

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

Interim       Final

Date of Report    June 03, 2019

## Auditor Information

Name: **James Curington**

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Company Name: American Correctional Association

Mailing Address: PO Box 2231

City, State, Zip: Alachua, FL 32616

Telephone: 352-538-2636

Date of Facility Visit: May 1-3, 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: Same

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-smith@odrc.state.oh.us

Telephone: 614-752-1164

## Agency-Wide PREA Coordinator

Name: Amanda Moon

Title: Chief, Bureau of Operational Compliance

<b>Email:</b> Amanda.Moon@odrc.state.oh.us	<b>Telephone:</b> 614-752-1708
<b>PREA Coordinator Reports to:</b> Agency Chief Inspector	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 25

### Facility Information

<b>Name of Facility:</b> Ohio State Penitentiary	
<b>Physical Address:</b> 878 Coitsville-Hubbard Rd Youngstown, Ohio 44505	
<b>Mailing Address (if different than above):</b> Same	
<b>Telephone Number:</b> 1-330-743-0700	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison

**Facility Mission:** The Ohio State Penitentiary serves and protects the citizens of our great State with an environment promoting safety, security and dignity, empowering the development of prosocial attitudes and behaviors among offenders, and facilitating their transition to the general population and to the community with the unequivocal goal of reducing recidivism Click or tap here to enter text.

**Facility Website with PREA Information:** <http://www.drc.ohio.gov/web/prea.htm>

### Warden/Superintendent

<b>Name:</b> Richard A. Bowen	<b>Title:</b> Warden
<b>Email:</b> Richard.Bowen@odrc.state.oh.us	<b>Telephone:</b> 1-330-743-0700 ext. 25035

### Facility PREA Compliance Manager

<b>Name:</b> Abbey Palmer	<b>Title:</b> Operational Compliance Manager
<b>Email:</b> Abbey.Palmer@odrc.state.oh.us	<b>Telephone:</b> 1-330-743-0700 ext. 25044

### Facility Health Service Administrator

<b>Name:</b> Stacey Stewart	<b>Title:</b> Health Care Administrator
<b>Email:</b> Stacey.Stewart@odrc.state.oh.us	<b>Telephone:</b> 1-330-743-0700 ext. 25158

### Facility Characteristics

<b>Designated Facility Capacity:</b> 504	<b>Current Population of Facility:</b> 478
<b>Number of inmates admitted to facility during the past 12 months</b>	326

<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			326
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			326
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			20
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> NA	<b>Adults:</b> 19 - 69	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			NA
<b>Average length of stay or time under supervision:</b>			7.74 years
<b>Facility security level/inmate custody levels:</b>			Level 1, 4 and E
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			326
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			35
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>			2
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 2		<b>Number of Single Cell Housing Units:</b> 4	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		16	
<b>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.):</b>			
Cameras are installed in various locations throughout the interior and exterior of the prison.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Outpatient primary care with overnight observation	
<b>Forensic sexual assault medical exams are conducted at:</b>		St. Elizabeth Health Center (Mercy Health)	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>			102
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>			1

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) audit for the Ohio Department of Rehabilitation and Correction (ODRC), Ohio State Penitentiary (OSP) facility was scheduled beginning in January of 2019 with contact and notification of James Curington, certified PREA auditor, by the ODRC through the American Correctional Association (ACA).

The site visit was scheduled for May 1- 3, 2019. The site visit also included an American Correctional Association site visit April 28 - May 1, 2019. This was part of the methodology giving the PREA auditor both an ACA audit review as well as the PREA audit. The methodology further included discussion of using the PREA Resource Center (PRC) Audit Report Template revised 05-2018, the Auditor Handbook, supplemental information and guidance as outlined and generally directed by the PREA Resource Center, and materials supplied by the agency and the PRC.

After the scheduling process, the auditor submitted the Pre-audit Report Form information to the PRC and further information was exchanged between the facility and the auditor. A flash/thumb drive was submitted to the PREA auditor containing documents and information about the facility. This information included a master Pre-Audit Questionnaire (PAQ); the agency interviews (Agency Director, Agency Personnel Director, Agency Contract Director, and the Agency PREA Coordinator; these interviews were performed by James Curington, the PREA auditor); Bureau of Compliance (BOC) PREA Folders; the facility layout of video technology; inmate population reports; and the previous ACA Accreditation Report.

The methodology included the PREA Audit Report Template taken from the PRC website; the PREA Auditor Handbook; information for tours, standards compliance, document review, the general guidelines directed by the PREA Resource Center (PRC); and the auditor's training/testing/experience all to be used in the triangulation of the (1) preaudit phase, (2) the on-site visit and tour, and (3) review of documentation/follow-up, and assessment of standards.

The following steps are outlined:

- 1) scheduling, through the American Correctional Association with the ODRC.
- 2) sending a Pre-Audit Report Form to the PRC.
- 3) making contacts with the agency/facility, posting notices, and exchanging information.
- 4) sending an Agenda to OSP.
- 5) making an on-site visit to the community and to OSP.
- 6) making an assessment of compliance or noncompliance prior to, during, and after the site visit/tour accomplishing the triangulation of the three phases of the audit.
- 7) completing the Final Auditor Summary Report, a product of the triangulation.
- 8) notifying the agency/facility of the Summary Report.
- 9) sending a Post Audit Report with a Final Audit Summary Report attached, to the PRC.

A significant part of the audit report and final product included the methodology of the tour and site visit. The following site visit agenda is detailed:

Sunday, April 28

Evening dinner/introductions/meet and greet – facility staff and auditors for ACA and PREA

Pre-Audit Meetings as appropriate

ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Wed., PREA audit, Wed. – Fri.)

Monday, Tuesday, and Wednesday morning, April 29<sup>th</sup>, 30<sup>th</sup> and May 1 – ACA Audit

Begin the ACA Audit Process including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records including, Litigation, Significant Incidents/Outcome Measures, Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up including the Compliance Tally and Exit Discussion will be coordinated by the ACA Chairperson.

Tuesday continue ACA audit

Wednesday, May 1 – continue ACA Audit and begin PREA Agenda, revisits

8:00 a.m. – continue the ACA audit and prepare for ACA closeout. Prepare for PREA visits on site at the Penitentiary and schedule the required number of interviews as outlined in the Auditor's Handbook. Inmate interviews, at least 26, including targeted inmates. Staff, at a minimum, 12 Random Staff and 16 Specialized Staff (including volunteers, contractors and visitors).

12:00 noon – begin the PREA audit. Discuss the Audit Instrument of the PREA Resource Center including: 1) the Pre-Audit Questionnaire, 2) the Auditor Compliance Tool, 3) the Instructions for the PREA Audit Tour, 4) the Interview Protocols, 5) the Auditor's Summary Report (PREA template Questionnaire), 6) the Process Map, and 7) the Checklist of Documentation with the Warden and the Institutional PREA Compliance Manager and discuss the schedule of revisits and interviews (such as Attend Shift Briefings – Review Post Assignments – Afternoon, Evening).

As necessary, review PREA "Instructions for PREA Audit Tour". Follow up as needed from ACA audit tour.

Schedule interviews with staff and inmates (facility staff assistance).

Review PREA Standards/justifications.

Review demographics of the facility.

Designated Capacity

Actual Capacity

Age Range/Youthful Offenders

Gender

Security Custody Levels

Number of staff: total, security, non-security, program, medical, contract, volunteers, other

SPECIAL NOTE: Lists of inmates including complete inmate roster.

Inmates with disabilities,

LGBTI inmates,

Inmates who are limited English proficient,

Inmates in segregated housing,

Inmates who reported sexual victimization during risk screening,

Inmates who reported sexual abuse,

Inmates placed in seg housing for protection from sexual victimization,

Complete staff roster,

Specialized staff (see Interview Protocols for Staff),

Contractors, and

Volunteers.

Information on pages 42 to 59 of the Auditor's Handbook outlining Interviews.

Review facility schematics - # of buildings, # of dorms, # of acres (inside, outside the compound), # of towers, fence (kind, height, length, security features, etc.). Review blind-spots.

Review Allegations - sexual abuse, harassment, retaliation, investigated-administrative, criminal indicted, prosecuted, referred, founded, unfounded, substantiated, unsubstantiated and "lists of such".

SPECIAL NOTE, lists are also critical in the following areas:

All grievances in the past 12 months.

All incident reports in the past 12 months.

All allegations of sexual abuse and sexual harassment reported for investigation in the past 12 months.

All hotline calls made during the past 12 months.

Again, this is in the Auditors Handbook, page 59.

Interviews with staff and inmates. Note: PREA "Interview Protocols" i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates

View/review Offender Orientation/Admission/Intake

Thursday, May 2

8:00 a.m. Visit and revisit institutional operational areas. Review specialty program areas.

IMPORTANT! 3:00 p.m. Review PREA standards and PREA template Questionnaire with Warden and Key staff. This is tedious and labor intensive, but the auditor feels it demonstrates a significant commitment to PREA compliance.

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local MH.

Interviews with staff and inmates. Note: PREA "Interview Protocols" Make sure interviews include all staff "shifts". Make sure inmates from each housing unit are interviewed.

Friday, May 3

Appropriate to the PREA Auditor's Summary Report, begin "triangulation" of pre-audit, site visit and interviews, information and report.

9:00 a.m. Tour with Warden, Institutional PREA Compliance Manager

11:00 a.m. Review Auditor's Summary procedures (interim report/final report) with key staff

12:00 noon Depart Ohio State Penitentiary

The above agenda was accomplished, making adjustments as necessary for visiting all areas of the facility and for reviewing the operations of OSP.

Interviews with staff were conducted as outlined in the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guidelines. Specifically, 32 staff were formally interviewed from scripted protocols (16 random staff, including staff from each shift, and 16 specialized staff). Additionally, numerous informal interviews and discussions were held with staff.

Interviews were conducted with inmates as outlined in the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guidelines for Inmates. Specifically, 31 inmates were formally interviewed from scripted protocols. Additionally, numerous informal interviews and discussions were held with inmates.

These interviews with staff and inmates, both formal and informal, and the many discussions held with staff and inmates gave the auditor insight into the operations and the PREA compliance efforts at OSP.

The auditor evaluated and assessed each standard listed in the template. The auditor reviewed, with key staff, the template and every standard before final assessment. A final assessment/review process for compliance was made upon completion of the summary report as the final leg in triangulation of the three phases of the audit review.

The auditor assesses the ODRC's Ohio State Penitentiary as compliant with PREA standards (please see Summary of Audit Findings).

The auditor does wish to acknowledge the ODRC support of the PREA audit process and the ODRC's and OSP's commitment to helping eliminate sexual abuse and sexual harassment in prison.

## Facility Characteristics

Ohio State Penitentiary (OSP) of the Ohio Department of Rehabilitation and Correction is located in Northeast Ohio in Youngstown, about 50 miles southeast of Cleveland, Ohio. The mailing address for OSP is, 878 Coitsville Hubbard Rd., Youngstown, OH 44505.

The Penitentiary complex is made up of three buildings: 1) a 180 bed level 1 minimum security Correctional Camp that closed in February of 2018 and is not part of this audit, 2) a Support Building which is a combination of an automotive garage, a warehouse, maintenance and the Laundry (it also houses the central heating and cooling systems and the emergency backup generator) and 3) the main

penitentiary building (OSP). The complex sits on 240 acres with paved perimeter roads that are patrolled 24/7.

OSP is a 519 bed, adult male, single building, level 5 maximum-security penitentiary which houses Ohio's most serious predatory and violent adult male inmates. This building is a large 340,000 ft.<sup>2</sup> multi-level, concrete and steel building designed as a "Super Max" penitentiary. The penitentiary is enclosed by a single no climb, stun fence equipped with appropriate perimeter detection systems. The use of technology includes 146 surveillance cameras (which include pan-tilt-zoom, 360 view, and fixed view varieties, of which 24 cameras are external). Cameras are monitored 24/7 and do meet PREA compliance.

The "Super Max" penitentiary is composed of four housing units/cellblocks each containing 126 single person cells with one exception, (one pod, of one housing unit contains double bunked cells for minimum-security inmates working to support the warehouse, maintenance, laundry, and automotive garage outside the perimeter fencing/main building). The four housing units have computerized electronic control panels, a "man down" alarm system as well as numerous security cameras which allow monitoring of virtually the entire penitentiary.

Further emphasizing the maximum security, is the extremely restricted inmate movement. The maximum-security inmates are assigned to single cells and are not involved in the normal job assignments of food service, recreation, clerks/aide assignments, etc. Example: food service is contracted and performed/operated by staff. All dining is accomplished in the single cells or cellblocks.

Programming, such as Recreation, Education, Psychological Services, Healthcare Services, Religious Services etc. for maximum security inmates, is accomplished on an individual basis with specialized program cell assignments. Education, religious services/study, recovery services/psychology and specialized programs are accomplished in the cellblocks. Outside recreation is accomplished in individualized fenced areas adjacent to the housing units/cellblocks. Again, this is a "Super Max" facility and inmate movement is extremely restricted.

Staffing for OSP: total 330. [Admin/support (25); physical plant (11); healthcare/behavioral support (22); programs (12); security (260).].

Mission statement:

"The Ohio State Penitentiary serves and protects the citizens of our great State with an environment promoting safety, security and dignity, empowering the development of prosocial attitudes and behaviors among offenders, and facilitating their transition to the general population and to the community with the unequivocal goal of reducing recidivism" (this taken from the Ohio state Penitentiary Mission Statement, pre-audit, Bureau of Compliance, folder information).

Ohio State Penitentiary is an American Correctional Association accredited institution.

## Summary of Audit Findings

### Number of Standards Exceeded

Seven (7) Standards Exceeded

Standard 115.11 zero tolerance of sexual abuse and sexual harassment. PREA coordinator  
Standard 115.21 Evidence protocol and forensic medical examinations  
Standard 115.31 Employee training standard.  
Standard 115.35 Specialized training: medical and mental health care  
Standard 115.41 Screening for risk of victimization and abusiveness  
Standard 115.51 Inmate reporting standard.  
Standard 115.88 Data review for corrective action

### Number of Standards Met:

Thirty (36) Standards Met, and add two (2)

Standard 115.12 Contracting with other entities for the confinement of inmates.  
Standard 115.13 Supervision and monitoring  
Standard 115.14 Youthful inmates  
Standard 115.15 Limits to cross gender viewing.  
Standard 115.16 Inmates with disabilities and inmates who are limited English proficient  
Standard 115.17 Hiring and promotion decisions  
Standard 115.18 Upgrades to facilities and technologies  
Standard 115.22 Policies to ensure referrals of allegations for investigations  
Standard 115.32 Volunteer and contractor training.  
Standard 115.33 Inmate education.  
Standard 115.34 Specialized training: investigations.  
Standard 115.42 Use of screening information.  
Standard 115.43 Protective custody.  
Standard 115.52 Exhaustion of administrative remedies.  
Standard 115.53 Inmate access to outside confidential support services.  
Standard 115.54 Third-party reporting.  
Standard 115.61 Staff and agency reporting duties.  
Standard 115.62 Agency protection duties.  
Standard 115.63 Inmate reporting to other confinement facilities.  
Standard 115.64 Staff first responder duties.  
Standard 115.65 Coordinated response.  
Standard 115.66 Preservation of ability to protect inmates from contact with abusers.  
Standard 115.67 Agency protection against retaliation.  
Standard 115.68 Post-allegation protective custody.  
Standard 115.71 Criminal and administrative agency investigations  
Standard 115.72 Evidentiary standard for administrative investigations.  
Standard 115.73 Reporting to inmates.  
Standard 115.76 Disciplinary sanctions for staff.  
Standard 115.77 Corrective action for contractors and volunteers.  
Standard 115.78 Disciplinary sanctions for inmates.  
Standard 115.81 Medical and mental health screenings; history of sexual abuse.  
Standard 115.82 Access to emergency medical and mental health services.  
Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

Standard 115.86 Sexual abuse and incident reviews.  
Standard 115.87 Data collection.  
Standard 115.89 Data storage, publication, and destruction.  
Add,  
Standard 115.401 Frequency and scope of audits.  
Standard 115.403 Audit contents and findings.

**Number of Standards Not Met:** zero (0)

This is the auditor's Summary Final Report and all standards were "meets" or "exceeds" standards

### Summary of Corrective Action (if any)

Corrective action was not required at Ohio State Penitentiary, this is not to say that standards could not be improved (including "exceeds" standards). The auditor discussed with key staff, the idea that one must always strive and move towards an "exceeds" assessment and strive and move to improve upon the level of assessment whether it be "meets" standard or even improve upon the level of "exceeds" standard.

## 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*)

Ohio State Penitentiary is a small to medium-sized single cell, super maximum-security male correctional institution located in Northeast Ohio and, as with all facilities in the ODRC, uses the agency policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The policy 79-ISA-01 Prison Rape Elimination Act was developed for the Ohio Department of Rehabilitation and Correction and addresses all its institutions. It clearly outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment in its' prisons.

The Director of the ODRC, Ms. Annette Chambers-Smith and the Agency PREA Coordinator, Mr. Mark Stegemoller were interviewed by the auditor and both were very supportive of the policy and committed to supporting the Prison Rape Elimination Act and the agency's effort to eliminate sexual abuse and sexual harassment in prison.

"It is the policy of the Ohio Department of Rehabilitation and Correction to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by mandating a program of prevention, detection, response, investigation, and tracking. The department shall maintain a zero tolerance for sexual misconduct in its institutions and in the facilities in which it contracts for the confinement of inmates." This is the agency statement and commitment noted in the policies of the preaudit review, observed during the on-site visit and review of the operations at OSP, and again noted in the post audit triangulation. This commitment is supported by the posters, flyers, reporting systems, and the training of staff, inmates, and volunteers. The ODRC's commitment to cultural change advocates and supports the inmates right to be free from sexual abuse and sexual harassment, and the inmates and employees right to be free from retaliation for reporting sexual abuse. The agency's posted information emphasizes, "Break the Silence". Inmates and staff are encouraged to report misconduct and to work to keep both staff and inmates safe throughout the OSP and the ODRC.

The organizational charts reflect, at the agency level, a Statewide PREA Coordinator with access to the Agency Director and, at the institutional level, a PREA Compliance Manager with direct access to the Warden of OSP. The interviews with key staff including, the Director of the Agency, the Warden and others, all reflect the commitment to eliminating rape in prison and compliance with PREA standards.

The auditor believes that based on the training of staff and inmates, the information above outlined in the policies, and the testing of both staff and volunteers, that there are efforts being made for a cultural change in the ODRC. There is a commitment to safety and security of staff and inmates. Based on this, the interviews and the observation of operations at OSP this standard is assessed as “exceeds”.

## 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*)

The Ohio State Penitentiary does not contract with other entities for the confinement of inmates.

The Ohio Department of Rehabilitation and Correction has facilities with which it contracts for housing of inmates and these facilities are required to comply with PREA. The contracts requiring compliance with PREA standards were reviewed and the Contract Administrator was interviewed. The review of contracts and the interview with the Administrator detailed the agency’s contract, policy, and support of PREA compliance. The ODRC complies with this standard, “meets standard”.

## 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*)

The auditor reviewed the pre-audit file folders/thumb-drive during the preaudit and the staffing plan while at the on-site visit. The following was included:

- 1) Policy 50-PAM-02 Inmate Communications/Weekly Rounds.
- 2) 79-ISA-01 Prison Rape Elimination.
- 3) Shifts, and schedules, daily rosters.
- 4) Employee Visit Record (notebooks).
- 5) Ohio State Penitentiary PREA Staffing Plan (14 pages).

The ODRC policy 79-ISA-01 Prison Rape Elimination, directs that each institution shall develop, document, and make its best efforts to comply with the staffing plan that provides for adequate levels of staff and, where applicable, supplement with video monitoring supervision, and monitoring efforts to protect inmates. The agency and the facility take into consideration those above factors, so listed in section (a).

Generally accepted detention and correctional practices.

Any judicial findings of inadequacy.

Any findings of inadequacy from Federal investigative agencies.

Any findings of inadequacy from internal or external oversight bodies.

All components of the facility's physical plant, including blind spots.

The number and placement of supervisory staff.

Institutional programs occurring on a particular shift.

Any applicable state or local laws, regulations, or standards.

The prevalence of substantiated and unsubstantiated incidences of sexual abuse.

And any other relevant factors.

ODRC policy 79-ISA-01 Prison Rape Elimination, and policy 50-PAM-02 Inmate Communications/Weekly Rounds, and the OSP Staffing Plan specifically addresses supervision, monitoring, communications, and employee visits.

The auditor reviewed the OSP PREA Staffing Plan and discussed the Plan with the Warden during both the Warden's interview and interviews with key staff throughout the on-site visit to OSP. The Warden specifically states that in the OSP, because of the nature of this "Super Max" facility, no deviations are made from the Staffing Plan. This is also documented on the annual review of the Staffing Plan.

During the tour of the facility and during the three-day on-site visit, the auditor reviewed the operations as well as the interaction between staff and inmates. It was clear there was a very high level of custody, care and control. It was also clear that safety and security of staff and inmates was a priority. It was noted that as a "Super Max" facility, supervision and monitoring was at the highest level at OSP.

There are internal and external cameras strategically placed throughout the OSP (143 surveillance cameras: 119 inside, 24 outside). Cameras consist of fixed view, 360° view, and pan-tilt-zoom view. The Chief Correctional Officer and his staff are continually monitoring, through technology, the custody, care and control of the inmates.

It is noted that the facility is sensitive to the change-of-clothing/toilet/shower issues and complies with the PREA standards. Specifically, the inmates are single celled, affording toilet and change-of-clothes within the cell and all inmates are showered singly (individual showers).

Based on the above policies, reviews, camera/technology, interviews, and observations, this standard is assessed as compliant, “meets standard”.

## Standard 115.14: Youthful inmates

### 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*)

The ODRC does not house inmates under the age of 18 at the Ohio State Penitentiary. The facility does not have youthful inmates. Thus, this standard is assessed as compliant, "meets 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*)

The auditor reviewed, during the pre-audit phase, the following policies, procedures, training, video scripts and folders (including statements of fact and rosters) concerning limits to cross gender viewing and searches.

Agency policy 79-ISA-01 Prison Rape Elimination.  
 Agency policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, Intersex (LBGTI.)  
 Statement of Status (no body cavity or cross gender searches at OSP).  
 Statement of Status (no female inmates at OSP, OSP is an all-male facility).  
 Policy number 310-SEC-01 Inmate and Physical Plant Searches.  
 PREA patdown video script/training and transgender video script/training.

OSP is the “Super Max” all-male correctional facility for the ODRC. No female inmates are housed or maintained at OSP.

The ODRC policy 79-ISA-01, Prison Rape Elimination, and policy 310-SEC-01 Inmates and Physical Plant Searches addresses and stipulates that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances. Note, there have been no exigent circumstances at OSP. By policy, if any searches are made involving exigent circumstances, policy requires that the searches be documented.

All security staff received annual training, video training, online training, and shift briefing trainings covering policies and procedures, searches, and the inmates right not to be sexually abused or sexually harassed. As observed by the auditor, staff at OSP are knowledgeable and professional in conducting

searches and, when interviewed, attested to their training, and knowledge of the PREA concerning cross gender viewing and searches. 100% of all security staff have received training on conducting cross gender searches, patdown searches, and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs.

In the past 12 months there have been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates (information taken from the PAQ). This is an all-male facility and OSP does not house female inmates. The auditor visited all housing units and noted that this is a single cell facility with each inmate having his own cell with bed and toilet. Inmates shower individually and it is evident that the inmates could shower, use the toilet, and change clothes without being viewed by a staff member of the opposite gender. There were appropriate curtains for the showers to assist with this privacy. Staff members of the opposite gender have an annunciator system at OSP in which a flashing light and alarm is sounded during the waking hours at OSP and announcements are made during the late evening hours (approximately 10:00 p.m. to 5:00 a.m.). The auditor observed this process.

Agency policy 79-ISA-05 LGBTI prohibits staff from searching or physically examining a transgender or intersex inmate for determining that inmate's genital status.

Based on the review of agency policy, the procedures outlined in the policies, the review of the housing accommodations and shower accommodations, and based on staff and inmate interviews, this standard is assessed as compliant, "meets 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*)

The following areas of documentation, supplied by the ODRC, were reviewed by the auditor during the pre-audit phase and were further discussed with the Agency and Institutional PREA Coordinators while at the facility during the on-site visit:

agency policy, Inmates with Disabilities 64-DCM-02;  
agency policy, PREA 79-ISA-01;  
the Translation and Interpretive Services mandatory contract;  
Deaf Contract Coordination Services;  
inmate education video;  
staff PREA test questions and staff training; and  
Inmate Manuals (handbooks), in Spanish and English.

This standard, referencing inmates with disabilities and inmates who are Limited English Proficient (LEP) is carefully covered by the preceding policies, procedures, and trainings. It was clear to the auditor that ODRC addresses the following:

- a) the inmates benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment;
- b) the inmates have meaningful access to information to prevent, detect, and respond to sexual abuse and sexual harassment, including being provided interpretation;
- c) the inmates do not rely on inmate interpreters/readers except in limited circumstances; and it was determined that inmates receive such benefits and furthermore, it was noted in the PAQ that there were zero (0) number of instances where the inmate interpreters were used concerning first responder duties, or investigative duties. There was also a statement, Memo to the File, indicating that OSP has not had any instances where they had to accommodate an inmate with disabilities at OSP.

The agency policy 64-DCM-02 Inmates with Disabilities, and the policy 79-ISA-01 Prison Rape Elimination addresses inmates with low literacy levels and those who are not fluent in English, such that they may benefit from the ODRC's efforts to eliminate rape in prison. Policy 64-DCM-02 is quoted "It is the policy of the Ohio Department of Rehabilitation and Correction not to discriminate against individuals on the basis of disabilities in the provision of services, and program assignments, and other activities, as well as in making administrative decisions, and to provide reasonable accommodation to inmates when a demonstrated need exists."

Upon admission to the ODRC, inmates receive a health evaluation and screening to include intellectual and developmental disabilities. The auditor reviewed these classification procedures and the specific procedures at the OSP. The auditor also reviewed the inmate video with "signing" and with "captioned" segments within the video. The contract for translation services and the contract for deaf services were reviewed. The two services are provided. The auditor observed many Spanish-language posters also assisting with PREA information. The Inmate Manual was provided in Spanish and English.

Interviews with staff and inmates, and particularly interviews with the American Disabilities Act (ADA) Coordinator, and the PREA Institutional Compliance Manager, support OSP's commitment to making sure all inmates are able to access PREA information.

Based on the above and the auditor's review, this standard is assessed as compliant, and "meets standard".

## 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*)

To assess compliance, the auditor reviewed the following documentation supplied by the ODRC Bureau of Compliance (BOC folders) in the first phase of triangulation, the Pre-Audit Questionnaire /information.

- 1) agency policy 31-SEM-02 Standards of Employee Conduct.
- 2) agency policy 34-PRO-07 Background Investigation.
- 3) agency policy 79-ISA-01 PREA.
- 4) background checklists including; general information, fingerprints, leads, local law enforcement checks, education, personal references, employment, etc.
- 5) PREA related background checks.
- 6) background checklists, logs, and spreadsheets.
- 7) the employee PREA annual acknowledgment concerning PREA.

Hiring and promotion decisions at the ODRC and specifically at the Ohio State Penitentiary are crucial to the safety of the public, the staff, the inmates, and the operations, management, and conditions of confinement. OSP's Human Resources/Personnel Department, in coordination with the ODRC Personnel Office in Columbus Ohio, coordinates background information, background checks, and personal history checks required to employ staff, and to approve volunteers, contractors, and interns.

There are eight (8) subsections for this standard (a-h), addressing hiring, promotion, and background checks which were carefully reviewed by the auditor prior to the on-site visit using information supplied. Further, background checks were discussed with the Warden and the Human Resource Manager. The review consisted of the policies and forms of the ODRC and the State of Ohio (including civil service applications, law enforcement checks, and personal disclosures).

Policy 31-SEM-02 of the ODRC Standards of Employee Conduct, and policy 34-PRO-07 Background Investigations outline the specific procedures for employment. The procedures prohibit hiring or promoting anyone who may have contact with inmates who has engaged in sexual abuse in a jail, in a lockup, in a community confinement facility, in a juvenile facility, or in other institutions. Also prohibited from hiring is anyone who has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, or who has been criminally or administratively adjudicated to have engaged in sexual abuse. The procedures further outlined directions on how to appropriately complete background checks by using the agency "Background Checklist" form for staff, and the "Contractor Background Spreadsheet" for contractors and interns. Volunteers are also vetted for sexual abuse.

Employee Standards of Conduct requires employees to self-report any criminal activity, sexual abuse and/or sexual harassment behavior activity.

Self-reporting acknowledgment forms are documented and maintained by the agency along with acknowledgment PREA forms concerning background checks signed by volunteers, contractors, and interns.

Based on the auditor's reviews of the above information and interviews with key staff including the Warden and Human Resource Manager, the auditor assesses this standard as compliant, "meets standard".

## 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*)

"The Ohio State Penitentiary has not designed or acquired any new facility, nor has it substantially expanded or modified the existing prison." This memo to the file was shared with the auditor concerning any substantial expansions since the last PREA audit as outlined in the PAQ. Standard 115.18 subsection a is not applicable and subsection b is a yes answer indicating in subsection b that the agency has updated some of its video monitoring systems and electronic surveillance systems.

OSP has closed its adjacent low security/minimum custody camp and all inmates are at the Penitentiary, main building for the purpose of this PREA audit.

The Annual PREA Staffing Plan for OSP indicates that the penitentiary has taken into consideration those staffing issues mentioned in 115.13, including reviewing blind spots or areas where staff and inmates may be isolated. The Staffing Plan also addresses both inside and outside cameras helping assist in supervision and monitoring. The auditor reviewed this PREA Staffing Plan with the Warden and key staff and notes that the Plan is submitted annually from the Warden to the Regional Director, to the Office of Administration and to the Agency PREA Coordinator.

Based on the above documentation from the PAQ, the auditor's on-site visit and camera review, and the Agency's Annual Staffing Plan, this standard is assessed as compliant, "meets standard".

## 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*)

The PREA auditor reviewed the following PAQ information and the Bureau of Compliance folder for this evidence protocol and forensic medical examinations standard:

- 1) ODRC policy 79-ISA-01 Prison Rape Elimination. Agency general overview of policy and procedures.
- 2) ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation. Specifics concerning the investigation.
- 3) Medical Service Agreement between Ohio State University Hospital and the ODRC stipulating forensic examinations.
- 4) Memo to all concerned (institutions) indicating that ODRC does not contract for forensic examinations, and appropriate and lawful forensic examinations will be performed at local hospitals or the Ohio State University Hospital for the ODRC (as required by state law).
- 5) Bureau of Medical Services, Medical Guidelines for Sexual Conduct or Recent Sexual Abuse number B-11.
- 6) Bureau of Medical Services policy 68-MDC-15, Co-payment Procedures (no copayment required for victims of sexual abuse).
- 7) Victim Support Persons (VSP's) list of persons at OSP and contact information.
- 8) Memorandum of Understanding (MOU) between the OSP and the Compass Family and Community Services, crisis center.
- 9) Memorandum of Understanding between the ODRC and the Ohio State Highway Patrol (OSHP) outlining investigative responsibilities.
- 10) OSHP evidence protocol directions.
- 11) OSHP investigative policy.

Evidence protocol and forensic medical examinations compliance assessment begin with the review of the following key documents: the Memorandums of Understanding with the OSHP; the Compass Family and Community Services, crisis center; and the agreement with the Ohio State University Medical Services. These documents and supporting documents mentioned above, covered all aspects of standard 115.21. Moreover, the agreements, protocols, and MOU's supported a thorough and comprehensive effort by ODRC/OSP to ensure the most appropriate investigation, and attention to sexual abuse and sexual harassment in prison.

Every allegation of sexual abuse and sexual harassment is investigated. The OSHP is involved from the beginning and detailed follow-up is assured by law enforcement and medical protocols.

It is noted that OSP had zero (0) number of forensic medical exams conducted during the past 12 months. OSP is a single cell, "Super Max" facility which ensures maximum supervision and monitoring. It is also noted in the PAQ that there were zero (0) number of criminal, or administrative investigations completed by OSP in the past 12 months. Also noted that there were zero (0) number of allegations of sexual abuse that the facility received from other facilities. And there were zero (0) number of times that the facility determined an inmate was subject to a substantial risk of imminent sexual abuse.

"The Ohio State Penitentiary has not had any sexual abuse or harassment cases during the past year." This, from Memo to File, PREA file number 115.22a, B1 No allegations of sexual abuse or sexual harassment have been reported to the Ohio State Highway Patrol. This documented by memo and maintained in the Bureau of Compliance standard file folders. (See standards 115.22, and 115.71 & 73).

The auditor also reviewed OSHP guidelines on investigative policy and evidence protocol. Investigations begin with the notification to the OSHP.

The auditor also reviewed training logs for Victim Support Persons (VSPs). There are 22 VSPs at OSP to assist with victim support services outlined in policy.

Services are provided to victims of sexual abuse or sexual harassment without cost.

The auditor interviewed numerous specialized staff, including the Warden, the OSHP officer stationed for the penitentiary, the Institutional PREA Manager, and others, all of whom were very positive in their overview of OSP and its commitment to safety and security, including staff, inmates, and the general public. Based on the information above in the protocols, procedures, memorandums and agreements listed, the auditor assesses this standard not only as compliant, but assesses this standard as "exceeds".

## 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*)

As with the previous standard, the auditor reviewed a significant amount of information during the pre-audit stage of compliance assessment. Included in the review were the following:

- 1) ODRC policy 79-ISA-01 Prison Rape Elimination. General overview.
- 2) ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation. This policy published on the ODRC website.
- 3) ODRC investigative protocol.
- 4) OSHP investigator protocol
- 5) Ohio Administrative Code, Incident Reporting and Investigation - OAC 5920-9-24

The agency policy 79-ISA-01 Prison Rape Elimination, and the policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, direct the duties and actions for security and non-security first responders. There is a checklist attached to these policies and the checklist itself is a step-by-step action process that is thorough and comprehensive and helps ensure appropriate referrals. The above procedures and policies also address and ensure that all allegations are properly investigated.

All allegations of sexual abuse and sexual harassment at OSP are investigated. There have been no allegations nor investigations at OSP. This documented in the PAQ and by memo and the PREA file

folders of the Bureau of Compliance. During the past 12 months, there have been zero (0) number of allegations of sexual abuse and sexual harassment that were received. During the past 12 months there have been zero (0) number of allegations resulting in an administrative investigation. During the past 12 months, there have been zero (0) number of allegations referred for criminal investigation. Again, all allegations must be investigated, and staff have a duty to report.

Based on the above information, and based on the auditor's interviews, both formal and informal with staff and inmates, and based on the review of operations at OSP, the auditor assesses this standard as compliant, "meets standard".

## 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*)

The auditor reviewed the pre-audit information, including the following:

ODRC policy, 39-TRN-18 Employee Orientation Training;  
 ODRC policy 79-ISA-01 Prison Rape Elimination (section, employee training);  
 E-learning training logs with dates, scores, titles, and names;  
 PREA training for all staff, video script, and curriculum;  
 Lesson Outline/Plan PREA Appropriate Supervision of the LGBTI;  
 Intranet Web the ODRC PREA Information.

Staff training is expert, and training is done annually (exceeding the required training every two years), thus, this standard, based on staff training, based on staff testing scores, based on interviews with staff and inmates, and based on OSP's daily operations exceeds the requirement of the standard. Specifically, staff were knowledgeable concerning the following:

- 1) agency zero-tolerance policy,
- 2) how to fulfill PREA responsibilities,
- 3) inmates' right to be free from sexual abuse,
- 4) inmates' and staff's right to be free from retaliation for reporting sexual abuse,
- 5) the dynamics of sexual abuse in confinement,
- 6) common reactions of sexual abuse/sexual harassment victims,
- 7) how to detect and respond to signs of threatened and actual sexual abuse,
- 8) how to avoid inappropriate relationships,
- 9) how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, and intersex inmates, and
- 10) how to comply with relevant laws related to mandatory reporting of sexual abuse.

These questions were asked directly in random staff interviews on all shifts at OSP, and without fail all were answered appropriately exhibiting a knowledge of PREA.

New employee orientation, internet training, annual in-service training, and continuous briefings and alerts for employees at OSP supplement staff knowledge and understanding of PREA. It is clear that the emphasis on training at OSP assists with PREA compliance and the safety and security of staff and inmates. 429 staff employed by OSP who have contact with inmates were trained or retrained on PREA requirements listed above (this information substantiated in the PAQ).

It was noted by the auditor that during interviews, both formal and informal, with staff and inmates, when asked the question if they felt safe, all answered to the effect that they felt safe or as safe as possible within a prison setting. Again, this is a single cell, maximum security penitentiary.

Based on the information above and many interviews conducted with staff and inmates, the auditor assesses employee training as compliant, "exceeds 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*)

Prior to the on-site visit, the auditor reviewed the following information;

- a) volunteers/contractors/interns training module
- b) PREA contractors training report
- c) contractors and volunteers Acknowledgment Form
- d) training script for contractors and volunteers and video, including the Zero-Tolerance Training Policy for Contractors, Volunteers, and Interns

The auditor interviewed volunteers and contractors at OSP. Staff and inmates were also interviewed. These interviews supported the training of volunteers, contractors, and interns concerning PREA. Moreover, the auditor reviewed signed Acknowledgment Forms that documented PREA training. This training, information, and documentation is maintained.

In the past 12 months, 102 volunteers and contractors, who have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse/sexual harassment.

Based on the above interviews while on-site and review of the pre-audit information, this standard is assessed as compliant, "meets standard".

## 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*)

The auditor reviewed the following policies, procedures, and information concerning inmate training, during the pre-audit phase, including the following:

- a) pictures of posted PREA information
- b) Inmates with Disabilities policy 64-DCM-02
- c) Inmate Orientation including documentation of all inmates trained
- d) Inmate orientation checklist (extensive list) completed on each inmate
- e) ODRC policy 79-ISA-01 PREA
- f) Inmate transfer list
- g) Inmate Manual (handbook), including the handbook in Spanish

The auditor also reviewed the PAQ detailing the information that inmates receive concerning the zero tolerance policy and much of the information listed above. The PAQ indicates that 326 inmates were given information concerning PREA during intake at OSP. 326 inmates, during the past 12 months, were assigned to the facility for 30 days or more and received this information. All were educated and trained reference PREA.

Inmates transferred from one facility to another are educated regarding their rights to be free from both sexual abuse and sexual harassment.

Inmates with disabilities have access to PREA information as outlined in policy 64-DCM-02. This covers limited English proficient, deaf, visually impaired, or otherwise disabled, and limited in reading skills as noted in the PAQ.

Importantly, the agency ensures they key information about the agency's PREA policy is continuously and readily available or visual through posters and handbooks.

Based on the above information, and training, and based on interviews with staff and inmates, this standard is assessed as compliant, "meets 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*)

National Institute of Corrections (NIC) training is extended to, and required for, Ohio State Highway Patrol investigators who are assigned (have an office) at each correctional facility. This NIC training addresses, investigating sexual abuse in confinement settings and supplements OSHP investigative training. Note: standard 115.21 Evidence Protocol and Forensic Exams addresses these special investigations/forensic exams for PREA. Agency policy 79-ISA-01 PREA, agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; the ODRC investigative policy, the OSHP evidence protocol directions/outline and the OSHP investigative policy, all supplement the specialized training required of investigative staff. Specialized training includes the following:

interviewing techniques for sexual abuse victims  
proper use of Miranda and Garrity warnings  
sexual abuse evidence collection  
the criteria and evidence required to substantiate any case for administrative action  
prosecution referral and additional issues such as abuse investigations in correctional settings, legal issues, agency liability, first response, the audit process, forensics exams, and investigative scenarios.

There is a Memorandum of Understanding (MOU) between the ODRC and the OSHP concerning the cooperative effort and emphasizing the elimination of rape in prison. Both investigative staff of the ODRC and the OSHP were interviewed.

Based on the interviews above, the MOU, the training curriculum, and the documentation of training, the auditor assesses this standard as compliant, "meets standard".

## 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*)

To establish overall compliance for specialized training of medical staff, the auditor reviewed policy 79-ISA-01 Prison Rape Elimination; reviewed contractor orientation; infirmary and mental health training; and the PREA medical/mental health video. Medical staff are tested on their e-learning and training concerning PREA. ODRC goes beyond the requirement of the standards for its medical staff training.

Policy 79-ISA-01 Prison Rape Elimination, directs the following: “all full and part-time medical and mental health staff, and contractors receive specialized training to include, but not limited to: a. How to detect and assess signs of sexual misconduct; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual misconduct; and d. How to and to whom to report allegations or suspicions of sexual misconduct.”

The E-learning Report that listed the names of those who accomplished this specialized medical training; the PREA Training Session Report, which included names of staff who received training; the

Specialized Mental Health Training Report, with a list of the attendees; and the Contractor/Volunteer/Intern Training Acknowledgment Form were reviewed by the auditor.

Twenty-nine (29) Medical and Mental Healthcare practitioners and staff who work regularly at OSP have received training required by the agency policy. This is 100% as outlined in the PAQ.

All training is documented and maintained at OSP.

No staff at the facility conduct forensic medical exams.

During the OSP on-site audit, the auditor reviewed healthcare operations, and interviewed staff and inmates about healthcare. This healthcare, based on interviews and review, was assessed to be comparable to, or better than, the community level of health care. Staff were knowledgeable, professional, and impressive when discussing health care and PREA with the auditor.

Based on the above information, reviews and interviews, the auditor assesses this standard as compliant, "exceeds standard".

## **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*)

Before the on-site visit and the final report, the auditor reviewed the following pre-audit information and documentation concerning screening for risk of victimization and abusiveness:

ODRC policy 79-ISA-01 Prison Rape Elimination (general overview),  
ODRC policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies,  
PREA Assessment Screen,  
PREA Assessment Form (Medical and/or Case Manager Form),  
Inmate Orientation Checklist,  
Inmate transfer list video screen,  
inmate transfer list form, and  
PREA Assessment Process (directions, information, and PREA classifications).

The auditor's review of the assessment process that is used throughout the ODRC and his review of the agency's policy, PREA Risk Assessment and Accommodation Strategies as well as in-depth interviews with Unit Management staff and with inmates support an "exceeds" assessment of this standard. While no assessment can be perfect and no assessment of human behavior is exact, the assessment process that ODRC/OSP uses accomplishes a very individualized and careful review of the particular inmate, being assessed. The auditor believes the emphasis on individualization and the emphasis on safety and security, not only complies with the standard, but exceeds the standard. The screening process at OSP was impressive and positive in ensuring appropriate custody, care and control.

The assessment process at OSP ensures that inmates are screened within 72 hours of intake, and the following items are accomplished upon arrival: a) receipt of Inmate Manual/handbook; b) verbal information on prevention, self-protection, reporting, treatment, and counseling; c) verbal and written explanation of the grievance system; and d) verbal and written explanation of how to access Medical/Mental Health services. Additionally, inmates received information within seven days on everything from the inmate disciplinary process through the rules and regulations of the facility. After receiving this orientation, the inmate indicates that "I hereby acknowledge that I have received orientation on the above area from staff as indicated."

Inmates are not disciplined for refusing to answer or for not disclosing their own perception of gender, previous victimization, or information about their own perception of vulnerability, but these questions are asked and are an indication of staff and agency's concern in obtaining complete information about the individual.

Staff (Medical and Mental Health staff, Unit Management staff, and staff with the need to know) is well-trained in the PREA assessment process and, as indicated in the following standard 115.42, use of screening information. Such information is carefully used to provide for the safety and security of the inmate.

As a summary for the assessment process within ODRC/OSP, it exceeds the standard. This assessment is based on the multidisciplinary format that is used by professional and knowledgeable staff, and the management and monitoring of individuals appropriately within the system. Furthermore, based on the ODRC classification system, the Departmental Offender Tracking System (DOTS), and this auditor's review of operations, policy and procedures, this standard is assessed as "exceeds standard".

## 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*)

The auditor's pre-audit review included the following items of policy, procedure and practice:

ODRC policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies.  
 ODRC policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) policy.  
 PREA Assessment Process instructions.  
 PREA Accommodation Strategy Team (PAST) computer review screen.  
 List of LGBTI inmates (as applicable).  
 PREA Classification Reports on the Unit Management computer screens.

The assessment tool, as developed by the ODRC and addressed in standard 115.41 is used to prevent, detect, report, and eliminate rape in prison. This key document is used by the Unit Management Teams in conjunction with the Healthcare and the Security Departments to assist in, individualized treatment, and individualized security of each and every inmate at OSP. The information is used by authorized individuals (security is maintained through password-protected computer information). These authorized individuals assist in screening inmates for proper placement in housing locations, work locations, and programs assignments, and to identify special needs of inmates, and special accommodations that are required to accomplish this safely. It is noted again that this is a single cell, "Super Max" security institution with many of its 478 inmates securely confined and only allowed out of their cells under very strict supervision.

Unit Management Teams are professional and have been well-trained in addressing special needs and special accommodations and insure individualized treatment of each inmate at OSP. All housing assignments at OSP are single cell assignments.

Based on the auditor's review of the above policies, procedures, and documents and interviews with Unit Management staff and intake and assessment staff, as well as the random interviews with inmates and staff, this standard is assessed as compliant, "meets standard".

## 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*)

OSP is a single cell, "Super Max" all-male penitentiary. The very nature of the facility assures maximum security.

Concerning this standard for protective custody, by the nature of the facility, one might say that every inmate is in protective custody or in effect is under maximum security, assuring staff, inmates, and the general public the best security possible.

By ODRC policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation "Inmates at high risk for victimization shall not be placed in involuntary, restricted housing or limited privilege housing, unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers." Again, it is noted that all inmates at OSP are securely confined in single cells.

Two important points of note:

- 1) the Ohio State Penitentiary has not had any sexual abuse or sexual harassment cases during the past year (this noted in a PREA memo to file, and in standards 115.22 and 115.71)
- 2) the Ohio State Penitentiary has not had any inmates placed in involuntary segregation (this noted in a PREA memo to file standard 115.43).

Based on the review of the policies/procedures, review of cell assignments, Restricted Housing (RH), Limited Restricted Housing (LRH), and each of the housing areas of OSP, and the information obtained during the on-site visit, this standard is assessed as compliant, "meets standard".

## 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*)

The auditor reviewed materials pre-audit, including policy, procedures, and supplemental information that outlined ODRC's and OSP's commitment to changing the culture in corrections. ODRC has a commitment to "Break the Silence". The auditor noted the references to report and there is a clear

indication that staff have the duty to report sexual abuse and sexual harassment and that inmates can report sexual abuse and sexual harassment.

While on-site, the auditor took many opportunities to review inmate reporting procedures. Reporting procedures were posted on bulletin boards, phone numbers and hotline numbers were placed near telephones, and information was included throughout the facility, emphasizing the opportunity to report.

Inmates can report internally, externally, and anonymously, including the following:

- >verbally to any staff member
- >in writing to any staff member
- >to the operations support center
- >the outside agency hotline phone, \*89
- >in writing to the Ohio Bureau Chief of the Office of Quality Assurance and Improvement Department of Youth Services

The auditor used \*89, the outside agency hotline number, to test this outside option. It was accomplished and it offered anonymity. This was done from an inmate phone in a cell block.

The ODRC requires documentation of reports of sexual abuse and sexual harassment, whether made verbally, in writing, anonymously, or from third parties. Staff can also report, privately, sexual abuse and sexual harassment of inmates.

Knowing that reports/allegations of sexual abuse will ultimately be investigated, there was an indication to the auditor (based on interviews with staff and inmates) that generally the reporting process is accomplishing the goal of helping reduce sexual abuse and sexual harassment in prison.

Again, it must be repeated, that OSP is a maximum-security facility in which inmates are very closely supervised and monitored, and that each inmate has their own single cell, which limits opportunities for sexual abuse. As previously quoted, “the Ohio State Penitentiary has not had any sexual abuse or harassment cases during the past year.”

Based on the above information, the efforts of ODRC to change the culture emphasizing the inmates right to be free from sexual abuse and sexual harassment and based on the interviews with staff and inmates at the OSP, this standard is assessed as “exceeds standard”.

## 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*)

The ODRC does not use an inmate grievance process for reports of allegations of sexual abuse or sexual harassment.

A memo from the Agency PREA Coordinator details the process for reporting and the timeframe required to comply with PREA. The ODRC does educate the inmate that grievance forms filled out will immediately be channeled to the Institutional Investigator for proper handling.

If a grievance form is completed alleging sexual abuse or sexual harassment, the form is immediately forwarded to the Institutional Investigator and is not handled through the grievance process. Thus, this standard is non-applicable and is assessed as “meets standard”.

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

### **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*)

The auditor reviewed the following pre-audit information:

- 1) the ODRC policy 79-ISA-01 Prison Rape Elimination.
- 2) the MOU between OSP and the local crisis center, Compress Family and Community Services.
- 3) the posters, including PREA Fight Back Through Awareness (for confidential emotional support you can write to the Rape Crisis Team, address given).
- 4) the Inmate Manual (handbook) listing national and local rape crisis centers.

While on-site, the auditor reviewed confidential support services, with Health Care staff, Unit Management staff, the Institutional PREA Coordinator, and with Victim Support Persons (VSP's).

The auditor also tested the \*89 hotline for confidential reporting.

Based on the above and based on the inmates and staff's knowledge of confidential reporting, the auditor assesses this standard as compliant, "meets standard".

### 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*)

In conjunction with standard 115.51 Inmate Reporting, inmates can accomplish third party reporting simply by having a friend or family member contact the agency through the phone number (614) 995-3584 or by emailing the ODRC.

This emailing can be accomplished through <DRC.ReportSexualMisconduct@odrc.state.ohio.us>. This is indicative of the ODRC's efforts to help eliminate sexual abuse and sexual harassment in prison.

Based on the above, and after review of policy and procedures, the Inmate Manual, the agency website, interviews with staff and inmates, and based on the observation of posters throughout the facility, the auditor assesses this standard as compliant, "meets standard".

## 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*)

All staff at Ohio State Penitentiary are required to report immediately and according to ODRC policy 79-ISA-02, Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at this facility.

Staff must report, immediately, any allegation of sexual abuse or sexual harassment. The ODRC policies also stipulates that retaliation and third-party and anonymous reports must be reviewed and forwarded to the Institutional Investigator. This is the cultural change that the ODRC has made: sexual abuse and sexual harassment is not ignored or "swept under the rug".

The Institutional Investigator is responsible for monitoring retaliation, and for working with the OSHP on allegations of sexual abuse. The Institutional Investigator was interviewed. He is knowledgeable, professional and he takes his duties and responsibilities seriously.

The policies and procedures of the ODRC require the completion of a checklist/form titled "Sexual Abuse-First Responder Checklist". This checklist is for security and non-security staff who are made aware of sexual abuse. The checklist requires the completion of an Incident Report which ensures follow-up of each of the staff members "duty to report". Random staff were formally interviewed on each shift and included in these interviews, was the question, does the agency "require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility?" This question directly asked of the staff was without fail answered affirmatively. This was a significant indicator of the staff's knowledge of PREA responsibilities and knowledge of their duty to report as required by the ODRC, the institution and PREA law.

Training was reviewed by the auditor and confirmed that the staff were well aware and have been trained in their duties and responsibilities concerning PREA. All staff were trained. Records are maintained of all staff training.

Based on the above, the auditor assesses this standard as compliant, “meets standard”.

## 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*)

Again, OSP is a single cell, “Super Max” penitentiary where custody and security are of primary focus. Inmates are monitored and supervised whenever out of their cells. Thus, inmates are closely monitored during individual recreation times, during individual showering times, during individual programmatic times, etc. The protection of inmates is extended 24/7, protection duties are constant and by the very nature of this facility, inmates are protected and monitored as if the inmate or staff member is at risk at all times.

OSP is the most secure facility in the ODRC and protective duties are constant on each and every shift, each and every day.

The ODRC policy requires immediate action to protect an inmate as outlined in policy 79-ISA-02 Prison Sexual Misconduct, Response, Investigation, and Prevention of Retaliation. A form exists, Imminent Risk of Sexual Abuse, and is to be completed if such risk is assessed.

In the past 12 months there have been zero (0) number of times that the facility has determined that an inmate was subject to a substantial risk of imminent sexual abuse. This information furnished on the PAQ for standard 115.62. Further, documentation indicates no incidents of sexual abuse at OSP.

Based on the policy and procedures of the ODRC, the information above, as well as the formal and informal interviews of staff and inmates, the auditor assesses this standard as compliant, “meets standard”.

## 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*)

The ODRC has a policy 79-ISA-02, Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation that directs that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Managing Officer of the receiving facility must notify the head of the facility or appropriate office of the agency/facility where the sexual abuse is alleged to have occurred. It is noted that visits to several ODRC facilities and the on-site visit to OSP has reinforced the fact that there is good communication between institutions and facilities of the ODRC. Unit Management Teams at all facilities have access to DOTS, the classification system. The PREA Institutional Compliance Managers have access to all PREA information, including that of other ODRC facilities. The sharing of information on a need to know basis is a reality and demonstrates ODRC's commitment to PREA compliance, and appropriate inter- and intra-institutional communications.

During the past 12 months, there has been one (1) allegation the facility has received that an inmate was abused while confined at another facility. This inmate at OSP, as with other inmates, receives single cell housing, and maximum security, custody, care and control. The housing is not related to the sexual abuse but is related to the assignment at OSP for classification purposes. The communications were appropriate between facilities and investigations were appropriately completed.

Importantly, in the past 12 months, there have been zero (0) number of allegations that were received from other facilities of sexual abuse occurrences at OSP. This zero (0) number is consistent with the findings of zero (0) number of instances of sexual abuse as documented at OSP within the last 12 months.

Based on the policy and procedures of ODRC and based on the supporting documentation, and interviews with the Institutional Investigator, the PREA Compliance Manager, and the Warden, this standard is assessed as compliant, “meets standard”.

## Standard 115.64: Staff first responder duties

### 115.64 (a)

during the past 12 months, there has been one

- 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*)

ODRC policy 79-ISA-01 Prison Rape Elimination, directs first responder duties for the staff of the ODRC and the staff at OSP. The staff are well trained and when random staff were interviewed formally on all shifts, and when staff throughout the facility were informally asked about first responder duties, the interviews and questions revealed knowledge and understanding of PREA and the requirements needed and met to be a first responder. Many staff had first responder cards that assisted in making sure duties and responsibilities were accomplished.

There is a Sexual Abuse First Responder Checklist (Appendix D of ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation), which is to be used upon the reporting of an allegation of inmate sexual abuse. Staff duties are clearly outlined in the policies, in the policy appendices, and on “information pocket cards” including the following details:  
1) the first responder, non-security, separates victim and abuser, addresses victim not to destroy any evidence, and completes the incident report (notification).  
2) the first responder, security, will separate the victim and abuser; preserve and protect the crime scene; review the time.; contact Medical Services; notify the Investigator/OSHP, the PREA Manager, Victim Support Services; and complete the PREA Incident Report. (The steps taken directly from policy).

OSP is a maximum-security facility with maximum supervision, custody, care, and control. In the past 12 months there have been zero (0) allegations that an inmate was sexually abused. This information taken from the PAQ and documented in the Bureau of Compliance file folders. During the pre-audit review and on-site visit (including the observation of operations and many formal and informal interviews) this information was verified, zero (0) number of allegations of sexual abuse at OSP.

Again, the staff is well trained, and the training is documented and maintained by the facility.

Based on the above policy and procedure, and interviews with staff and inmates, the auditor confirms compliance, “meets 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*)

The OSP has a policy 03E-OSP-02, titled OSP Sexual Abuse Coordinated Response Plan. The Purpose of the Plan is “to establish the facility’s coordinated actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health staff, investigators, and institutional leadership. This plan shall be used as a supplement to the Department Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.”. The Plan details the following:

- I. Authority
- II. Purpose
- III. Applicability
- IV. Definitions
- V. Policy.
- VI. Procedures.
  - A. First responders.
  - B. Medical responsibilities.
  - C. Mental Health responsibilities.
  - D. Investigator.
  - E. Facility leadership.

Appendix A, Investigator Protocol; Checklist for attempted or completed recent (less than 96 hours) sexual abuse; checklist for attempted or completed, not recent (greater than 96 hours) sexual abuse. Appendix D, Sexual Abuse-First Responder Checklist.

The Institutional PREA Manager (Compliance Manager) is responsible for documenting and overseeing the institutional prevention, detection, and response to sexual abuses and sexual harassment. The PREA Manager is also the Chair of the Sexual Abuse Response Team (SART-standard 115.86) reviewing sexual abuse cases, thus helping ensure a coordinated response and a comprehensive review period.

Based on the above information outlined in the policies, and based on interviews with the Warden, the Institutional PREA Manager, institutional leadership, and medical and mental health staff, the Sexual Abuse Response Team, and the Agency PREA Coordinator, this standard is assessed as compliant, “meets standard”.

## **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*)

The auditor was furnished pre-audit information in the Bureau of Compliance folders highlighting areas of the agency's bargaining agreements with the following listed unions:

OCSEA/AFSCME (civil service employees)  
SCOPE, OEA, NEA (professional educator employees)  
SEIU 1199\*, including Health Care and Social Service Union (service employees international)

These Agreements allow for the preservation of the ability of the ODRC to protect inmates from contact with abusers. Specifically, in the area of Management Rights, addressing hiring, transfer, and work assignments, there is language that allows management the ability to protect inmates from contact with abusers.

Based on the above, the review of union contracts, and discussions and interviews with the Warden, the Agency PREA Coordinator, the Institutional PREA Manager, and key staff, the auditor assesses this standard as compliant, "meets 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*)

The pre-audit review by the PREA auditor included the following:

- 1) ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.
- 2) The Mission and vision/direction of OSP as the state's only Penitentiary
- 3) Previous ACA Accreditation Report.
- 4) Staff Standards of Conduct and Staffing Plan.

The above policy 79-ISA-02 protects inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. Furthermore, the federal PREA law, state law, and the staff Standards of Conduct prohibit sexual abuse and harassment.

There has been no retaliation at OSP for inmates or staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations.

The Institutional Investigator is responsible for monitoring staff and inmate retaliation, as outlined in the ODRC policies.

Based on the above, and based on interviews with the Warden, Agency PREA Coordinator, Institutional PREA Manager, Institutional Investigator, and staff and inmates at OSP this standard is assessed as compliant, "meets standard".

## 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*)

The ODRC uses involuntary segregation of inmates only as a last resort for protection from sexual abuse. Ohio State Penitentiary is in fact a last resort. It is the “Super Max” of the Ohio Department of Rehabilitation and Correction. This “Super Max” requires extensive monitoring, supervision, custody, care and control. All inmates at OSP are securely confined, housed separately in single cells, and carefully monitored 24/7.

The Ohio State Penitentiary has not had any inmates placed in involuntary segregation for protective custody or post-allegation of sexual abuse protection. This documented in the Bureau of Compliance. Memo to File.

The OSP does fall under the ODRC policy 79-ISA-04 Risk Assessment and Accommodation Strategies, which clearly outlines the ODRC policy. The policy states “inmates at high risk for victimization shall not be placed in involuntary Transitional Program Unit under Restricted Housing or Limited Privilege Housing conditions, 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.” Again, no inmates at OSP have been placed in involuntary segregation for protective custody.

Unit Management Teams individually assess inmates and keep track of inmates at OSP, through the DOTS and ensure appropriate housing assignments and accommodations as required and as appropriate. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months at OSP was zero (0). If for some reason an involuntary segregated housing assignment is made, the Unit Management Team would review every 30 days to determine whether there was a continuing need for such.

From the auditor’s review of case files, there are zero (0) number of inmates who were held in involuntary segregated housing in the past 12 months.

Based on the above policy, classification, information, and based on the fact that no inmates were held in involuntary segregated housing at OSP, this standard is assessed as compliant, “meets standard”.

## 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*)

The ODRC has a policy related to criminal and administrative investigations and has a MOU between the ODRC and the OSHP concerning this investigative process. Generally, this standard, 115.71 Investigations accents the excellent communications, cooperation, and teamwork between the OSHP and the ODRC Institutional Investigative Services. For OSP, there is excellent communication, cooperation, and teamwork between the facility and the OSHP, but in reality, there have been no criminal or substantiated allegations/investigations at OSP. There have been zero (0) number of substantiated allegations of sexual abuse conduct that appear to be criminal. This information supplied by the PAQ.

The following two memos further document information concerning this standard, 115.71 investigations:

- 1) Memo to File. 115.71 c  
“The Ohio State Penitentiary has not had any allegations of sexual abuse”
- 2) Memo to File. 115.71 d  
“The Ohio State Penitentiary has not had any instances where an inmate reported being sexually abused.”

The OSHP has an office and a trooper assigned to OSP who assists the Institutional Investigator with investigations. The MOU outlines procedural details for PREA incident investigations. The details include the following:

Victims of sexual abuse medical examinations  
Victim advocate/rape crisis center assistance  
Specialized training  
Investigator evidence collection  
Investigator interviews  
Credibility of victims, witnesses  
Documentation  
Substantiated allegation referral, and  
Departure of victim or abuser from employment or control of the facility.

The Ohio State Records Retention Schedule requires that special investigation case files be retained for 10 years after an inmate has reached final release or 10 years after an employee is no longer employed by the agency. The OSHP requires that records are to be held indefinitely for all criminal investigations.

Based on the above information, and interviews held on-site at the facility with the OSHP Investigator, Institutional Investigator, and other key staff, this standard is assessed as compliant, “meets 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*)

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigations, and Prevention of Retaliation, states that the agency “imposes a standard no higher than a preponderance of the evidence for administrative investigations”.

The agency policy and interviews with the Institutional Investigator and the Warden support compliance for this evidentiary standard.

Based on the auditor’s review of policy and procedure and interviews mentioned above, this standard is assessed as compliant, “meets standard”.

## 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*)

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requires that when an inmate makes an allegation of sexual abuse, he is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, are unfounded following an investigation. This is the agency policy requiring that an inmate be informed.

In the past 12 months there have been zero (0) number of criminal and/or administrative investigations of alleged inmate abuse that were completed by the agency/facility. Additionally, there were zero (0) number of alleged sexual abuse investigations that were completed by an outside agency (OSHP). Thus, zero (0) number of inmates were notified at OSP.

Interviews with staff indicate that if an investigation were completed an inmate would be notified as to whether it was substantiated, unsubstantiated or unfounded following such an investigation. The auditor, based on the above information and review of the agency policy, and based on interviews with key staff assesses this standard as compliant, "meets standard".

## 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*)

The ODRC policy 79-ISA-01 Prison Rape Elimination, and the Personnel Policy 31-SEM-02 Standards of Employee Conduct, and Personnel Policy 31-SEM-07 Unauthorized Relationships, all stipulate that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policy. The ODRC takes sexual abuse and sexual harassment very seriously as documented by the PREA training of staff, inmates, contractors and volunteers, and by the policies and procedures addressing the Prison Rape Elimination Act.

Further, the State of Ohio takes seriously criminal activity and abuse of inmates. Pursuant the Ohio Revised Code, sexual contact with an inmate or anyone under the supervision of ODRC is considered criminal. It also outlines, the ODRC will refer and pursue all cases of such sexual contact and abuse for criminal prosecution.

All staff are trained annually concerning this above information, PREA information, and PREA compliance. Duties and responsibilities for staff are clearly outlined.

In the past 12 months there have been zero (0) number of staff from the facility who have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies. There have also been zero (0) number of staff who have been disciplined short of termination, for violation of agency sexual abuse or sexual harassment policies. This information taken from the PAQ, and further outlined in the Bureau of Compliance (BOC) folders referencing this standard in the pre-audit review.

Based on the above information and review of personnel and agency policies, and interviews with the Warden, and the investigative staff, this standard is assessed as compliant, "meets standard".

## 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*)

Corrective action and discipline for contractors and volunteers is defined by policy 79-ISA-01 Prison Rape Elimination and 71-SOC-01, Standards of Conduct for Contractors and Volunteers. The Ohio Revised Code may also apply as noted in Standard 115.76.

Specifically, policy 79-ISA-01 states “In accordance with the ODRC policy 71-SOC-01, Recruitment, Training and Supervision of Volunteers, and ODRC policy, 39 -TRN -12 Contractor Orientation, any contractor or volunteer who engages in sexual conduct is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing boards.” Contractors, volunteers and others who fall under the standard have been trained in and alerted to these policies, rules, and regulations.

The auditor reviewed the “Acknowledgment of Receipt of the Standards of Conduct for Contractors, Volunteers and Interns”. This form indicates that the volunteer, contractor, or intern has read and understands the rules and regulations in the Standards of Conduct and that they are entering a correctional institution that carries a responsibility to ensure safety and security at the facility.

A memo to the file indicates that no volunteer or contractor has engaged in sexual abuse of inmates. Further, the PAQ indicates that there have been zero (0) number of contractors or volunteers reported to law enforcement or licensing boards for sexual abuse or sexual harassment.

Based on the Standards of Conduct, policy and procedures above, and interviews with contractors, volunteers and interns. The auditor assesses this standard as compliant, “meets standard”.

## 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*)

Disciplinary sanctions for inmates are guided by the ODRC, by the Inmate Rules of Conduct 5120-9-06, by the State of Ohio Administrative Code, by the Rules Violations/Disciplinary Violations, and by the Inmate Disciplinary Process.

Administrative Code 5120-9-07, and Administrative Code 5120-9-08 define and list the Disposition of Rule Violations. This information is available to the inmates in the Inmate Manual, handouts, and the Law Library.

Inmates are subject to sexual abuse criminal prosecution after an investigation, and referral by the OSHP. Referral is made to the appropriate state prosecutors/judicial authorities or administratively subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding.

In the past 12 months there have been zero (0) number of administrative findings of inmate on inmate sexual abuse that have occurred at the facility. In the past 12 months there have been zero (0) number of criminal findings of guilt for inmate on inmate sexual abuse that occurred at the facility. This taken directly from the PAQ. The PAQ also notes the following: the facility offers therapy, counseling, or other intervention; the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact; the agency prohibits disciplinary action for a report filed in good faith; and the agency prohibits all sexual activity between inmates. Again, this taken from the PAQ.

Based on the auditor's review of the PREA information, disciplinary policies, observation of the actual disciplinary process (Rules Infraction Board, RIB), and based on interviews with staff and inmates, this standard is assessed as compliant, "meets standard".

## 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*)

The pre-audit review consisted of the following items which were reviewed prior to the on-site visit and further reviewed when visiting the facility and interviewing, specialized staff.

ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.

ODRC policy 79-ISA-04, Risk Assessments and Accommodation strategies.

PREA Assessment Process Form.

PREA assessment details.

Referral to Mental Health Services.

Informed Consent Form (not applicable).

PREA classification screen.

ODRC policy 79-ISA-02, addresses information related to sexual victimization or abusiveness that occurred in an institutional setting. This policy also directs the access to such information and the use of such information.

ODRC policy 79-ISA-04, requires that all inmates at any ODRC facility who have disclosed prior sexual victimization during assessment screening, pursuant standard 115.41 are offered a follow-up with a medical or mental health practitioner. It is also noted, during assessment screening of offenders who have previously perpetrated abuse as indicated in standard 115.41, that the offenders are offered a follow-up meeting with a mental health practitioner. These follow-up meetings for the victim or the abuser are offered within 14 days of screening. This is a key step in changing the culture of prison incarceration and the ODRC is taking such steps to ensure healthcare and mental health care follow-up. ODRC is addressing the elimination of rape in prison as directed by PREA Law.

In the past 12 months, 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. This information detailed in the PAQ and supported by interviews with intake and assessment staff during the on-site visit.

As indicated previously, the assessment process used by the ODRC is thorough and comprehensive and an institutional team effort. Information related to sexual victimization or abusiveness is strictly limited. This information is used only to make appropriate assignments for treatment, housing, and programs.

Based on review of policy and procedures, risk assessments, the intake process, and the auditor's interviews with staff and inmates, this standard is assessed as compliant, "meets standard".

## 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*)

Inmates receive unimpeded access to medical and mental health treatment and crisis intervention at OSP. Medical and Emergency Medical Services are available on-site at the institution, 24/7. Mental Health Services are available daily. For late evening, night and holiday, services are available on-call. For emergencies there is emergency transportation services through 9/11; emergency room services through Mercy Health/St. Elizabeth Hospital, Youngstown area. Specialty Medical Services can be offered through the Franklin Medical Center (FMC) and the Ohio State University (OSU) Hospital, Columbus, Ohio.

Forensic Healthcare Services are not available at OSP but can be extended to victims of sexual abuse at FMC or OSU. If of an emergency nature, forensic exams, as defined by the State of Ohio, can be accomplished at local hospitals.

Treatment services in the ODRC are provided for every victim of sexual abuse without financial cost to the victim. Inmates of sexual abuse are provided timely information about transmitted infections prophylaxis in accordance with professionally accepted standards and with care where medically appropriate.

The following documents were also reviewed by the auditor, 67-MNH-09, Suicide Prevention; Medical Protocol B-11, Medical Guidelines for Sexual Conduct or Recent Sexual Abuse; on-call schedules and healthcare staff schedules.

A scripted question from the PREA specialized staff questionnaire asks, “is the health care at the facility comparable to the healthcare in the community?” The auditor was informed by all specialized staff who answered, that the quality was as good or better as that in the community.

Based on the above information, and interviews with Medical and Mental Health Care staff, specialized staff, and random staff and inmates. This standard is assessed as compliant, “meets standard”.

## **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*)

ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation and Prevention of Retaliation; the ODRC Medical Protocol, B-11, Medical Care Guidelines for Sexual Contact, or Recent Sexual Abuse; policy 67-MNH-02, Mental Health Screening and Classification; policy 67-MNH-04 Transfer and Discharge of Mental Health Caseload; and policy 67-MNH-15, Mental Health Treatment; all offer and direct medical and mental health evaluation and care, as appropriate, to all inmates who have been victimized by sexual abuse in any prison, jail, etc.

Ongoing medical and mental health care for those victimized by sexual abuse is available for inmates at OSP. Ongoing mental health treatment and evaluation of all inmate on inmate abusers is available at the facility also. Abusers are evaluated within 60 days of learning of such abuse history, and offered treatment, as deemed appropriate by a mental health practitioner.

ODRC is making the effort to treat victims of sexual abuse and abusers, both changing the culture of prison incarceration and helping with reentry of the inmate population to society.

The auditor’s review of the above policies and procedures, the formal and informal interviews with inmates and staff, and with specialized medical and mental health staff confirmed the institution’s compliance with this standard. This standard is assessed as compliant, “meets standard”.

## 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*)

The Ohio State Penitentiary in conjunction with the ODRC policy 79-ISA-03 Sexual Abuse Review Team (SART), requires its key staff to review all sexual abuse incidents unless determined to be unfounded. These reviews must occur within 30 days of the conclusion of the investigation. This policy directs that the Managing Officer will establish a Sexual Abuse Review Team that includes, at a minimum, the following:

- 1) Institutional Operation Compliance Manager (OCM), Chair-PREA Manager.
- 2) a Deputy Warden
- 3) Institutional Investigator
- 4) designated Victim Support Person (VSP)
- 5) any other staff that may have relevant input, such as line supervisors, medical and mental health professionals.

The SART team uses a checklist such that it will consider issues in the following areas:

- > Inmate's concern;
- > Committee considerations (which include change in policy or procedure, motivation, physical barriers, inadequate staffing, and monitoring technology);
- > Committee recommendations;
- > Committee referrals;
- > Committee signatures;
- > Warden's comments/actions ordered; and
- > Committee recommendations approved (yes or no).

In the past 12 months there have been zero (0) of criminal and/or administrative investigations of alleged sexual abuse completed at the OSP, excluding only "unfounded" incidents. In the past 12 months there have been zero (0) number of criminal or administrative sexual abuse incident reviews within 30 days of the conclusion of the sexual abuse investigation because there had been no investigations. As outlined in several other standards, OSP is a "Super Max" facility and there have been no incidents of sexual abuse. This information provided in the PAQ and noted in the other standards. Additionally, the PAQ notes that ODRC facilities: ordinarily conduct a criminal or

administrative sexual abuse incident review within 30 days; it also indicated that the Sexual Abuse Incident Review Team includes upper-level management officials (as outlined in the SART membership above); and the facility implements the recommendations for improvement or documents its reasons for not doing so.

There have been no reviews at OSP. If there were incidents/cause for reviews, such would be documented. There was discussion with the Warden and the Institutional PREA Manager, and there will be consideration of mock team reviews for this standard.

Based on the information above, the ODRC SART policy, and based on interviews with key staff at OSP this standard is assessed as compliant, "meets standard".

## 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*)

The Ohio Department of Rehabilitation and Correction collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control.

ODRC policy 79-ISA-01 Prison Rape Elimination, directs eight steps of data collection and monitoring:

- 1) Monthly reports will be made by the Institutional Investigators.
- 2) The automated reporting modules shall be accurately completed and aggregated at least annually.
- 3) The Agency PREA Coordinator, and other employees will review the aggregate data.
- 4) The report shall be approved by the Director and posted on the ODRC Internet website.
- 5) The Agency PREA Coordinator will ensure that the aggregated data concerning sexual misconduct will be made available to the public, at least annually on the Internet site.
- 6) All personal identifiers will be removed from public availability.
- 7) The DOTS portal screens will be used to identify abusers and victims (restricted access).
- 8) All data of sexual misconduct, findings and recommendations, etc. will be securely retained in accordance with the ODRC Records Retention Schedule.

The ODRC policies and procedures relating to sexual misconduct; many of the documents and investigations of sexual abuse and sexual harassment within the ODRC; the ODRC 2018 Annual Internal Report on Sexual Assault Data; the Survey on Sexual Violence (SSV); and the privately operated facilities report, were all reviewed by the auditor and discussed with the Agency PREA Coordinator and Institutional PREA Manager.

Based on the auditor's review of documents and reports and based on interviews with the Warden and other key staff mentioned above, this standard is assessed as compliant, "meets standard".

## 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*)

The key emphasis for this standard and the basis for the exceeds standard rating is the lead taken by the Agency PREA Coordinator and the production of the 2018 Annual Internal Report on Sexual Assault Data for the Ohio Department of Rehabilitation and Correction. The purpose of the annual report is to make use of this information to identify problem areas and formulate corrective measures. The report, information, and insights compiled by the ODRC and its compliance office is impressive, names and information have been withheld or redacted as required by law.

The 2018 Annual Report from the Bureau of Compliance and the Agency PREA Coordinator has 11 pages and is signed and supported by the ODRC Director. The report itself is divided into the following subsections:

Introduction  
General Definitions  
Definitions of Sexual Victimization  
Statistics  
Inmate on inmate nonconsensual sexual acts.

Inmate on inmate abusive sexual contact.  
Inmate on inmate sexual harassment.  
Staff on inmate sexual misconduct.  
Staff on inmate sexual harassment.

Statistical tables, including total number of allegations and totals by individual institutions  
Conclusion: continued monitoring, improvements, and looking forward. Report signed by the ODRC  
PREA Coordinator, and the ORDC Director.

The Annual Report is published on the ODRC agency website. Agency website is  
[www.drc.ohio.gov/prea](http://www.drc.ohio.gov/prea).

Most importantly, this Annual Report reflects, in the auditor's judgment, the ODRC's commitment to safety and security of staff and inmates. The ODRC is committed to reduce sexual violence in prisons. The agency has a commitment to comply with the PREA standards as outlined in this report for Ohio State Penitentiary, and for each report addressing every facility of the ODRC.

Based on the above, and the interviews with the Agency Director, the Agency PREA Coordinator, the Warden, and the Institutional PREA Manager, this standard is assessed as compliant, "exceeds standard".

## 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*)

The ODRC outlines and directs in its policy 79-ISA-01 Prison Rape Elimination, in the section on Data Collection and Monitoring, that all documents will be securely retained in accordance with the ODRC Retention Schedule.

The State/ODRC Retention Schedule requires maintenance of these documents for at least 10 years.

The ODRC, makes this information available through its public website, [www.drc.ohio.gov/prea](http://www.drc.ohio.gov/prea). (Also see Standard 115.88 Data Review for Corrective Action).

Based on the auditor's review of the above policy, website information, and the Retention Schedule, this standard is assessed as compliant, "meets standard".

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

### 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*)

The PREA auditor reviewed the frequency and scope of audits for the agency's last three-year cycle. The ODRC website was used to obtain much of the information and reports concerning PREA. The ODRC receive the Lucy Hayes award by the American Correctional Association for having all of its adult correctional facilities assessed as PREA compliant during the first three-year cycle.

The methodology used by the PREA auditor included access to all areas of the facility during the on-site visit, a triangulation of pertinent preaudit information; on-site visit observations, staff, inmate, volunteers, contractors, interviews, and on-site record and pertinent information; and post-audit information and assessment.

Based on the above information, and the auditor's review of the subsections listed above, and interviews with the Agency Director, the Agency PREA Coordinator, and the Warden of OSP, this standard is assessed as compliant, "meets standard".

## 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*)

The Ohio Department of Rehabilitation and Correction has a public website on which it publishes Prison Rape Elimination Act Audit Reports for each of its facilities and contracted facilities.

The PREA auditor reviewed the public website at <www.drc.ohio.gov> for compliance with this standard and the data collection and review standards. The 2018 Annual Internal Report on Sexual Assault Data Ohio Department of Rehabilitation and Correction is also published on this website. This annual report not only collects accurate, uniform data for every allegation of sexual abuse, but also is used "to identify problem areas and formulate corrective measures in the efforts of reducing future instances of sexual abuse." (This quote taken from the Annual Report)

The auditor has personally interviewed both the Agency Director and the Agency PREA Coordinator, and based on their interviews and lengthy discussions with the PREA Coordinator, it is clear that the ODRC is not only committed to zero tolerance of sexual abuse and sexual harassment, but the ODRC is changing the culture of its correctional facilities to assist in the improvement and quality of life within its' prison system.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

James Curington

June 03, 2019

**Auditor Signature**

**Date**

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

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