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

☐ **Interim** ☒ **Final**

Date of Report April 27, 2019

Auditor Information

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Company Name: Click or tap here to enter text.	
Mailing Address: 141 Skyline Drive	**City, State, Zip:** Clinton MS 39056
Telephone: 601 832-5238	**Date of Facility Visit:** March 13-15, 2019

Agency Information

Name of Agency: Ohio Department of Rehabilitation and Correction		**Governing Authority or Parent Agency** *(If Applicable)*: State of Ohio	
Physical Address: 4545 Fisher Rd.		**City, State, Zip:** Columbus Ohio 43228	
Mailing Address: Same		**City, State, Zip:** Click or tap here to enter text.	
Telephone: 614 752-1159		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency mission: Reduce recidivism among those we touch.			
Agency Website with PREA Information: http://www.drc.ohio.gov/prea			

Agency Chief Executive Officer

Name: Annette Chambers-Smith	**Title:** Director
Email: Annette.Chambers@odrc.state.oh.us	**Telephone:** 614-752-1164

Agency-Wide PREA Coordinator

Name: Amanda Moon	**Title:** Chief, Bureau of Operational Compliance
Email: Amanda.Moon@odrc.state.oh.us	**Telephone:** 614 752-1708

PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator
Agency Chief Inspector	25

Facility Information

Name of Facility:	Ohio Reformatory for Women
Physical Address:	1479 Collins Avenue, Marysville, Ohio 43040
Mailing Address (if different than above):	Same
Telephone Number:	937-642-1065

The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	

Facility Mission:	The ORW community will create a safe and enriching environment for all.
Facility Website with PREA Information:	http://www.drc.ohio.gov/prea

Warden/Superintendent

Name:	Ronette Burkes-Trowsdell	**Title:**	Warden
Email:	Ronette.Burkes@odrc.state.oh.us	**Telephone:**	937-642-1065 x35330

Facility PREA Compliance Manager

Name:	Katie Nixon	**Title:**	Operational Compliance Manager
Email:	Katie.Nixon@odrc.state.oh.us	**Telephone:**	937-642-1065 x 35314

Facility Health Service Administrator

Name:	Jennifer Bowerman	**Title:**	Medical Operations Manager
Email:	Jennifer.Bowerman@odrc.state.oh.us	**Telephone:**	937-642-1065 x35362

Facility Characteristics

Designated Facility Capacity:	2808	**Current Population of Facility:**	2431

Number of inmates admitted to facility during the past 12 months	2518
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2499
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2518

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			274
Age Range of Population:	**Youthful Inmates Under 18:** N/A	**Adults:** 18-85	
Are youthful inmates housed separately from the adult population?	☒ Yes	☐ No	☐ NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			3.13 years
Facility security level/inmate custody levels:			1,2,3,4,E
Number of staff currently employed by the facility who may have contact with inmates:			454
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			56
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			6

Physical Plant

Number of Buildings: 21	**Number of Single Cell Housing Units:** 0
Number of Multiple Occupancy Cell Housing Units:	6
Number of Open Bay/Dorm Housing Units:	8
Number of Segregation Cells (Administrative and Disciplinary:	72

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.):

Cameras installed in various locations throughout interior and exterior of prison. Camera retention is 21 days. Control room is located on main floor of the Harmon Building.

Medical

Type of Medical Facility:	Outpatient clinic and infirmary care
Forensic sexual assault medical exams are conducted at:	Ohio State University Medical Center/Franklin Medical Center

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	1080
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

The second PREA audit of the Ohio Reformatory for Women (ORW), Marysville, Ohio, was conducted on March 13-15, 2019. The audit team, both Department of Justice PREA-certified auditors, consisted of Doug Sproat and Joy Bell, lead and second auditors, respectively.

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

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

On March 12, 2019, the lead auditor met with the Operational Compliance Manager (OCM) and PID to set up the interview schedule for inmates and staff. He and the OCM addressed the logistics of the interviews to be conducted, as well as the possible need to view documentation that had not already been provided.

The audit team began the formal interview process on March 13. There are six different categories for interviews during an audit to provide information relevant to PREA compliance: the agency head, the facility director, PREA coordinator, specialized staff, random staff, and inmates. Not all categories, such as the head of an agency, may be available during the audit, but the broader the range of interviews, the more comprehensive a view an auditor can gain of the facility being audited. Following the PREA-established interview protocols for each category gives PREA auditors the structure to gather information in a consistent way to assess compliance.

The second auditor formally interviewed 57 inmates in a private room designated by the OCM:

- two deaf,

- four reporting abuse (victims),
- two intellectually/developmentally disabled,
- one with limited English proficiency (LEP),
- six disclosing victimization
- 42 randomly selected.

The lead auditor formally interviewed three transgender inmates, along with informally interviewing 15 other inmates. During the audit there were no inmates in segregation for risk of victimization, nor had there been any placed in segregation for the audit period. A review of the total of 75 formal and informal interviews clearly established that inmates at ORW are receiving the proper PREA education. All inmates interviewed could describe the protections of PREA and the different ways to report allegations of sexual misconduct at the prison: verbal, written, to staff or third parties, by mail or by telephone, anonymously, etc. There were 13 PREA allegations during the audit period, and a review of the files for the investigations reflected timely and appropriate investigations that were handled in accord with ODRC policies and applicable PREA standards.

Thirty-four others were formally interviewed, primarily ORW staff, but the group also contained a few contractors, volunteers, a nurse from a local medical center, and a victim advocate. The latter two interviews were done by telephone, with all of the other interviews being conducted on-site. Those formally interviewed were:

- one facility administrator,
- one unit management/risk assessment staff,
- one operational compliance manager,
- one chief of security,
- three investigators (two employed by ORW, one employed by OSHP),
- one health care administrator,
- one medical staff,
- one mental health administrator,
- one training manager,
- one case manager,
- one human resources administrator,
- one Sexual Assault Nurse Examiner (SANE employed at the Franklin Medical Center, telephone interview),
- one victim advocate at Sexual Assault Response Network of Central Ohio (SARNCO) (telephone interview),
- one 1st/ 2nd, 3rd shift supervisor (captain),
- one 1st shift random non-security first responder,
- one 1st/ 2nd shift supervisor (captain),
- two 2nd shift random non-security first responders,
- three 3rd shift officers, first responders/random
- two volunteers
- two contractors.
- one intake staff,
- one incident review team member,
- three random staff (one from each shift),

- one segregation supervisor (lieutenant), and
- one segregation officer.

Another 21 staff were informally interviewed. These 55 interviews collectively showed a broad understanding of PREA, along with an appreciation of the purpose behind it and the importance of its role in the everyday operations at ORW. It was clear through all formal and informal staff interviews that the administration at ORW is committed to ensuring compliance with all standards of the Prison Rape Elimination Act.

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

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

These areas were all examined, and the auditors had sufficient opportunity to view inmate-staff interaction. There was also ample time to evaluate the nature and quality of inmate supervision throughout the audit, and in all instances the auditors witnessed appropriate respect on the part of both inmates and staff. The auditors informally interviewed and questioned inmates and staff about their knowledge of PREA. Unit logs were reviewed for unannounced rounds conducted by intermediate or higher level supervisors. The auditors noted the consistent use of the opposite gender buzzer/light system when male staff entered the housing units and/or any other areas where an inmate might be undressed, showering or using the restroom.

The auditors observed the intake process using the initial ORW/ PREA risk assessment screening. They reviewed a sampling of risk assessment outcomes, along with reviewing the memoranda of understanding (MOU) with several entities:

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

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

On March 15, 2019, at the conclusion of the on-site portion of the audit, the auditors met with the staff of ORW and ODRC for an exit briefing. Present at the briefing were the Warden, the Deputy Warden/Operations, the Deputy Warden/Special Services, the Chief of Security, the Operational Compliance Manager, the Unit Management Chief, the PREA Implementation Director, and the Chief of

the Bureau of Operational Compliance. At that time the lead auditor did not provide a final tally from the audit, but he did give a preliminary assessment that all standards were at least at the “Meets Standard” level. He expressed his gratitude to the group for the materials supplied to him in advance, for their cooperation and hospitality during the audit, and for their commitment to PREA.

Facility Characteristics

The ORW is located at 1479 Collins Avenue, Marysville, Ohio. The facility’s compound is situated on 30 acres inside two secure perimeter fences, with a 20-foot sterile zone between the two fences. Its rated capacity is 2,808, and the population on the first day of the audit was 2,426. The entrance building, commonly referring to as the EB (for Entrance Building), is staffed by correctional officers; visitors and staff must enter through this building. Staff at EB ensure that each person is authorized to be on institutional grounds, either for the purpose of work, visits, or institutional business. Staff controls identification checks, a sign-in log, and a metal detector. Also located in EB are the key/locksmith shop and the primary armory. The compound has a somewhat confusing arrangement of buildings, but this facility description roughly tracks a counter-clockwise route around the compound from where the EB exits on to the compound at the Harmon Building.

The first building one encounters after exiting EB onto the prison compound is the Harmon Building, constructed in 1916. It houses all administrative offices, including records, personnel, training, and labor relations. The institutional control center and shift office are housed here. Critical operations, such as maintenance, central chemical storage, and the vault are located in the basement of this building. Inmate visitation takes place in the southwest corner of the building; visitation is arranged in morning and afternoon sessions from Wednesday-Sunday.

Somewhat southeast of the Harmon Building is the powerhouse. It generates steam heat for about 85% of the buildings, as well as domestic hot water for the compound. ORW’s powerhouse has a variety of other functions, including the monitoring of water pressure for the city of Marysville.

A building known as the garage is attached to the powerhouse. Located there is a web design program, one of five vocational programs at ORW. There is a guidance counselor’s office on the second floor of the structure, and it also houses the Release Preparation program that is mandatory for inmates during the last six months of their sentence.

Next to the garage is the three-story school annex building. It houses a computer applications for business program, a public defender’s office, and space for the Sinclair Community College program. It also contains a satellite office of the recreation office. In the basement of the building is the Outpatient Recovery Services component of ORW, which is comprised of several counselors and support staff.

The institutional laundry is next to the school annex. It handles the laundry for certain buildings on the compound that do not have their own washers and dryers. Uniformed staff can also have their uniforms washed, ironed, and mended at the institutional laundry.

.A former Correctional Food Service building (now known as old CFS) houses the quartermaster and commissary operations. The quartermaster issues clothing, linens, underwear, etc., to the inmates. The commissary allows an inmate to shop there every other week for products not furnished by the facility. A small number of staff and a larger number of inmates are assigned to work in this building.

Jean Goche (JG) cottage is next door; it is a reintegration housing unit for Level 1 and 2 inmates. Many long-term inmates live here. The Circle Tail dog program is located here; its mission is to offer basic obedience training to shelter dogs to increase their chance for adoption or make them suitable for the role of a working dog for certain populations.

The Ohio Penal Industry (OPI) shop is the last building on the southern perimeter on the southeast corner. It has operations that produce a number of products used by state agencies and state correctional facilities, such as flags, uniform patches, and eyeglasses. Inmate workers here have a chance to learn valuable work skills in this setting.

As the fence turns north from OPI, the next structure is the Arn complex, a large pod-designed structure with four distinct components. Arn 1 houses reintegration inmates in double cell rooms. These inmates are allowed to go into the community and perform community service tasks. Inmates in the Tapestry program live in Arn 2. This program is based on a behavior-modification model. There are 60 individual cells in Arn 2. There are also 60 cells in Arn 3, which is the Residential Treatment Unit (RTU). There is a full cadre of mental health professionals who work with these inmates, all of whom who have been diagnosed as having severe mental illnesses requiring inpatient treatment. Arn 4 contains the restrictive housing unit, also known as the Transitional Program Unit (TPU). It also contains the Limited Privilege Unit (LPU). The Rules Infraction Board also meets here.

The Arn complex sits behind ORW's main compound, and it is shielded from this main compound by a quadrangle of older buildings and one of the newest (dating from the early 2000's) housing units. Even though the Arn structure is a bit sheltered or hidden compared to a typical prison housing unit, good lighting and good cameras ensure proper outside monitoring of inmate movement.

Directly in front of the Arn complex is the Marguerite Riley building. It houses the outpatient mental health staff of approximately 40 workers, along with Intake. At the south end of the building is an area call C-Corridor; it is the last occupied of the three former housing units in the building. It serves as step down housing area for inmates from the RTU, as well as housing certain level 3 and 4 inmates unable to reside in general population. The ORW's single death row inmate is housed on the second floor.

Across from the southern corner of the Riley building, and arranged parallel to the old CFS building and the laundry mentioned earlier, is the Hale Unit. Inmates who are veterans live here. These inmates are involved with various community service projects, including the training of service dogs for community veterans with PTSD. Also in the Hale Unit is the Horizons Program. The Hale Unit has 250 beds; beds not assigned to veterans are available for general population housing. The New Lincoln Building, currently under construction, is to the west of the Hale Unit.

Arranged in a somewhat northwesterly direction from the north corner of the Riley building are the Kennedy 1-2 unit, a two-story dorm style building housing level 1 and 2 inmates. It also houses a Treatment Readiness Unit and the educational literacy program. Each of the two stories in this unit houses about 260 inmates. The Transcending Center is the next building beyond Kennedy 1-2. Operations here focus on resource programming, with a goal of providing skills and information that will help an inmate re-enter society.

Set somewhat to the rear of and at an angle to Kennedy 1-2 is the Shirley/Rogers building, which was completed in 2008. It is a 1000-bed two story dormitory style building containing two separate units: Shirley and Rogers. Most of the inmates with a food service work assignment live here.

Continuing counterclockwise around the compound to the north along the fence line, one would see the Meridian Building, also known as the Camp, MCC or Reception. It is a multi-use building, with the front section being used for reception/intake services. On the opposite corner is the institutional transportation area where all inmates who are being transported outside ORW are placed in their designated vehicles. This building also contains the dental department and housing for the inmates as they undergo the various testing/assessing/classification components of a prison intake process. Additionally, this building houses an education component for gaining a GED or acquiring skills through a vocational cabling program. In a separate part of the building is the ABC Nursery, which permits inmates meeting specific criteria to live with their babies.

Beyond the Meridian Building the perimeter turns west and roughly half way to the next corner is the "truck trap" sally port. Gate operation is handled through Central Control through radio communication with sally port staff and through camera verification. Southwest of the truck trap is the Med/CFS Building, built in 2004 and containing health care and food service operations. All sick call, medication, diagnostic, and infirmary services for general population inmates are conducted here. However, most of the building is dedicated to food service operations. The dining hall has two sections, with each side providing seating for 244 inmates. Food preparation and service is provided by Aramark with inmate labor and security supervision. A culinary arts program is also in this building.

The next building to the south is the Recovery and Religious Services (R & R) complex, comprised of one brick building and two modular units. There is space for the chaplain's activities in large and small group rooms, and the building also contains the leisure and law libraries. Intensive recovery service programs are conducted in the modular buildings.

Clearview School and the recreation department share the next building on this counter-clockwise circuit from the Harmon Building. The education department offers academic-level and some vocational classes. The recreation department offers a wide range of activities for the inmates. Although not positioned by the recreation department, there is space on the compound for outdoor recreation such as a ball field and walking track. There is a baby dorm under construction in the area that would mark the end of a more or less counter-clockwise circuit of ORW beginning and ending at the Harmon Building.

Outside the secure fence is the institutional warehouse/garage. The staff clothing room is in the warehouse, and facility vehicles and lawn equipment are stored and/or maintained in the garage.

Obviously parts of ORW contain some new buildings, even though others buildings like Harmon are quite old. However, all of the areas viewed by the auditors reflected a concerted effort to keep the facility clean and in good repair.

Summary of Audit Findings

Number of Standards Exceeded: 8

115.11, 115.15, 115.21, 115.31, 115.33, 115.41. 115.64, 115.71

Number of Standards Met: 37

115.12, 115.13, 115.14, 115.16, 115.17, 115.18, 115.22, 115.32, 115.34, 115.35, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

All standards were met or exceeded.

Summary of Corrective Action (if any)

There is no corrective action required of the Ohio Reformatory for Women for the PREA audit period that ended December 31, 2018. All standards were either met or exceeded.

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01 (Prison Rape Elimination), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation), 70-ISA-03 (Sexual Abuse Review Team), 79-ISA-04 (PREA Risk Assessments and Accommodation Strategies), and 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex). For this standard and many of the following standards—even though it will not be specifically mentioned—various parts of ORW's *2019 PREA Compliance Review/Audit* book were used as a reference.

The Ohio Department of Rehabilitation and Correction (ODRC) has a number of agency policies that define/set forth its policy of zero tolerance of sexual misconduct or in some way operationally support the intent of these policies, including (but not limited to) 79-ISA-01 (Prison Rape Elimination), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) , 79-ISA-03 (Sexual Abuse Review Team), 79-ISA-04 (PREA Risk Assessments and Accommodation Strategies), and 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex). Policy 70-ISA-01 specifically sets out that ODRC's PREA zero tolerance policy and the specific provisions that define and undergird it apply to staff, contractor, and volunteers; it further contains a provision that each ODRC facility is to develop its own policy additionally supporting a zero-tolerance operation. Ohio's exemplary record of PREA certification is evidence that PREA is a priority for the agency.

The Chief of the Bureau of Operational Compliance is the PREA coordinator for the agency. She has a group of central office staff who work directly on PREA policy, standards adherence, monitoring, and computer streamlining of the audit process. They have a solid understanding of the standards and audit procedures, along with a keen appreciation of how PREA compliance can benefit the correctional system. She has direct access to the agency Director, meeting with her regularly to discuss PREA concerns. She verified having enough time for ensuring that PREA standards are met and all related concerns are addressed. Each facility in the ODRC system has its own Operational Compliance Manager (OCM) to handle matters of PREA compliance.

ORW's OCM oversees all PREA matters at the facility. In all contacts with the auditors she demonstrated a thorough understanding of all PREA standards and the audit process. She stated she

has ample time for handling all PREA-related tasks and has direct access to the Warden. Because the OCM was previously an investigator at ORW, she has had the PREA special investigator training and has brought an unusual amount of skill and insight into her present position. She is also able to use her specialized training in her role as the investigator of PREA harassment allegations. During the audit process she was extremely helpful in setting up interviews of selected staff and inmates and in efficiently providing any documents requested. Interviews with the Warden and the OCM confirmed ORW's compliance with the components of this standard.

The comprehensive efforts of ORW to establish and maintain a zero-tolerance environment exceed what is required by this standard.

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

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*)

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Information/documents reviewed: 79-ISA-01, contracts with operators of private prisons within the ODRC system, and a written summary of a PREA auditor's interview with the agency's Deputy Director of Administration.

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

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

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

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

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and

determining the need for video monitoring? ☒ Yes ☐ No

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

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

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

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

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

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

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

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

115.13 (b)

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

115.13 (c)

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

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

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

115.13 (d)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, staffing plan, the PREA staffing plan form, the ORW average daily population, inmate communication/weekly rounds (50-PAM-02), unit logs, ORW schematic, Employee Visit Records, and staff shift roster.

By policy ODRC requires each of its institutions to create and maintain a staffing plan. ORW's plan reflects a proper knowledge of how to assign staff appropriately to maintain direct supervision according to generally accepted detention practices in an inmate population of the type confined at ORW and in a physical plant of the type at the facility. It also takes into account the circumstances and location of any substantiated and unsubstantiated sexual abuse allegations. The policy reflects the premise that having enough staff to make rounds is critical to management and security in a confinement setting, and that these rounds can also serve as an effective mechanism for gauging the

climate of the institution for both staff and inmates and for identification and deterrence of sexual abuse and sexual harassment.

The PREA Staffing Plan form is used to give input on any changes that should be considered in the general staffing plan. That particular form allows for information to be listed about blind spots and cameras needed for different locations. The Warden stated in her interview that she monitors all deviations from the staffing plan and there were no deviations from the plan during the 12 months of the audit period. At least annually, the facility must review the staffing plan in conjunction with the agency PREA coordinator to evaluate the facility's use of staff deployment and video monitoring to determine whether adjustments are needed.

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

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 52-RCP-01 (Reception Admission Procedures), 71-SOC-05 (Youthful Inmate Program Management), juvenile daily schedules, floor plan of youthful offender housing unit, OCM memos to the file:

- stating that ORW was not currently housing youthful offenders,
- stating that youthful offenders at ORW have not been denied any privileges, to include (but not limited to) daily large muscle exercise, legally-required special education services, access to programs and work opportunities.

Female youthful offenders are housed at ORW. The interview with the OCM established there were none there at the time of the audit and confirmed there were none held there during the entire audit period. If such youthful offenders were to come to ORW, they would be housed on a separate floor dedicated to such offenders. The documents reviewed and the interview with the OCM provided sufficient information to establish that youthful offenders would be furnished all of the protections and privileges outlined in this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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*)

Information/documents reviewed: 310-SEC-01 (Inmate and Physical Plant Searches), 79-ISA-01, 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy), logs of exigent circumstances, PREA pat down video script, log reflecting that 100% of relevant staff had viewed the pat down video, the Yard 401 strip search log, and OCM memos to file:

- verifying there were no cross-gender strip/body cavity searches from January 1, 2018 to December 31, 2018, nor were there any of these searches during this time period by medical personnel;
- verifying that during the audit period there were no cross-gender pat down searches of female inmates, nor were there any restrictions at ORW restricting female inmates' access to regularly available programs or other out of cell opportunities;
- verifying that ORW did not have any cross gender strip searches, cross gender visual body cavity searches, and/or cross gender pat down searches conducted from January 1, 2018-December 31, 2018; therefore, although a process exists for the documentation of such searches, the process was not used because no such searches occurred; and
- verifying ORW did not have any exigent circumstances where non-medical staff of the opposite gender viewed any female inmates" breasts, buttocks, or genitalia from January 1, 2018-December 31, 2018; therefore, although a process exists for documenting such viewing, the process was not used because no such viewing occurred.

Under Policy 310-SEC-01 (Inmate and Physical Plant Searches) staff are prohibited from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Required staff training includes how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. The training reinforces the ODRC policy of not frisking transgender and intersex inmates for the purpose of determining their genitalia status. The auditors viewed a training video that clearly demonstrated critical techniques for performing searches of transgender inmates. Designee and random staff interviews confirmed the required training is being conducted. Interviews with the Warden, the OCM, and the Major confirmed the materials in the memos verifying that there had been no searches conducted during the audit period in violation of any provision of this standard. The lead auditor interviewed three transgender inmates; one said she had not been pat searched because she does not receive visits, but the other two said they had been pat searched, but only by female officers. The second auditor was able to observe gender-specific pat searches, and they were all done in an appropriate and respectful manner.

The auditors observed a number of living areas with showers and toilets. Any viewing of an inmate performing bodily functions is limited to incidental viewing during routine cell checks or counts. The showering area for the inmates in the double-occupancy cells was comprised of single stall showers with curtains. The dormitory units had showers with single stalls with curtains, and the toilets had individual partitions but no doors.

Agency/facility policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. When a male employee enters a female living area, he is required to set off an alarm that is both a buzzer and a blinking light. Interviews with random inmates verified they understood the meaning of this sight and sound alarm system, and the auditor observed that male staff always used the system when entering the living units. When a male officer is making his rounds, he also verbally announces himself at the bathroom and shower areas. In addition to confirming the practice of opposite-gender announcements through personal observation, the auditors also verified the practice through inmate interviews.

ORW has been very diligent about training and about ensuring the proper practices are carried out; consequently it has exceeded what is required under this standard.

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

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*)

Information/documents reviewed: 79-ISA-01, 64-DCM-02 (Inmates with Disabilities), ODRC/DAS contract for translation and interpretive services, Inmate Handbook (English and Spanish), PREA All-Staff Training module, PREA signage, and an OCM memo to file indicating there was no use of any inmate interpreters or inmate assistants during the audit period for communicating with disabled or Limited English Proficiency (LEP) inmates.

In accord with agency, ORW takes appropriate steps to ensure that inmates with disabilities, such as those who are deaf or hard of hearing, who are blind or have low vision, or who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in and benefit from all of the protections of PREA. Upon arrival at ORW, each inmate receives a facility handbook with information on the agency's PREA policy. This booklet contains phone numbers and addresses informing inmates how and to whom to report sexual abuse or sexual harassment. In addition to the written material given to the inmates, inmates must watch the PREA informational video. The video is usually shown at intake, but by policy it can be shown as late as within seven days of arrival. This video is closed captioned and signed. At the conclusion of the video, inmates can ask questions of staff regarding PREA and on the information they received.

For those inmates that don't speak English, the facility has a contract with Vocalink, which also provides signing for the deaf as well as providing interpretive services for all languages. The second auditor conducted interviews with two deaf inmates, with a staff member on duty signing for the interview. The inmate indicated she was informed of the agency's zero tolerance policy and how to report sexual abuse if necessary. An LEP inmate was also interviewed by the second auditor through the use of Vocalink. The random staff interviews indicated staff awareness about not relying on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where a delay in obtaining an interpreter could impact an inmate's safety. Interviews with intake staff and random staff interviews revealed that in instances where the inmate might have a limited ability to comprehend the PREA information, a staff member would individually read the material (inmate handbook, PREA posters, etc.) in a manner that would allow the inmate to understand the information.

Standard 115.17: Hiring and promotion decisions

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*)

Information/documents reviewed: 31-SEM-02 (Standards of Employee Conduct), 34-PRO-07 (Background Investigations), background investigation checklist authorized by the potential employee/contractor/volunteer/intern for use by the background investigator, log that tracks the date of initial background checks and the date for the next background check, employee applications, and other personnel forms reflecting the requirement to self-report sexual infractions/misconduct outside the agency.

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

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

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, minutes of construction progress meeting—34 (ORW Lincoln Housing Replacement) from K2M Design, request from ORW to ODRC for additional cameras

Because this facility was already PREA-certified at the time of the design of this new construction, agency policy required that the design take into consideration issues regarding the agency's ability to protect inmates from sexual abuse. Additionally, the attendance of the OCM at the construction progress meeting, as reflected by the minutes reviewed by the lead auditor, reflects the facility's on-going attention to PREA matters.

The OCM reported that the cameras at ORW have increased from 175 in October 2015 to 230 in October 2018. Although some of these new cameras are exterior, most of them are interior.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

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

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

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

115.21 (d)

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

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

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, 79-ISA-02, ODRC investigator protocol, ODRC/OSUMC Medical Services Agreement, list of victim support persons and their training certificates, sexual abuse incident/victim support person Activity Report, ODRC/OSHP MOU, ORW/SARNCO MOU, memo from Office of Correctional Health Care, and memo regarding agency policy on use of SAFE's and SANE's.

There are three on-site investigators at the prison: two are ORW investigators and the other is an investigator assigned to ORW by the Ohio State Highway Patrol (OSHP). Every allegation is turned over to the OSHP investigator as a potential criminal case. If the OSHP investigator determines a crime has been committed, the case is then passed to the appropriate entity for prosecution. If the OSHP investigator determines an allegation doesn't constitute a crime, it goes back to a facility investigator for handling as an administrative investigation.

According to the ORW PREA Incident Report Summary, during the 12-month audit period, there were twelve allegations of sexual abuse and one allegation of sexual harassment. One abuse allegation was substantiated, six abuse allegations were unsubstantiated, and three abuse allegations were unfounded. The single harassment allegation was unsubstantiated. No allegation were referred by the OHSP Investigator for prosecution.

Both the facility investigators and the OSHP investigator verified they had received specialized investigatory training. The lead auditor reviewed the training curriculum and also viewed the training certificates for the three investigators. Having a sworn law enforcement officer on-site for criminal investigations is a significant asset; it prevents criminal cases from being overlooked by a local law enforcement office where it may not seem as important as cases from the community. The lead auditor's interview with the OHSP investigator reflected he maintains an excellent working relationship with the local prosecutor's office, which is always beneficial.

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

The lead auditor interviewed two specially-trained ORW victim support staff and reviewed the training curriculum. He was informed that selected staff receive training that includes, among other things, the forensic exam and how to provide support to an inmate during this process. These specially-trained support staff described to the lead auditor that, if necessary, they would accompany and support an ORW victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals as needed. Even though neither of those interviewed had actually had to perform the duties of a support person at ORW, they appeared to be fully prepared to serve in this role**.**

Ohio State University Medical Center (OSUMC, also referred to as Franklin Medical Center) is used for all forensic exams. There is no cost to the inmate for any part of this exam or any follow up. The second auditor conducted a telephone interview with a representative of Franklin Medical Center Emergency Room, who verified that the medical center would accept and perform forensic exams on ORW inmates using either a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE). If there is no SANE or SAFE available, the examination can be conducted by other qualified medical personnel. There is no requirement that a victim name a perpetrator or cooperate with an investigation in order to receive any medical examination, treatment, or support/advocacy services.

The focus of ORDC and ORW on having a specially-trained investigative staff that includes an OHSP investigator, along with its protocols regarding forensic exams, and its provision of both in-house victim support staff and information on how to contact outside support resources readily establish that ORW has exceeded the requirements for this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, OSP 103.07/ Appendix P, Investigator Protocol Appendix A, ORW investigation reports, memo providing agency website address where sexual abuse policy is set out, the actual website for checking links, facility-wide training roster for PREA, a completed form showing the PREA training required for all institutional transfers--including gender-specific training, contractor/volunteer/intern training acknowledgment form, background check authorization, annual staff sexual misconduct disclosure form**,** web site links, OAC 5120-9-24.

Policy 79-ISA-02 requires all facilities within ODRC to conduct an investigation (administrative and/or criminal) into every allegation of sexual abuse or sexual harassment alleged. The OSHP investigator is legally authorized to conduct criminal investigations, and OSP 103.07, Appendix P, sets out the protocol for evidence collection for the OSHP Investigator. The facility investigators handle the administrative investigations, except for the allegations of sexual harassment, which are forwarded to the OCM.

The lead auditor conducted interviews with the OHSP Investigator and the two ORW Investigators. They all confirmed that an investigation is conducted on every allegation of sexual abuse, sexual harassment, or retaliation, regardless of how the allegation was made or received (written, verbal, anonymous or third party). The ORW investigators and the OSHP investigator outlined the process each follows when allegations occur, to include the specific evidence protocols that must be followed.

The three investigators appeared to work well together, with a common desire to work all PREA allegations as needed**.**

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

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

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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Information/documents reviewed: 79-ISA-01, 39-TRN-10 (Employee Orientation Training), and e-learning training module from the Corrections Training Academy.

ODRC Policy 79-ISA-01 and Policy 39-TRN-10 set forth the scope and depth of the training program at ORW. The commitment to training, including the issues of zero-tolerance and other PREA principles, is readily apparent in the words of the policies and in the application of the training the auditors observed. The lead auditor reviewed the training curriculum and confirmed that it covered all areas outlined in the standard.

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

In addition to the initial PREA-related training for custody and non-custody staff, annual refresher PREA training is required for all employees. Employee transfers from another ODRC facility must have eight hours of orientation training. This training also has a PREA component, and if the employee is transferring to ORW from a male institution, for instance, a part of the training will be tailored to working with the gender of inmates at their new institution. ORW issues PREA informational cards to staff and discusses PREA policies at rollcall. The NEO curriculum is reviewed annually.

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

As noted previously in this narrative, ODRC's policy requires annual refresher training on PREA, even though the Department of Justice PREA requirement under this standard is employee training every two years. Having an annual requirement for PREA training serves to underscore the importance ODRC and ORW accord the principles of PREA; it is a large part of the reason ORW exceeds the requirements of this standard.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

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

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

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.33 (b)

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

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

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

115.33 (d)

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

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

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, inmate handbook, inmate PREA video, and PREA-related posters.

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

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

Within seven days of an inmate's arrival at ORW, she receives an in-depth orientation on PREA through a video that is closed captioned and signed. If there are any barriers—whether mental or physical--to an inmate's fully comprehending this information, ORW is charged with doing whatever is required to communicate the information to each inmate under ODRC Policy 64-DCM-02 (Inmates with Disabilities). The lead auditor reviewed a sample of Inmate Orientation Checklists verifying that an incoming inmate had been through orientation training, which includes a PREA component. There is PREA information in the handbook, but the checklist has a place for recording that PREA information also was given verbally. There was a place on each checklist for staff to note whether the inmate needed assistance in understanding the material. The lead auditor also viewed the inmate PREA video, which is both captioned and signed.

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

The second auditor interviewed several inmates classed as having a disability: two deaf inmates, one limited-English-proficient (LEP) inmate, and one inmate with a cognitive disability. A staff member on duty signed for the deaf inmate, and the auditor communicated with the LEP inmate by using the facility's translation and interpretative service, Vocalink, Inc. All four of these inmates were knowledgeable of ORW's zero tolerance policy; they clearly understood how to report abuse and harassment to staff, outside agencies, and through third parties.

It was apparent that ORW is committed to employing whatever measures are needed to ensure that each inmate, regardless of whatever communication or comprehension difficulties she might have, understood the protections available under PREA. Staff knowledge about the practices for dealing with disabled inmates and ample confirmation from the inmates regarding their understanding of PREA-related materials allow a finding that ORW exceeds the requirement for this standard.

Standard 115.34: Specialized training: Investigations

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*)

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Information/documents reviewed: 79-ISA-01, training curriculum for investigators, investigator training certificates, and investigator sign-in sheets.

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

When interviewed, each investigator showed a clear understanding of the issues involved when the need arises to interview any of ORW's inmates who may have communication/language problems, mental limitations or other disabilities. Each investigator has a separate office, but the lead auditor's occasions to view the three of them together suggest that they have an excellent working relationship based on effective communication and a shared commitment to their role at ORW.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01, PREA training sign-in sheets for regular PREA training, logs showing completion dates for medical and mental health practitioners' (staff and contractors) training, on-line curriculum for specialized medical and mental health training, training acknowledgments from contractors, and medical services agreement between ODRC and the Ohio State University Medical Center/Franklin Medical Center

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

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
  ☒ Yes ☐ No

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

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

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

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

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

115.41 (e)

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

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

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

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

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-04 (Screening Policy and its 2019 variance request), completed screening instruments, Incident Reports, and Daily Intake Reports.

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

The screening is a detailed, multi-step process. The lead auditor observed the beginning of this process when an inmate arrives at ORW. All new arrivals to ORW are immediately assessed by the medical department, with the assigned nurse beginning the assessment and completing the first screen. Key points covered in the assessment include, among other things, (1), whether the inmate has a mental, physical, or developmental disability; (2) the age and physical build of the inmate; (3) whether the inmate has prior sex offense convictions; and (4) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. ORW is not required for immigration status since it does not have inmates who are there solely for civil immigration purposes. There is no discipline imposed for an inmate's failure to reveal personal information to any of the screening questions**.** After the first step in the screening, the assessment is then put in a queue for the case managers, and any inmate potentially at risk based on this screening is sent to mental health or medical.

The case managers review their "In Progress" assessments at least daily and complete the second screen. The assessment than goes into the unit manager queue, and the unit managers determine whether or not an inmate requires one of four PREA classifications: Victim (High Risk)--an automatic classification for any previous victim of sexual abuse in an institution setting; Abuser (High Risk)--an

automatic classification for anyone who previously abused another in an institutional setting; Potential Victim--at risk of victimization; or Potential Abuser--at risk of abusing another.

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

After an inmate's initial housing/program assignment, if there is any allegation of abuse, the inmate victim is moved to a safe housing situation until a review of her situation is made. Within seven calendar days, unit management shall complete a special assessment of both the alleged victim and abuser within the PREA risk assessment system. This special assessment may lead to a change in PREA classifications for those involved, as well as a different accommodation strategies. A special screening may also occur if, pursuant to DRC policy 67-MNH-02 (Mental Health Screening and Mental Health Classification), any employee makes a mental health referral based on their observation of the inmate's behavior or at the inmate's request.

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

A policy variance was approved after the audit period but before the on-site review. It instituted additional procedures for screenings after inmates were off the compound for court appearances or other law enforcement reasons. A screening upon return was already required by the policy, but now there are provisions for a more thorough screening. There are also requirements for another screening at least 15 days after the inmate's return to the prison but no later than 30 days afterward, should new relevant information become available. Unit management would complete that assessment, and the inmate is to be present at the 30-day review. Even though this variance was incorporated into the policy after the close of the audit period, it is mentioned here as being indicative of the attention that ODRC accords to staying abreast of any nuances in the standards and to being in complete compliance with the all the provisions of PREA.

ORW exceeds the requirements of this standard because of the comprehensiveness of its assessment process, along with its attention to the need to make regular reviews of its practices.

Standard 115.42: Use of screening information

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

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

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

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

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

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

The lead auditor reviewed documents and assessments reflecting the work of this team, including one assessment that provided information regarding considerations for proper housing. Supervisors in areas such as educational/vocational programs or work assignments have limited access to the risk assessment information; they will know the PREA classification (victim or potential victim/ abuser or potential abuser) of an inmate, but not the reasons for it. The lead auditor also interviewed three transgender inmates; none reported any difficulty with housing, work assignments, or program assignments related to their sexual preference.

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

Standard 115.43: Protective Custody

115.43 (a)

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

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

115.43 (b)

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

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

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

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

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

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

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

115.43 (c)

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

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: Policy 79-ISA-02, and OCM memo to file stating there were no instances of involuntary confinement during the audit period.

Policy 79-ISA-02 forbids the placing of inmates at high risk for sexual victimization in involuntary Restrictive Housing (RH) or Limited Privileges Housing (LPH) unless an assessment of all available alternatives has been made and a decision has been made that there is no other means of separating a vulnerable inmate from likely abusers. If an Imminent Risk of Sexual Abuse (DRC1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than 24 hours while completing the assessment. If an inmate is separated from the general population as a means of providing her PREA-related protection, unit management will offer the inmate a review every 30 calendar days to determine whether there is a continuing need for separation.

During her interview, the Warden confirmed the agency policy. In the 12 months of the audit period, involuntary segregation was never used for the placement for inmates at high risk of victimization. The lead auditor also interviewed the Chief of Security and the OCM on the matter of involuntary confinement in segregation; they both further confirmed that no inmates had been involuntarily held in RH or LPH segregation for protection purposes during the audit period.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

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

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, inmate handbook (English and Spanish), agreement with Franklin County Juvenile Detention Facility, ODRC Employee Handbook, PREA posters, PREA e-learning training module, incident report, and memo to file confirming that ORW does not detain inmates solely for immigration purposes.

Inmates arriving at ORW have already had some introduction to PREA principles since they come to ORW as transfers from a reception center or possibly another ODRC facility. When they get to ORW, they all get PREA information again: the inmate handbook (in English or Spanish) they receive on arrival has a detailed PREA section, and within seven days of arrival they view a PREA video and have an opportunity to ask questions. Signage in the visitation area at ORW details how reports can be made by third parties such as family members or friends on behalf of the inmate. There are also posters in

the halls traversed by inmates and in the living units giving instructions on how to make reports. There are posters specific to restricted housing areas that provide information on how to report sexual abuse.

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

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

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

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

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

115.52 (c)

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

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

115.52 (d)

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

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

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

115.52 (e)

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

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

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

115.52 (f)

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

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

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

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

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

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

ODRC considers that the standard is applicable but that they are exempt. ODRC takes this position because of the PREA guidance that “An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.” ORW’s grievance process is the appropriate mechanism for inmate use for other operational areas, but it does not use the grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment.

ORW informs offenders (inmate handbooks and Policy 79-ISA-02) that they should not use the grievance process for sexual abuse or sexual harassment allegations. The offenders are not absolutely prohibited from using grievance forms to make written PREA allegations, but they are instructed that any PREA allegations received on grievance forms will be immediately forwarded to an ORW investigator for proper handling under Policy 79-ISA-02.

Standard 115.53: Inmate access to outside confidential support

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*)

Information/documents reviewed: 79-ISA-01, MOU for outside services with Sexual Violence Hotline/SARNCO, inmate handbook, rape crisis center posters, and list of contact information for Ohio rape crisis centers.

Under ODRC Policy 79-ISA-01, a list of mailing addresses and telephone numbers including toll-free hotline numbers of local, state, or national victim advocacy or rape crisis organizations is provided to the unit staff for communication to the inmates. Inmates must be notified that telephone calls are not confidential. Inmates at ORW have access to local outside support services through the Ohio Sexual Violence Helpline and the Sexual Assault Response Network of Central Ohio (SARNCO). SARNCO offers offenders access to a victim's advocate for the providing of emotional support and other services related to sexual abuse. Posters throughout ORW give contact information for this organization. Inmates are to be informed that communication with this organization is subject to being monitored, and community service providers may also have their own mandatory reporting rules governing privacy and confidentiality. The auditors reviewed the MOU with Sexual Violence Hotline/SARNCO, which is effective until July, 2020, to confirm the organization is to provide on-going support and advocacy services for ORW inmates.

The second auditor spoke with a representative of the organization via telephone interview during the on-site audit at ORW; the representative confirmed the services that the organization makes available. The second auditor also verified the agency has a MOU valid through 7/20 with Ohio Department of Rehabilitation, which provides a confidential response service for incarcerated individuals who have been sexually assaulted or abused.

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

Standard 115.54: Third-party reporting

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*)

Information/documents reviewed: 79-ISA-02, ODRC hotline and email address, ODRC website, and posters.

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

The second auditor conducted formal interviews of 57 targeted or random offenders, with the lead auditor interviewing another three targeted offenders along with numerous informal inmate interviews. . Of the inmates interviewed, whether formally or informally, all understood they could report sexual abuse to another person or organization who could then report it on their behalf. No inmate interviewed said any third-party report had ever been made on her behalf.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

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

115.61 (b)

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, 79-ISA-04, OCM memos stating there were no cases (to include IDD cases) requiring a duty to report during the audit period.

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

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

Staff may privately report sexual misconduct by completing an Incident Report marked confidential and submitting it directly to the OCM or the ODRC PREA Coordinator; the report will then be routed to an ORW investigator. Any employee who receives a verbal or written report from an inmate, an anonymous source, or a third party of about an incident of sexual misconduct or retaliation must immediately notify the shift supervisor and complete an Incident Report, marked confidential, with a copy to the OCM and an institutional investigator. By policy, staff can not reveal any information related to such report to anyone other than to the extent necessary to make treatment, investigation, security, and management decisions. The lead auditor's questioning of 68 staff, both formally and informally, verified that everyone understood the duty to report and the mechanics of how to report. The lead auditor also viewed a file showing how a third party report had been handled; the documents demonstrated that the report had been handled swiftly and efficiently, according to policy.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, OCM memo to file stating there were no inmates at imminent risk during the audit period.

Agency Policy 79-ISA-02 requires that whenever the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action must occur to protect the inmate. All reports of substantial risk of imminent sexual abuse shall immediately be forwarded to an institutional Investigator, the OCM, UMC, and shift supervisor. As soon as a report is received, security staff will act immediately to protect the inmate. Protective measures would be housing changes, transfers of inmate victims or abusers, and removal of alleged staff or inmate abusers from contact with victims.

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

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, OCM memo to file stating no inmates reporting sexual abuse while confined at another facility.

ODRC policy 79-ISA-02 requires that whenever an inmate reports being abused at another facility, the ORW warden must notify the head of that facility or the appropriate office of the agency/facility within 72 hours, and the facility receiving such allegation is then responsible for conducting an investigation as required. The Warden confirmed the process for handling such allegations. During the audit period no inmates reported sexual abuse while confined at another facility.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, First Responder Checklist, and completed Incident Report with linked First Responder Checklist.

ODRC Policy 79-ISA-02 and ORW's Institutional Sexual Abuse Coordinated Response Plan set out the responsibilities of security and non-security staff acting as first responders when allegations of sexual abuse arise. Each staff member at ORW is trained to be a first responder. The agency has an excellent flow-chart type graphic in Appendix C of Policy 79-ISA-02 that clearly distinguishes the duties of both security supervisors and of non-security/line security as first responders. Appendix D of that same policy is a detailed first responder checklist showing tasks with room for comments so the Investigator (who gets the original) and the OCM (who gets a copy) have a brief but important summary of what actions were taken by whom. Having confusion at a time of crisis is always problematic, and the flow chart and the checklist are important tools so that everyone knows just what to do.

The lead auditor interviewed multiple security and non-security personnel about their duties as first responders. All staff interviewed knew their duty to separate the inmates to ensure safety for the victim while also either asking those involved not to destroy evidence or acting to protect/preserve evidence themselves, depending on the first responder's job title. All first responder have a card listing their tasks. Even volunteers interviewed by the lead auditor knew what acts should be taken by first responders. Additionally, the lead auditor reviewed two completed Incident Reports and their accompanying First Responder Checklists.
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The in-depth knowledge of staff about what to do when an incident occurs was impressive, and the comprehensive checklist helps to make sure that no important step is missed. Appendix C of the policy with its graphic showing who does what throughout the process is also indicative of ORW's understanding of the important role of the first responder. Although security staff are usually the first

responders, during the audit period there were three instances where the first responders were non-security; according to the PAQ, these non-security first responders performed their duties in accord with policy. ORW exceeds what is required for this standard.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02 (ORW Appendix B, Sexual Abuse Coordinated Response Plan).

ORW has a very detailed the written institutional plan that sets out how the actions of first responders, medical/mental health practitioners, victim support persons, investigators, and facility leadership are to be carried out and coordinated to provide the most effective response possible to an incident of sexual abuse. The plan as set out in ORW's policy also includes copies of all forms that might be needed, such as medical/mental health referral, incident reports, etc. This local policy works in conjunction with ODRC policy 79-ISA-02. The lead auditor reviewed the institutional plan, and various staff interviewed--including the Chief of Security, the Unit Management Chief, and the facility Investigators--verified they knew what their individual roles would be in case of an incident.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 2018 union contracts or other materials setting out the agreements with ODRC.

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

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

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

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

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

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, case file reflecting monitoring process, memos to file stating no incidents of retaliation during the audit period and no incidents of anyone expressing a fear of retaliation.

Retaliation monitoring for any inmate and any staff member who has reported sexual abuse/harassment and/or cooperated with a sexual abuse or sexual harassment investigations is described in Policy 79-ISA-02. There is a minimum time of 90 days for this monitoring period unless the incident requires more time; the monitoring must be documented, with periodic status checks every 30 days. Monitoring duties for all cases involving sexual abuse for both inmates and employees are handled by a facility investigator. If the allegation involves sexual harassment involving staff or inmates, the monitoring of retaliation falls to the OCM. The duty to monitor ceases if the retaliation allegation is deemed unfounded or if the inmate victim or witness is transferred to another institution or is released. The lead investigator reviewed a comprehensive file starting with an abuse allegation, going through the investigatory process wherein the allegation was substantiated, and through the lengthy monitoring process—even though the abuser had been released from ORW fairly soon after the allegation was made.

Documentation in the files reflected that there were no cases of retaliation during the audit period.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-04 and memo to file verifying that ORW did not used restrictive housing for inmate protection during the audit period.

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

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

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

115.71 (b)

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

115.71 (c)

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

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

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

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, MOU with OSHP, case files, record retention schedule, memo to file that no cases were referred for prosecution, certificates of specialized training for investigators.

By policy, every allegation of sexual abuse and sexual harassment is investigated. A criminal or administrative investigation must be done promptly, thoroughly and objectively on every allegation of sexual abuse that is received or the facility becomes aware of. An MOU dated February 14, 2014, with the Ohio State Patrol lists further considerations concerning victims' rights and investigatory procedures. The policy and the MOU detail the process for the completion of sexual abuse and sexual harassment investigations conducted at ORW. ODRC publishes its investigative policy on its website: http://drc.ohio.gov/policies/investigations.

ORW has two facility Investigators and one OSHP Investigator. The OHSP Investigator has the authority to conduct a criminal investigation and then refer the case for prosecution, if warranted. The two facility investigators handle administrative investigations of abuse and retaliation investigations. The OCM, who was previously a specially-trained facility investigator, handles harassment investigations.

Both ODRC and OSHP require their investigators to receive specialized training, and the lead auditor verified through interviews and through a review of their training certificates that all three investigators had completed the specialized training. One of the investigators began his employment during the audit period, and a review of his predecessor's training credentials confirmed compliance with the standard also. The lead auditor's interviews with all three investigators indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. The facility investigators also indicated they do not require an inmate who alleges sexual abuse to submit to a polygraph examination or some similar process as a condition for proceeding with an investigation.

During their interviews with the lead auditor, the investigators detailed the investigative process. The cases involve gathering and preserving direct and circumstantial evidence, DNA and physical evidence, and electronic monitoring data, along with conducting interviews with alleged victims, perpetrators, and witnesses. An investigation also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of ORW does not provide a basis for terminating any investigation.

The lead auditor reviewed all case files for the audit period and found each file contained whatever evidence could be gathered regarding an allegation, with the files supporting what the investigators had stated in their interviews. These case files included all interviews, photos, recorded video footage, first responder details, outcome notifications, retaliation monitoring (if required) and incident reviews.

The excellent coverage for investigating PREA violations provided by two facility investigators and one OHSP investigator exceed what is required by this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Information/documents reviewed: 79-ISA-02.

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The lead auditor confirmed this threshold during his interview with the facility investigators and the OSHP investigator**.** ORW had twelve sexual abuse allegations and one sexual harassment allegations during the audit period. It had one substantiated PREA sexual abuse incident during the audit period.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, incident report case files, and ORW PREA Incident Report Summary.

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

This same policy requires that whenever an inmate alleges that a staff member has committed sexual misconduct against her, the facility will inform the inmate (unless the investigation has determined the allegation was unfounded) when the employee is no longer assigned on her unit, no longer employed in the facility, and if the employee was charged or indicted. Any inmate making an allegation against another inmate must be notified about the outcome of the allegation--whether criminal or administrative--and any consequences arising out of the allegation. If the allegation ultimately results in an indictment and trial, she must also be informed of the outcome of the trial. The duty to report to the inmate ends with her release from ODRC's custody. Based on the lead auditor's review of the files from allegations made at ORW during the audit period, along with the ORW PREA Incident Report Summary, appropriate notifications were made.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

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Information/documents reviewed: 79-ISA-01, 31-SEM-07 (Unauthorized Relationships) , memos to file stating no employee resigned or was terminated due to PREA violations and no employee was disciplined for any PREA violations falling short of actual sexual abuse.

ODRC policies clearly state that facility employees are subject to disciplinary sanction up to and including termination for violating agency sexual abuse, sexual harassment, and/or retaliation policies. These policies also specify that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment be commensurate with (1) the nature and circumstances of the acts committed, (2) the employee's disciplinary history, and (3) sanctions imposed on other staff with similar histories for comparable offenses. All terminations for violations of agency sexual misconduct policies must be reported to ODRC legal services by the managing officer so that to any licensing bodies can be notified. Such terminations, as well as resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and will also be reported to any relevant licensing bodies

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

Standard 115.77: Corrective action for contractors and volunteers

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*)

Information/documents reviewed: 79-ISA-01, 71-SOC-01 (Recruitment, Training, and Supervision of Volunteers), memo to file stating there were no allegations of sexual abuse against contractors or volunteers during the audit period.

Corrective action for contractors and volunteers is defined by two policies. These policies require that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and reported to law enforcement agencies and/or relevant licensing boards (unless the activity was clearly not criminal). Contractors, volunteers and others who fall under this standard have been trained about these policies, rules, and regulations.

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

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, Policies 56-DSC-01 (Conduct Report and Hearing Officer Procedures)

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

- referral to the Serious Misconduct Panel (SMP) for placement into Extended Restrictive Housing;
- a special security review which considers the sexual abuse behavior, during which, at a minimum, the inmate should be considered for an increase of one security level;
- institutional separations shall be placed on the aggressor and the victim consistent with ODRC Policy 53-CLS-05 (Inmate Separations); and
- the RIB/SMP may order the aggressor to pay reasonable restitution to ODRC for the costs it incurred as a result of the sexual abuse.

Staff interviewed, including mental health staff, all verified that in PREA-related cases where sanctions would be imposed, offender mental health is taken into consideration. The lead auditor determined compliance with this standard through a review of agency policies, Ohio Admin. Code 5120-9-06 (Inmate Rules of Conduct), and written documentation verifying that there were no substantiated sexual abuse or sexual harassment cases in which disciplinary sanctions were imposed during the audit period.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02 and 79-ISA-04, along with 67-MNH-02 (Mental Health Screening and Mental Health Classifications), PREA classification list, completed risk assessments, memos to file stating that there were no cases requiring notification of informed consent before reporting abuse in the community to law enforcement and there were no inmates who had to be classified as abusers at intake.

Several ODRC policies set out the protocols on what actions are to be taken related to screening of inmates who are assigned PREA classifications of actual or potential victims or abusers. When the facility becomes aware--either through disclosure by the inmate or a notation anywhere in her record--that she has experienced prior sexual victimization either in an institution or in the community, or if she is perceived to be at risk of victimization, she is to be offered a follow-up meeting with a medical or mental health practitioner. This meeting is to occur within 14 days of the facility becoming aware of the

situation. The same protocol is applied to inmates who are determined to be actual or potential abusers.

The lead auditor viewed a PREA classification list compiled by ORW that shows all inmates with a PREA classification, which could be any of the following: Potential Victim (PV), Victim (V), Potential Abuser (PA), and Abuser (A). A review some of the PREA assessment reflected the careful attention paid to living and work assignments so that P's and PV's would be separated from A's and PA's. The lead auditor also reviewed PREA assessments leading to PREA classifications, referrals to mental health services, and recommendations regarding inmate assignments and type of supervision needed, such as "should not be housed with abusers" or recommendations not to assign the inmate to educational or program placements with abusers. In an assessment where the inmate had requested mental health services, the file also showed the referral was made in a timely manner, along with a confirmation from a mental health professional that the inmate had been seen.

By policy, all information related to sexual victimization or abusiveness is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, work, education, and program assignments, or as otherwise required by federal, state, or local law. Interviews with the OCM, the Mental Health Administrator, and the Health Care Administrator indicated that all information is shared only on a need to know basis and is password protected.

Medical and mental health practitioners are required to obtain informed consent from offenders before reporting information about prior sexual victimization that occurred in the community; an exception to this requirement would exist for inmates under 18 (ORW does not house offenders under 18) and for vulnerable adults. Confidentiality rules and related mandatory reporting laws are clearly explained to offenders and acknowledged by them in writing.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-02, 67-MNH-09 (Suicide Prevention), medical protocol B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse), 67-MNH-02 (Mental Health Screening and Mental Health Classification), mental health staff schedule

Several policies set out the guidelines medical staff at ORW must follow to ensure that victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services. These policies and guidelines allow the nature and scope of the services to be based upon the medical/mental health practitioner's professional judgment. In accord with Medical Protocol B-11 and policy 67-MNH-02, inmates reporting sexual abuse in any prison, jail, lockup or juvenile facility will be offered medical/mental health evaluations and treatment as appropriate. The lead auditor viewed the staffing schedule to verify the availability of practitioners; medical staff is available 24/7, and mental health practitioners are on-call for days when the employees are not at ORW.

Interviews with medical and mental health staff at ORW and a review of sexual abuse allegation files confirmed every inmate victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis. These interviews further confirmed that the type of services offered or provided are based on their professional judgment. If required, the hospital customarily used is Ohio State University Medical Center/Franklin Medical Center. The second auditor verified available SAFE (Sexual Assault Forensic Examiners) and SANE (Sexual Assault Nurse Examiners) procedures and services provided by Ohio Department of Rehabilitation and Ohio State University/ Franklin Medical facility. Sexual assault victims are examined by either a SANE (Sexual Assault Nurse Examiners) or a SAFE (Sexual Assault Forensic Examiners) at Franklin Medical Center. The second

auditor also contacted a staff member at Franklin County Emergency Room who verified they would accept and perform forensic exams on the ORW inmates that had been sexually assaulted.

By policy, all treatment services, whether physical or mental health, are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation. The lead auditor also reviewed an incident report/medical exam that arose out of an allegation of touching; contents of the file reflected that the inmate had been offered both medical and mental health services. During the audit period, there were no forensic examinations conducted.

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

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*)

Information/documents reviewed: 79-ISA-02, B-11, 67-MNH-02 (Mental Health Screening and Mental Health Classifications), 67-MNH-04 (Transfer and Discharge of the Mental Health Caseload), 67-MNH-15 (Mental Health Treatment), memo to file verifying there were no inmate-on-inmate abusers who remained at ORW for 60 days after their classification, thereby triggering the offering of mental health services if appropriate.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)
in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Information/documents reviewed: 79-ISA-03, list of SART members, "Sexual Abuse Review Team Screens" of several PREA Incident Report Applications showing the actions of the SART including any recommendations that might be made according to the circumstances of the allegation.

Policy requires the ORW warden to establish a Sexual Abuse Review Team (SART) comprised of, at a minimum, a deputy warden, an investigator, the OCM (who will serve as chair), a victim support person, and other staff that may have relevant input, such as a mental health professional. This policy also requires the SART to conduct an administrative review within 30 days of the conclusion of a sexual abuse investigation, unless an allegation was deemed to be unfounded.

SART responsibilities require a thorough review of the circumstances of each incident. Their review and report must contain the following:

- the name(s) of the person(s) involved;
- events leading up to and following the incident;
- a consideration of whether the actions taken were consistent with agency policies and procedures;
- a consideration of whether the allegation or investigation shows a need to change policy or practice to better detect, or respond to sexual abuse;
- a consideration of whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility;
- an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts;
- an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

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

ORW would then be required to implement any recommendations resulting from this review or document the reasons for not doing so. Sexual abuse incident reviews were completed in the prescribed timeframe on the four cases determined to be substantiated or unsubstantiated during the audit period. The lead auditor reviewed a selection of completed SART reports, including the recommendations to the Warden. This review established that the team evaluated the issues listed above, made some recommendations about training and about placement of two cameras, and the Warden concurred with the recommendations. When interviewed, the OCM stated that SART reviews consider such things as inmate movement, area blind spots, and any significant need to supplement camera monitoring. For the files reviewed by the lead auditor, the SART reviews did not establish the need to make any major adjustments; all were signed by the Warden.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: 79-ISA-01**,** 2017 ODRC Annual Internal Report on Sexual Assault Data, which included *An Analysis of 2015-2016 Sexual Assault Data, 2018 ODRC Annual Internal Report on Sexual Assault Data***,** along with *An Analysis of 2016-2017 Sexual Assault Data***,** and 2017 SSV-2.

ODRC 79-ISA-01 requires uniform data to be collected for every incident of sexual abuse alleged to have occurred at ORW, using a standardized instrument and set of definitions. Data from ORW in the comprehensive PREA Incident Packet is then aggregated annually in Columbus with data from all other ODRC facilities. The incident-based data includes information needed to complete the standardized 2017 Survey of Sexual Violence-2 (SSV-2) for the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews must be maintained, reviewed, and collected as needed to complete the SSV-2. The ODRC annually aggregates and publishes this incident-based sexual abuse data, redacted as necessary for privacy.

*2017 ODRC Annual Internal Report on Sexual Assault Data***,** along with *An Analysis of 2015-2016 Sexual Assault Data*, was published in early in the audit period in March, 2018. The *2018 ODRC Annual Internal Report on Sexual Assault Data,* accompanied by *An Analysis of 2016-2017 Sexual Assault Data*, was published shortly after the end of the audit period. Both reports are available for public review on the agency's website at http://www.drc.ohio.gov/prea. The lead auditor reviewed applicable policy, the 2017 SSV-2, and both the 2018 *Annual Internal Report on Sexual Assault Data,* including *An Analysis of 2016-2017 Sexual Assault Data* and the preceding year's report of the same type.

Standard 115.88: Data review for corrective action

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*)

Information/documents reviewed: 79-ISA-01, *2017 ODRC Annual Internal Report on Sexual Assault Data***,** which included *An Analysis of 2015-2016 Sexual Assault Data***,** *2018 ODRC Annual Internal Report on Sexual Assault Data***,** along with *An Analysis of 2016-2017 Sexual Assault Data,* completed 2017 SSV-2 form**.**

Policy requires the agency to review and collect incident-based sexual abuse data from all of its facilities to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, procedures, and training by (1) identifying problem areas, (2) taking corrective action on an ongoing basis, and (3) compiling an annual report of findings/corrective actions for each facility, as well as for ODRC as a whole.

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

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

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

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

ODRC policy 79-ISA-01 requires that aggregated sexual abuse data from facilities under its direct control, including all privately-run facilities, is annually updated. This information, stripped of any personal identifiers, is readily available to the public on its website. The most recent compilation, published shortly after the end of the audit period, is the *2018 ODRC Annual Internal Report on Sexual Assault Data,* with *An Analysis of 2016-2017 Sexual Assault Data*. It contains a comparison of incidents from 2016 and 2017 and can be viewed at this web address: http://drc.ohio.gov/prea. The online publication of this data was verified through the lead auditor's accessing the ODRC web site and viewing the most recent report. Also reviewed was the *2017 ODRC Annual Internal Report on Sexual Assault Data*, containing *An Analysis of 2015-2016 Sexual Assault Data*, which was published in March of the audit period.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

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

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

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

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

The lead auditor did receive one letter from an inmate; the letter appeared to have been treated as legal mail and it was turned over to an investigator at ORW.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Information/documents reviewed: Relevant policies, written communication from inmate.

ODRC posts its completed audit reports on the agency web site (http://www.drc.ohio.gov/prea) as required by this standard, and the lead auditor has verified that PREA audit reports from 2014-2018 are

available for review on the website. It has been an on-going practice with ODRC to publish a final PREA audit report for a facility on its website within two weeks after its completion and approval.

AUDITOR CERTIFICATION

I certify that:

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

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

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

Auditor Instructions:

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

Douglas K. Sproat, Jr. April 27, 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.