) years and oversees the other (3) investigators.

While all of the facility investigators are trained to conduct PREA investigations, the facility works with different "local" law enforcement who are responsible for conducting criminal investigations inside the facility. The outside law enforcement department that is called for incidents at the facility depend upon what inmates are involved in the situation requiring criminal investigation. The Ohio State Highway Patrol is responsible for conducting any criminal investigations when the situation involves ODRC inmates. If the situation involves USMS inmates, then the Youngstown Police Department (YPD) will be called to investigate.

The facility provided a copy of the Memorandum of Understanding (MOU) between the ODRC and the Ohio State Highway Patrol (OSHP) – OSP Division. This MOU has an effective date of February 14, 2014. The OSHP has provided information on their policies and procedures to the ODRC and NEOCC to ensure understanding of their role as the criminal investigators. This information was updated in 2018.

Additionally, CoreCivic (then CCA of Tennessee, LLC.) on behalf of NEOCC and the Youngstown Police Department have a MOU for criminal investigations at the facility and was fully executed on February 26, 2018. A copy of this MOU was provided to this Auditor

When staff were interviewed regarding collection of evidence in allegations of sexual abuse, the majority were able to articulate how to secure the crime scene until the investigator arrived on the scene. The lead facility investigator indicated if he knew that the situation was potentially criminal, he would not touch any evidence or the crime scene until the appropriate outside law enforcement agency had been contacted and provided direction as to how to handle the situation until their arrival. He would ensure that there was a log started/kept of anyone entering or leaving the potential crime scene as part of the chain of evidence.

Through interviews with medical staff and the local hospital, it is clear that the facility does not perform forensic medical examinations. These are performed at St. Elizabeth's (Mercy Health System) in Youngstown, OH. When a forensic examination is conducted as a result of a sexual abuse at the facility, there is no cost to the victim.

The facility provided a copy of the Letter of Agreement between Mercy Health St. Elizabeth Hospital and the Northeast Ohio Correctional Center. This letter of agreement was signed by both parties in February 2016, and remains in effect to date.

The facility has also established a relationship with the local rape crisis center. Compass Family and Community Services (Compass) provides services to inmates in the Mahoning County region, which is where NEOCC is located. Two of the services which Compass provides is accompaniment to the hospital for forensic medical examinations and accompaniment to investigatory interviews.

The executed MOU between ODRC, on behalf of NEOCC, and Compass Family and Community Services was provided to this Auditor and has an effective date of July 30, 2017 and end date of July 29, 2020.

While the facility has a MOU with the local rape crisis center, a select number of staff have been trained as PREA Victim Support Representatives to provide supportive services to ODRC inmates who are victims of sexual abuse. The ODRC has developed this training and a portion of the lesson plans were provided as part of this audit, as well as certificates of completion for those three staff members.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- ODRC Policy 68-MED-15: Bureau of Medical Services Co-Payment Procedures
- ODRC Office of Correctional Health Care, Protocol: B-11 – Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- CoreCivic Policy 25-2: Sexual Abuse Prevention and Response.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Policy review and staff interviews confirmed compliance with standard 115.22. At NEOCC, facility investigators are responsible for conducting the administrative investigations and to determine whether or not the allegations should be referred to the local law enforcement entity for criminal investigation.

As noted in standard 115.21, the facility works with Ohio State Highway Patrol on allegations which involve ODRC inmates. Youngstown Police Department is called in to investigate allegations involving USMS inmates.

Interviews with the lead facility investigator, AW/PCM and the PREA Case Manager all indicated that they felt that there was a good working relationship with both of these entities.

In order to track allegations, the facility utilizes a monthly "Facility PREA Case Log". This form tracks information such as: facility case number, date assigned, nature of investigation, inmate information, investigator assigned, if it was referred to local law enforcement, date closed and investigation results.

The facility has published both CoreCivic's PREA policy and the ODRC PREA policy on its website for public viewing. CoreCivic's PREA policy can be found at this address:

<https://www.corecivic.com/hubfs/files/PREA/14-02%20NEOCC%20PREA%20Policy.pdf>

The ODRC PREA policy can be found at this address:

[https://www.corecivic.com/hubfs/files/PREA/2019%20NEOCC%20PREA%20Policy%20\(OH\).pdf](https://www.corecivic.com/hubfs/files/PREA/2019%20NEOCC%20PREA%20Policy%20(OH).pdf)

Policy review for this standard included the following policies:

- CoreCivic policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
- OSHP – OSP Division Policy 103.07, Attachment P: Sexual Assault Evidence Collection and Analysis

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

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CoreCivic provides extensive education to its staff members regarding PREA. Interviews with staff members of all levels confirmed education of several types are provided upon hiring, during the orientation period and annually thereafter.

Content of the basic PREA training was provided to this Auditor during the pre-audit phase for review. When staff were questioned about the contents of the training, all were able to articulate multiple content points required of PREA training.

The facility keeps training files in the training department. The training files include the roster of the training the employee participated in, copies of the exams the employee took and the "CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement" form (14-2A). In addition to these files, the education staff can pull a training record report for any staff member individually for any given time period to determine what trainings the staff member participated in for that time period, the date it was taken, whether or not the employee passed the training and how many hours each training was. This allows the education and training staff to have multiple methods to determine if the employee has had the required PREA training.

Policy review for this standard included the following policies:

- CoreCivic policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 39-TRN-10: Employee Orientation Training
- ODRC Policy 79-ISA-01: Prison Rape Elimination

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Northeast Ohio Correctional Center utilizes both contractors and volunteers to fill different roles in the facility. At the time of the onsite phase of the audit, the facility documented that there were (37) people working as contractors who have direct interaction with inmates and inmates in the facility. The three main categories these contractors fall into are: 1) food service workers 2) religious services workers and 3) medical practitioners.

Additionally, the facility has a small number of volunteers it utilizes. At the time of the onsite audit phase, there were (11) active volunteers providing religious and recovery services in the facility.

Contractors and volunteers who have contact with inmates/inmates are required to receive PREA related training. Training topics for volunteers and contractors include, but not limited to: the facility's zero-tolerance policy, how to report sexual abuse and sexual harassment, sexual abuse and sexual harassment prevention, sexual abuse and sexual harassment detection, how to respond to sexual abuse and sexual harassment, legal prohibition on any sexual activity with inmates, identifiers of possible sexual assault victims and sexual assault prevention strategies.

Training records for contractors and volunteers were reviewed at the same time as the training records of regular employees.

As part of this training, they are required to complete forms related to PREA. These forms include:

- ODRC 1173: ODRC PREA Contractor/Volunteer/Intern Training Acknowledgement Form
- CoreCivic 14-2A: CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement Form
- NEOCC Volunteer Orientation & Training Topics Form
- CoreCivic 22-1C: Volunteer Code of Ethics
- CoreCivic 22-100D: Volunteer Agreement
- CoreCivic 22-100F: Rules for Volunteers

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic provides PREA education to inmates within the (72) hour requirement, sooner depending on the jurisdiction they are incarcerated under.

ODRC inmates are received primarily on Wednesdays, Thursdays and Fridays at the facility. When the new inmates arrive at the facility, they are provided with an introduction to the facility, information on the grievance system, information on health services and have a medical screening, information on rights under PREA, they watch the PREA video, and are provided with an inmate handbook, which includes a section on PREA.

For those USMS inmates, they are oriented to the facility on the night they arrive. They are provided with orientation packets which include facility handbooks, which includes PREA information and PREA pamphlets developed by CoreCivic among other information. The new inmates also watch a video which has facility information, including PREA related information. This video was developed by the staff and is approximately (40) minutes long. The Acting Unit Manager indicated that the staff were going to develop a new orientation video for incoming inmates to the facility.

Staff were able to provide verification that an inmate received the orientation. Inmates signed forms which showed that they received the PREA information described above. Interviews with inmates confirmed that they remember receiving PREA information when they arrived at the facility, however some admitted to not reading that information.

Both the ODRC inmate handbook and the CoreCivic inmate handbook were provided for review.

Policy review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 14-1: Inmate/Resident Rights – Inmate/Resident Handbook
- ODRC Policy 52-RCP-10: Inmate Orientation
- ODRC Policy 64-DCM-02: Inmates with Disabilities

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic requires that all employees conducting administrative investigations in NEOCC participate in the required specialized training for investigations. This is listed in CoreCivic policy and in the job description for the investigator position. ODRC also includes the requirement in policy for specialized investigations training.

Documentation was provided to this Auditor verifying that all investigators in the facility have taken the online specialized investigations training offered by the National Institute of Corrections titled "PREA: Investigating Sexual Abuse in a Confinement Setting", as well as an online training offered by the American Jail Association titled "PREA: Investigation Protocols".

In addition, both MOU's for the local law enforcement entities include items which indicate that those officers who will be working with the facility on PREA cases will have specialized training.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- Investigator Job Description (Job Code 2051)
- MOU with Ohio State Highway Patrol
- MOU with Youngstown Police Department

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This facility has a full-time medical department which operates (24) hours per day, (7) days per week. There are both regular CoreCivic employees and contracted staff in the medical department. All staff, regardless of their employer, is required to take the basic level PREA training and specialized medical/mental health training.

The curriculum for ODRC medical staff and contractors was provided during the pre-audit phase for this Auditor's review. This training is online. The training also has a post-test which evaluates the knowledge level of the participant after obtaining the training.

The staff interviewed in both the medical and mental health departments were able to discuss components of this training. The staff members also have their participation documented through the online training system at CoreCivic and in paper files kept in the training department. This Auditor was able to review these files while onsite at the facility.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- Investigator Job Description (Job Code 2051)
- ODRC PREA: Specialized Medical & Mental Health Training Curriculum
- MOU with Youngstown Police Department

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Northeast Ohio Correctional Center is required by the ODRC to utilize the assessment system of ODRC for all ODRC inmates at the facility. This system is computerized and is part of the larger electronic inmate management system. This system contains functions for the risk assessments at the (72) hour phase, (30) day phase and any other required risk assessment situations in the facility call for.

The risk assessment contains all the required questions from standard 115.41. ODRC inmates are asked these questions the morning after they arrive at the facility. This is due to the fact that the system requires medical personnel to perform their functions in the system before the initial risk assessment can be administered. When the inmates are asked the PREA questions, it is in a private area where other inmates cannot overhear the questions and answers.

U.S. Marshal Service inmates are administered the initial risk assessment the night they arrive at the facility during the intake process, also through an electronic system. The Case Manager indicated that when these inmates are asked these PREA questions, it is done in a private setting, usually one of the staff offices.

The majority of the inmates interviewed during the onsite audit indicated that they remembered being asked these questions within the first day or two of arrival at the facility. Inmates are informed, at the time of the assessment that they will not be punished for not answering questions.

The (30) day reassessment for ODRC inmates is conducted by the PREA Case Manager. The online system provides her with information on upcoming due dates for the (30) day reassessments. She works to stay ahead of that list so that no reassessments go past that (30) day mark.

For ODRC inmates, the PREA Case Manager will conduct the reassessments when there is an allegation of sexual abuse or if there is additional information that is learned which would warrant an additional assessment.

The Offender Management System (OMS) for the USMS contract also produces a report showing due dates for upcoming and any overdue (30) day reassessments. The case management staff are responsible for conducting the (30) day reassessments of those inmates on their caseloads.

Both the USMS Case Manager and the PREA Case Manager indicated that they provide an Informed Consent to inmates prior to administering the questions.

Access to the risk assessment information for both ODRC and USMS is limited to the case management staff, medical staff and the PREA staff members.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-04: PREA Risk Assessments and Accommodation Strategies
- ODRC Form DRC 1164E (06/2014) – PREA Risk Assessment
- CoreCivic Form 14-2B: Sexual Abuse Screening Tool

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The NEOCC PREA Case Manager was able to provide information regarding the use of the information gained through the risk assessments of the ODRC inmates. This information is utilized in all four areas required by PREA standard of housing, education, work and programming.

The case management staff are responsible for ensuring that this information is taken into consideration for placement in these areas, along with the use of good correctional judgement. The case management staff is responsible for utilizing this information for housing placement and reassignments.

The PREA Case Manager discussed how she utilizes this information when she reviews placements for work, programming and education. While these three areas are important for monitoring, the focus is placed on the housing placement for inmates.

For the USMS inmates, the risk assessment information is primarily used for housing placement as there are not many opportunities available for education, programming or work.

Both staff from the USMS contract and the ODRC contract do utilize the risk assessment information when determining if and inmate identifies as transgender or intersex. If an inmate identifies as transgender or intersex, staff will talk with that individual to ascertain if they are requesting any shower accommodations. If so, then this information will be conveyed to staff working on those units.

Inmates under either entity for supervision identifying as a transgender or intersex individual are met with separately to discuss their gender identity and any accommodations requested, such as for showers and searches. Both CoreCivic policy and ODRC policy that staff meet with these individuals a minimum of every (6) months. However, through interviews with staff, the reality is that these individuals usually have a much higher interaction rate with case management staff than other inmates do.

While onsite at the facility, this Auditor had the opportunity to interview several inmates who identify as transgender. One ODRC inmate in particular has been requesting up through CoreCivic and ODRC to be able to receive female commissary. At the time of the audit, that request was with the General Counsel's Office at the ODRC.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 18-2: Classification and Inmate/Detainee Management
- ODRC Policy 79-ISA-04: PREA Risk Assessments and Accommodation Strategies
- ODRC Policy 79-ISA-05: Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
- Completed risk assessments

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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Through interviews with staff and review of policies, the practice of involuntary protective custody is only used as a last resort for the safety of the inmate under the ODRC contract. The PREA Case Manager could not recall any ODRC inmates being placed in protective custody simply because they were determined to be a potential victim. She did indicate that there have been inmates who have requested protective custody on their own.

The situation is the same with the USMS inmates. Interviews with staff and inmates indicated that there were no inmates in segregation because they were a potential victim.

Inmates from the ODRC segregation unit that were interviewed indicated that none of them were placed there involuntarily for protection. Those inmates interviewed during the onsite audit were placed either for disciplinary reasons or because they requested protective custody on their own.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- NEOCC Policy 10-100: Segregation Management Detainees (USMS Only)

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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.

Through information gained from review of facility policy and documents and interviews with staff and inmates, it is clear that inmates at this facility have multiple reporting options. And these reporting options are different for the ODRC and USMS inmates.

ODRC inmates were able to articulate a number of options for reporting such as going to a staff member, writing a "kite" or calling the reporting number on the posters by the phones (*89).

When the inmates were asked where the (*89) went to, the majority were unable to provide that information. This line goes outside of the ODRC to the Ohio Department of Youth Services (ODYS). A MOU was provided between ODRC and the ODYS. This MOU became effective as of January 1, 2017.

This reporting line was tested during the onsite tour of the facility. This Auditor was able to leave a message and an email was received by the Warden of the facility and the PREA Coordinator for the ODRC. Each of them showed the email that came through on their phones and the PREA Coordinator for ODRC had this communication printed out for this Auditor's records.

U.S. Marshal Service inmates were also asked about how they could make a report regarding sexual abuse. The majority were able to articulate the reporting options they had available such as reporting to a staff member, submitting a sick call slip, telling their family or writing to the Office of Inspector

General (OIG). All inmates were able to point out where this reporting information was located in the housing unit.

In addition, when staff were interviewed, all were able to articulate clearly what their responsibilities are if they would receive a report of sexual abuse or sexual harassment from an inmate. All indicated that they would immediately contact their supervisor to initiate the investigation process. Once the immediate situation was handled, they would be required to complete a 5-1C Incident Report Form detailing what they had been told, witnessed or both.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 3-3: Code of Ethics
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- NEOCC Policy 5-100: Incident Reporting
- ODRC Inmate Handbook
- NEOCC Inmate Admission and Orientation Handbook
- CoreCivic Pamphlet: Preventing Sexual Abuse & Sexual Misconduct
- CoreCivic PREA Posters (separate for ODRC & USMS inmates)
- CoreCivic Staff reporting poster
- ODRC MOUs for outside reporting services
- ODRC Staff PREA Training curriculum (partial document)

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Northeast Ohio Correctional Center, nor the ODRC, handles sexual abuse cases through the grievance process. All allegations of sexual abuse and sexual harassment are handled through the investigation process in accordance with PREA policy.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- NEOCC Inmate Admission and Orientation Handbook
- Memo to Auditors re: Exhaustion of Administrative Remedies

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

During the onsite tour of the facility, it was noted that there was not information regarding the local rape crisis center, Compass Family and Community Services (Compass), posted in the housing units for ease of access of information for the inmates. This was the situation in both the ODRC and USMS housing units.

When inmates were asked about the local rape crisis center, nearly all indicated that they had not been given information about any rape crisis center. Some did not know what a rape crisis center was and if they had heard of it before, they did not know what kinds of services were available to them.

During interviews with the unit management team for USMS inmates and the PREA Coordinator and PREA Case Manager, all were clear that this information would not be easily found by inmates.

As a result, the facility was required to reach out to Compass to determine what information could be provided to inmates at the facility and the services that would be offered. The PREA Case Manager developed a poster that included information on Compass and the services it can provide to inmates, how to get in contact with Compass and other available reporting methods. These flyers were posted on the bulletin boards in all housing units, both USMS and ODRC, as well as in medical. All unit teams were made aware of this resource and how to get more posters when needed and additional supplies were given to medical.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- CoreCivic Pamphlet: Preventing Sexual Abuse & Misconduct
- NEOCC Inmate Admission and Orientation Handbook
- MOU between ODRC and Compass Family and Community Services (Compass)

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency does have several methods to receive third party reports through both CoreCivic and the ODRC. Information can be found on the CoreCivic website at <http://www.corecivic.com/facilities/northeast-ohio-correctional-center>. There are email addresses and phone numbers listed which anyone may call or write to make a report regarding sexual abuse in the facility.

Additional information for reporting can also be found on the ODRC website at <https://drc.ohio.gov/prea>.

During interviews with staff members, all were able to articulate that all reports of sexual abuse must be accepted and investigated in the same manner as if it had come from the inmate themselves. Once an allegation is made, policy is followed for the investigation.

Policy and document review for this standard included the following policies:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- NEOCC PREA Reporting Posters
- ODRC Inmate Handbook
- NEOCC Inmate Admission and Orientation Handbook

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

PREA policy 79-ISA-02 indicates that all staff are required to report any knowledge, suspicions, or information regarding PREA related events. During staff interviews, all staff indicated that they would report any indications of PREA activity immediately to their supervisors so that the incident could be investigated. This requirement is covered in the training that all staff, contractors and volunteers are required to receive prior to having contact with inmates in the facility.

According to policy, staff are also required to keep any information regarding incidents of sexual abuse confidential so not to endanger the potential victim. Information is only to be shared with immediate supervisors, those who are investigating the allegation and those providing services related to the allegation.

Interviews with the medical and mental health staff included questions regarding the duty of the staff member to provide an informed consent to any inmate when discussing issues of sexual abuse. These staff members were able to articulate the practice of providing this information to inmates and provide specifics on how the consent is provided.

As stated in a prior area, all allegations made at the facility are provided to the facility investigators so that all incidents will be investigated on an administrative level, at a minimum.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- NEOCC Policy 5-100: Incident Reporting
- ODRC Incident Report Form (DRC1000)
- CoreCivic Incident Report Form 5-1A
- CoreCivic Incident Investigation Report Form 5-1G
- New Employee Orientation (NEO) Syllabus

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Review of ODRC and CoreCivic policies and interviews with staff confirmed compliance with this standard. All staff indicated that they would take immediate action to keep an inmate safe if they learned of imminent danger. All staff indicated that they would immediately separate the potential victim from the potential abuser. Once they had the person to a safe location, they would contact their immediate supervisor to get further instructions.

Interviews with the AW/PCM and PREA Case Manager indicated they do not recall any situations in the last (12) months requiring immediate action being taken to protect an inmate from a PREA related situation for either the ODRC inmates or USMS inmates.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Both CoreCivic and ODRC's PREA policy requires that all allegations occurring at another correctional facility be immediately reported to the Warden for notification of the named facility. The Warden at NEOCC is required to report this allegation to the Warden or head of the facility where the abuse is alleged to have taken place within (72) hours of receiving the information. In addition, the facility is required to investigate any allegations it receives from another facility.

Initially, it was discovered that the facility investigator had been making these notifications to other facilities. Through discussion with the AW/PCM, PREA Case Manager and the Warden, it is now clear to staff who is to make these notifications and the timeframes that are to be met.

Interviews with staff in general were clear that if they received an allegation, it was to be immediately reported to a supervisor or shift commander.

During the onsite audit phase, a USMS inmate disclosed that he had been abused at a county jail in another state. He indicated that he had not told anyone of this abuse. This Auditor provided that information to the PREA Case Manager. She immediately took this information to the facility investigator and to the Warden. The notification was immediately made according to policy and PREA standards. A copy of this documentation was provided to this Auditor.

The PREA Case Manager monitored information for any allegations made regarding other facilities throughout the corrective action period, however, no other inmates have disclosed sexual abuse at another facility since the onsite audit.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Form 5-1AA: Incident Levels
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- NEOCC Facility Policy 5-100: Incident Reporting
- Bureau of Prisons Psychology Services Sexual Abuse Intervention (V) Form
- Bureau of Prisons Health Services Clinical Encounter Form

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic PREA policy 79-ISA-02 outlines the responsibilities of the first responders to allegations of sexual abuse which includes the following:

The first security supervisor to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;*
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence pursuant to DRC policy 310-SEC-13, Protection of a Crime Scene, and Appendix A of this policy;*
- c. Request the alleged victim not take any actions that could destroy physical evidence;*
- d. Ensure the alleged abuser does not take any actions that could destroy physical evidence.*

The first non-security or the first line security staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;*
- b. Request the alleged victim not take any actions that could destroy physical evidence and then notify the security shift supervisor.*

This policy also includes a “Appendix C: Allegation of Sexual Abuse – First Responders Flow Chart”. This flowchart provides clear and concise information regarding the responsibilities of a First Responder to any sexual abuse allegation.

In addition, “Appendix D: Sexual Abuse – First Responder Checklist” works in conjunction with Appendix C and ensures that all steps are taken.

Interviews with staff of all levels confirmed that the steps listed above are the actions they would take should they receive an allegation of sexual abuse. All staff interviewed were able to articulate the appropriate steps that should be taken.

The facility provided this Auditor with a facility coordinated response plan outlining the specifics of a response to sexual abuse at NEOCC, as well as an example of the documentation for an incident of sexual abuse at the facility.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- NEOCC Sexual Abuse Coordinated Response Plan (79-ISA-02 LOCAL)

- Specialized Curriculum: PREA/Searches Training for Transfers
- New Employee Orientation (NEO) Syllabus
- CoreCivic Form 5-1A: Incident Report
- CoreCivic Form 5-1C: Incident Statement
- CoreCivic Form 5-1E: Prison Rape Elimination Act (PREA) Reporting Form

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility provided a written institutional response plan to this auditor for review in the pre-audit phase. This plan is well written and thorough and addresses each department's responsibility in the event that an allegation of sexual abuse is made at the facility.

Interviews with staff confirm that they are aware of their role in the response to sexual abuse and are aware of the responsibilities of the other departments in the facility.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 13-79: Sexual Assault Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- ODRC Policy 79-ISA-03: Sexual Abuse Review Team (SART)
- NEOCC Sexual Abuse Coordinated Response Plan (79-ISA-02 LOCAL)

- Appendix D: Sexual Abuse – First Responder Checklist
- CoreCivic Form 14-2C: Sexual Abuse Incident Check Sheet
- ODRC PREA Incident Report Application Screenshots
- Sexual Abuse Response Team Roles and Responsibilities Information
- ODRC Sexual Abuse Response Team (SART) Resident Bulletin

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Warden of NEOCC indicated that there was no union at this facility at the current time, however, information is covered in the PREA policy, should there be a time when the facility does begin to work with a union.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

At NEOCC, retaliation monitoring is conducted by the PREA Case Manager and one of the Facility Investigators. Both meet with anyone who is an alleged victim in the case, the reporter of the allegation or someone that participated in the investigation. These meetings are documented through the ODRC electronic inmate system.

Interviews indicated that there have not been any issues with retaliation in relation to PREA so far. The PREA Case Manager indicated that she has an open door policy when it comes to retaliation and if she feels that the inmate needs to be monitored more than the required (90) days, she will extend that monitoring further out.

For the investigation files reviewed during the onsite audit, this Auditor was able to verify retaliation monitoring was occurring for these cases.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- CoreCivic Form 14-2D: PREA Retaliation Monitoring Report (30/60/90)
- NEOCC All Staff Memo dated 3/22/19 regarding 115.67 PREA Standard
- Training documentation
- ODRC PREA Incident Report Application Screenshots

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As documented under standard 115.43, this facility does not involuntarily place alleged victims in protective custody. However, if they had no other option, the paperwork is available for the staff to complete.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- ODRC Policy 79-ISA-04: PREA Risk Assessments and Accommodation Strategies
- NEOCC Facility Policy 10-100: Segregation Management Detainees

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Northeast Ohio Correctional Center conducts the administrative investigations for all PREA related allegations. As noted earlier in this report, there are (4) facility investigators who are trained to conduct PREA investigations for both ODRC and USMS inmates.

During the onsite audit, this Auditor reviewed (11) PREA investigation files. These files were extremely organized and complete. Information was organized in a chronological manner and this format was consistent in all files reviewed. The facility investigator keeps a filing system which organizes all PREA investigations together in chronological order. This is the best example of PREA investigation documentation that this Auditor has reviewed to date.

As noted earlier, the OSHP is responsible for conducting the criminal investigations related to PREA for ODRC inmates. The YPD is responsible for conducting the criminal investigations related to PREA for the USMS inmates.

The facility investigator indicated during his interview that both local law enforcement entities are very responsive to the facility when they are called for any type of criminal investigation, not just PREA. This

Auditor reviewed both MOUs for YPD and OSHP and determined that each include the elements outlined in this standard.

Policy review shows that CoreCivic policy for record retention meets PREA standard and the ODRC record retention exceeds the standard, as does OSHP.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 1-15: Retention of Records
- CoreCivic Form 1-15B: CCA Record Retention Schedule
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation – including Appendix A: Investigator Protocol
- ODRC Record Retention Schedule
- ODRC Memo: OSHP Record Retention Policy
- ODRC MOU with Youngstown Police Department
- ODRC MOU with Ohio State Highway Patrol
- Examples of Incident Reports
- Examples of Investigation Summary Report – Administrative Investigation (PREA Incident)
- Examples of Incident Packet Checklist and Administrative Review

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic PREA policy 14-2, Page 25 of 33, item (5) states the following.

5. *In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. (115.72)*

ODRC PREA policy 79-ISA-02, Page 14 of 17, item (i.) states the following.

- i. *The DRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated.*

During the interview with the facility investigator, PREA Case Manager and AW/PCM, all were able to discuss the difference with the standard of evidence for administrative investigation determinations and criminal investigating determinations.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the 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? 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? 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? 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? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As confirmed by policy review and interviews with staff and inmates, inmates involved in a PREA investigation receive written notification of the outcome of the case from the PREA Case Manager or the Facility Investigator. A copy of this notification is in the investigation file.

The facility has a form which is utilized for this notification that includes all required information. The inmate signs the form after discussion with the investigator and is allowed to have a copy of that form. For ODRC inmates receiving notification, this is also documented in the PREA Incident Report Application.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- CoreCivic Form: Inmate/Detainee PREA Allegation Status Notification
- ODRC PREA Incident Report Application Screenshots

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Through documentation review and interviews with the Warden, AW/PCM, PREA Case Manager and random staff, the facility was found to be in compliance with this standard. If a staff member is involved in an allegation of sexual abuse, that staff member will be moved to another post in the facility, or suspended from duty upon the Warden's determination, until the conclusion of the investigation. All staff were clear about the consequences of sexual misconduct with an inmate.

As with all allegations of sexual abuse at the facility, the facility investigator contacts the appropriate local law enforcement agency to determine if a criminal investigation is warranted, and if so, to conduct the investigation. If there is a substantiated case of sexual abuse involving a staff member, any relevant licensing bodies will be notified of such.

Both CoreCivic and ODRC policy indicates that the presumptive action for a substantiated case of sexual abuse by a staff member is termination.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 3-3: CoreCivic Code of Ethics
- CoreCivic Form: CoreCivic Code of Ethics Acknowledgement Form
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention Retaliation
- ODRC Policy 31-SEM-02: Standards of Employee Conduct
- ODRC Policy 31-SEM-07: Unauthorized Relationships

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Allegations of sexual abuse against a contractor or volunteer are investigated in the same manner as any other allegation of sexual abuse in the facility. The facility investigator indicated that he would contact the appropriate local law enforcement if there were a situation, he thought could be criminal.

If a contractor or volunteer are involved as the alleged abuser in an investigation, they will not be allowed access to the institution until the conclusion of the investigation and the investigation is determined to be unfounded.

If there are criminal charges or the administrative investigation is substantiated, CoreCivic and ODRC policies state the institution will notify any relevant licensing bodies the individual may be certified through.

At the time of the onsite audit, staff could not remember any volunteers or contractors being removed from the facility for reasons related to PREA.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Form 14-2H: Self-Declaration of Sexual Abuse/Sexual Harassment
- CoreCivic Form 3-3D: Code of Ethics Acknowledgement; USMS Standards of Employee Conduct
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Policy 71-SOC-01: Recruitment, Training, and Supervision of Volunteers
- ODRC Form DRC 1173: Prison Rape Elimination Act Contractor/Volunteer/Intern Training Acknowledgement Form
- ODRC Form DRC 4376: Standards of Conduct for Contractors, Volunteers and Interns
- NEOCC Training Roster Examples

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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It is clear through policy and documentation review and staff interviews, that infractions of sexual abuse are taken seriously at NEOCC and if found to be substantiated, would follow the disciplinary procedures set forth in policy.

Both CoreCivic and ODRC PREA policies do articulate items in the PREA standard which must be taken into consideration during the disciplinary process. The facility looks at other cases of substantiated sexual abuse and the discipline ordered in those cases. The inmate's discipline history is reviewed. Also, policy requires that the hearing officers take into consideration the mental disabilities and/or mental illness.

Both CoreCivic and ODRC PREA policies include information on the discipline of inmates if there is a false allegation of sexual abuse and the inmate knowingly made that allegation. The inmate, both ODRC and USMS, would be disciplined under the same discipline standards for any infraction in the facility.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response

- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- ODRC Policy 56-DSC-01: Conduct Report and Hearing Officer Procedures
- ODRC Policy 5120-9-06: Inmate Rules of Conduct
- ODRC Policy 5120-9-08: Disciplinary procedures for violations of inmate rules of conduct before the rules infraction board
- ODRC Form DRC 2530: Mental Health Assessment/R.I.B.
- NEOCC Facility Policy 15-1: Inmate Rules and Discipline, Offense and Penalty Code - Adult
- NEOCC Facility Policy 15-2: Inmate Rules and Discipline, Disciplinary Procedures - Adult

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? 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.) Yes No NA

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility has both medical and mental health staff onsite. There is a separate medical department for each set of inmates. This ensures that ODRC inmates do not come in contact with USMS inmates. Separate staff provide services to the separate populations.

If an inmate identifies as a victim of sexual abuse, a referral is made for the inmate to speak with one of the mental health professionals at the facility. This referral occurs immediately and someone on the mental health staff are able to see the inmate usually within (72) business hours.

Additionally, if someone is identified as a perpetrator of sexual abuse, they are also referred to the mental health staff and offered time to be seen within the required (14) days.

Interviews with both medical and mental health providers indicated that informed consent is provided to the inmate prior to asking any questions related to PREA. The staff were clear about what must be reported versus what requires the individual's permission to be reported.

If there is an allegation of sexual abuse, a referral sheet is written up by the case manager and mental health staff will see the individual as soon as possible.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 13-61: Mental Health Services
- CoreCivic Policy 13-74: Privacy of Protected Health Information
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- ODRC Policy 79-ISA-04: PREA Risk Assessments and Accommodation Strategies

- ODRC PREA Assessment Process Screenshots
- ODRC PREA Classification Report Examples

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

As stated, the facility has a (24) hour per day, (7) day per week medical departments with nurses on duty all shifts. Medical staff are available to provide care at any time day or night. While the mental health staff are not (24/7), medical is able to provide assistance until the mental health professionals are available. As noted earlier, there are (2) medical departments in the facility in order to keep inmates from different entities separate.

When an allegation is made, and is reported to a supervisor, that inmate is immediately taken to medical to receive a preliminary medical examination in order to determine if there is a need for that inmate to be taken for a forensic medical examination. This practice was confirmed during staff and inmate interviews at the facility.

If a situation occurs in which an inmate would need to be seen at a hospital for a forensic examination, the medical staff, typically the Health Services Authority (HSA), are the ones to make that decision. If medical staff indicate that the inmate must be transported out, the security staff put the process in motion to make that occur. Inmates requiring a forensic medical examination are taken to St. Elizabeth's Hospital in Youngstown, OH.

As per policy, both CoreCivic and ODRC's, the inmate will not be charged for the treatment they receive as a result of a PREA incident that they have reported.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 13-79: Sexual Assault Response
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- ODRC Policy 67-MNH-09: Suicide Prevention
- ODRC Protocol B-11: Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- ODRC Form DRC 1000: Incident Report
- ODRC Form DRC 5251: Medical Exam Report
- ODRC Form 5265: Referral to Mental Health Services
- ODRC Mental Health On-Call Calendar
- Example of St. Elizabeth's Medical Report

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Through discussions with both the medical and mental health staff members, it is clear to this Auditor that the services received through these departments are above those services they would receive in the community.

Emergent medical issues will be addressed as soon as they are identified. Inmates may also request an appointment with the medical department by submitting a written request. Interviews with staff and inmates indicated that a medical request slip can usually be accommodated within a week of the receipt of the request.

Requests for mental health services by an inmate can usually be accommodated within (3) days of the receipt of the request by an inmate.

As indicated earlier in this report, if there is an allegation of sexual abuse at the facility, the mental health staff will see the alleged victim within (3) days of receiving the referral for services. If the mental health staff learn of an abuser who has perpetrated institutional sexual violence, they will conduct an evaluation on that individual as soon as possible.

Both medical and mental health providers providing services under both contracts, ODRC and USMS, provide follow up services to victims as needed and determined appropriate.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Form 14-2C: Sexual Abuse Incident Check Sheet
- CoreCivic Form 13-9B: Refusal to Accept Medical Treatment
- CoreCivic Form 13-34A2: Facility Emergency Anatomical Form
- CoreCivic Policy 13-79: Sexual Assault Response
- CoreCivic Form 13-79A: Rape/Sexual Assault Protocol
- ODRC Policy 79-ISA-02: Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- ODRC Protocol B-11: Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- ODRC Policy 67-MNH-02: Mental Health Screening and Mental Health Classification
- ODRC Policy 67-MNH-04: Transfer and Discharge of the Mental Health Caseload
- ODRC Policy 67-MNH-15: Mental Health Treatment
- ODRC Form DRC 5265: Referral to Mental Health Services
- Example of Mental Health Notes

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility conducts sexual abuse incident reviews as required by PREA standard. The AW/PCM heads the review team and is done for all investigations that are determined to be both substantiated or unsubstantiated.

CoreCivic utilizes a two-step review. The first review is done through a conference with staff at CoreCivic headquarters (FSC) and occurs very shortly after the allegation is made. The second review is completed after the investigation has been completed and an outcome is determined.

This second facility review is conducted with the following individuals and occurs within (30) days after the conclusion of an investigation. The following departments are involved in this review.

- Assistant Warden/PREA Compliance Manager
- PREA Case Manager
- Medical Personnel
- Mental Health Personnel
- Facility Investigator
- Any other staff deemed necessary

CoreCivic has developed a form that is utilized for the facility review of the investigation. Due to the extensive review and oversight of these investigations, the facility exceeds this standard.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Form 14-2F: Sexual abuse or Assault Incident Review Form
- CoreCivic Policy 5-1: Incident Reporting
- ODRC Policy 79-ISA-03: Sexual Abuse Review Team
- ODRC Form DRC-1183E: Sexual Abuse Case Review
- ODRC PREA Incident Report Application Screenshots
- Examples of completed incident reviews

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic collects data from all of the facilities it operates on a monthly basis. The PREA Case Manager compiles information regarding all allegations, investigations and outcomes of investigations which occurred during that month and it is provided to CoreCivic FSC and ODRC.

The facility is also required to provide this information to the ODRC for inclusion in their reporting to the Bureau of Justice Statistics on the annual Survey of Sexual Violence.

These reports can be found on CoreCivic's company website at www.corecivic.com and on ODRC's website at www.drc.ohio.gov.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 5-1: Incident Reporting
- CoreCivic App Screenshots
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC PREA Incident Report Application Screenshots
- NEOCC Survey of Sexual Victimization 2017
- CoreCivic PREA Annual Report 2017
- ODRC Survey of Sexual Victimization 2017
- ODRC 2018 Annual Internal Report on Sexual Assault Data

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic completes an annual PREA report as required by this standard. The facility includes items in the report such as the number of allegations and investigations at each facility related to PREA. It also includes additional information regarding any steps that were taken to correct any PREA issues at a facility.

Currently the PREA reports for 2013-2018 can be found on the company website at the following address. <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Additionally, the Ohio Department of Rehabilitation and Correction also compiles an annual PREA report, titled ODRC Annual Assessment (Year), and posts it on the agency website. These reports are available on this website from the years 2013-2018. That address is <https://drc.ohio.gov/prea>

The ODRC also includes attachments on this page with specific information regarding privately operated facilities who are contracted with ODRC and their statistics. This information is available for the years 2013-2016.

Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic PREA Annual Report 2017
- ODRC 2018 Annual Internal Report on Sexual Assault Data

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA information is maintained in several ways at the facility. The inmate records are maintained on a computer system and all staff have individual passwords required for access to any PREA information. However, access to PREA files are restricted to certain individuals in the institution.

Investigation files are maintained on the computer, as well as hard copies. These hard copies are kept in the facility investigators' office and they are stored in a locked filing cabinet.

Statistical information is provided to the ODRC by NEOCC annually as required by PREA standard. And no identifying information is included in any of the reports by CoreCivic or ODRC.

All PREA information is available since 2013 and policy indicates that information is kept for (10) years. Policy and document review for this standard included the following:

- CoreCivic Policy 14-2: Sexual Abuse Prevention and Response
- CoreCivic Policy 1-15: Retention of Records
- CoreCivic Form 1-15B: CoreCivic Record Retention Schedule
- ODRC Policy 79-ISA-01: Prison Rape Elimination
- ODRC Record Retention Schedule

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 inmates?
 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

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This Auditor was able to review the prior audit report from 2016 for the Northeast Ohio Correctional Center. This audit report can be found online at <https://drc.ohio.gov/Portals/0/PREA/2016-Northeast-Ohio-PREA-Report.pdf?ver=2017-10-20-100051-170> or <https://www.corecivic.com/hubfs/files/PREA/Facilities/2016-Northeast-Ohio-PREA-Report.pdf>.

CoreCivic operates approximately (129) facilities including prisons, jails and community corrections centers throughout the United States. CoreCivic works to ensure that all facilities are audited once during each (3) year audit cycle. The majority of the facilities were audited in the first two years of the audit cycle.

This Auditor was provided with a great deal of information prior to the onsite visit. In addition, this Auditor requested multiple documents while onsite and was provided with all information requested.

All interviews were conducted in private. Interviews were conducted in various locations throughout the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility's prior onsite audit was conducted June 13-15, 2016. The date of the report is July 15, 2016. This report can be found on the CoreCivic website at the following address:
<https://www.corecivic.com/hubfs/files/PREA/Facilities/2016-Northeast-Ohio-PREA-Report.pdf>.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Jennifer L. Feicht

September 6, 2019

Auditor Signature

Date

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

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