

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 23, 2017

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| Auditor Information | | | |
| Auditor name: Thomas Eisenschmidt | | | |
| Address: 26 Waterford Lane Auburn, NY 13021 | | | |
| Email: tome8689@me.com | | | |
| Telephone number: 315-255-2688 | | | |
| Date of facility visit: April 19-21, 2017 | | | |
| Facility Information | | | |
| Facility name: Pickaway Correctional Institution | | | |
| Facility physical address: 11781 State Road 762 Orient, Ohio | | | |
| Facility mailing address: <i>(if different from above)</i> | | | |
| Facility telephone number: (614) 877-4362 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Tim Shoop- Acting Warden | | | |
| Number of staff assigned to the facility in the last 12 months: 463 | | | |
| Designed facility capacity: 2151 | | | |
| Current population of facility: 2052 | | | |
| Facility security levels/inmate custody levels: medium/minimum | | | |
| Age range of the population: 18-90 (range) | | | |
| Name of PREA Compliance Manager: Marla Phipps | | Title: Operational Compliance Manger | |
| Email address: Marla.Phipps@odrc.state.oh.us | | Telephone number: 614-877-4362 Ext. 2301 | |
| Agency Information | | | |
| Name of agency: Ohio Department of Rehabilitation and Correction | | | |
| Governing authority or parent agency: <i>(if applicable)</i> State of Ohio | | | |
| Physical address: 770 West Broad Street, Columbus, Ohio | | | |
| Mailing address: <i>(if different from above)</i> N/A | | | |
| Telephone number: 614-752-1159 | | | |
| Agency Chief Executive Officer | | | |
| Name: Gary C Mohr | | Title: Director | |
| Email address: Gary.Mohr@odrc.state.oh.us | | Telephone number: 614-752-1164 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Andrew Albright | | Title: Chief, Bureau of Agency Policy and Operational Compliance | |
| Email address: Andrew.Albright@odrc.state.oh.us | | Telephone number: 614-752-1708 | |

AUDIT FINDINGS

NARRATIVE

This is the second PREA audit Pickaway Correctional has been through. The auditor believes that the staff were much more informed and comfortable with their PREA responsibilities about how, where and to whom to report any PREA concerns. The auditor received PREA documents from the facility and the Agency (ODRC) approximately 40 days prior to the audit.

The auditor spoke with the Heather Herron Murphy Director of the Sexual Assault Network of Central Ohio (SARNCO) Domestic located in downtown Columbus, Ohio. She indicated that her agency had a MOU with Pickaway until December 2019 requiring their address and phone number be provided Pickaway inmates. The auditor observed posters throughout the facility with SARNCO's contact information. The Directors' understanding is that the mail and phone calls received from inmates at Pickaway are considered privileged and not monitored by staff. This confidentiality between inmates and SARNCO was confirmed by the Warden. She was correct as this was confirmed by the facility Warden.

The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the entire physical site was toured prior to the actual start of the PREA audit. The entrance briefing for the PREA audit was held on April 21, 2017 and once it was completed the interview portion of the review began. A list of random inmates from each of the housing units (12), inmates disclosing prior victimization (5), inmates reporting allegations of sexual assault (3), a limited English speaking (1), Segregated Housing (2) and inmates identifying GBTI (5) were interviewed. This number totaled 28 inmate interviews.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, Human Resources, Mid-Level Supervisor, Intake Staff Orientation, Intake Staff Questionnaire (Medical), Risk of Victimization Assessment (Case Manager, Unit Manager and Unit Manager Chief), Mental Health Administrator, Segregation Supervisor and Line Staff, Retaliation Monitor, Victim Support Person, Incident Review Team Member, PREA Manager, Facility Investigator, State Police Investigator and the Warden.

Training records (2014, 2015, and 2016) for all required staff training were verified as were additional trainings verified for the one time requirement for Investigator, Medical and Mental Health full and part time staff, and the facility victim support staff.

The auditor reviewed all thirteen (13) investigative case files with the facility Investigator. There were nine (9) alleging sexual abuse and four (4) involved sexual harassment allegations.

Of the nine (9) sexual abuse cases three (3) cases involved staff, with one being substantiated and two unsubstantiated. The substantiated case resulted with the contractor being terminated. It was referred for prosecution but was not prosecuted. There were six (6) sexual abuse allegations made by inmates against other inmates. Four (4) were unsubstantiated and two (2) were unfounded.

Of the four (4) sexual harassment investigations conducted at Pickaway one was against staff and three (3) were against other inmates. The one involving the staff member was unsubstantiated. There remaining three cases against other inmates were designated as unsubstantiated after the investigation.

At the conclusion of the site visit at Pickaway Correctional Institution the auditor met with the Warden and his Executive Staff. The auditor let those in attendance know that he could not give them a specific but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Pickaway Correctional Institution is located in Pickaway County within the city limits of Orient, Ohio. The physical address of the facility is 11781 State Road 762 Orient, Ohio. The facility sits on 1803 acres, 703 acres inside the fence and 1,100 acres outside the fence.

The groundbreaking for the institution was in 1898 for the Orient State Institute (Ohio Developmental Center) that would house the mentally ill and retarded. On July 15, 1926 the Orient State Institute became an independent unit. In 1983 the Ohio Development Center was transferred to the Department of Rehabilitation and Corrections and on April 18, 1984 the first offenders were received as a coeducational institution. Fifty female inmates were transferred to Pickaway Correctional Institution from the Ohio Reformatory for Women. In 1986, PCI became an all-male facility.

The Pickaway Correctional Institution is an adult, minimum/medium (Level 1 & 2) security facility. There are 70 buildings total with 12 buildings located inside the secure perimeter fence and 58 buildings outside the perimeter fence. These buildings are spread over a total of 1803 acres, with approximately 28 acres on the inside grounds and 1775 acres outside the perimeter, of which 866 acres is designated for tillable farm use, approximately 150 acres for pasture and the remainder is woods, unused property and facility maintenance areas.

Upon arrival at PCI, all staff and guests must enter through the Front Entry of the Multi-Purpose Building. The multi-purpose building is metal construction and covers 64,260 sq. feet. It houses the following:

- Visitor and Staff check-in stations
- Staff and Visitor Restroom Facilities
- Visiting Room, Control Center
- Food Service, Education
- General and Law Library
- Warden's Suite
- Business Office
- Cashier's Office
- Health & Safety Office
- Personnel
- Inspector's Office
- Labor Relations Office
- Recreation

A walk-through metal detector is positioned at the manned security post in the front entry to screen all staff and visitors.

The Pickaway Correctional Institution is an open compound with dorm style housing. There are six (6) housing units within the fence: Dorm A houses 528 general population offenders, Dorm B houses 452 general population/medical offenders, Unit C houses 450 general population offenders, Unit D houses 450 general population offenders, the Frazier Health Center houses 171 medical patients and the Transitional Housing Unit houses 82 offenders.

The Frazier Health Center is located to the left of the Multi-Purpose Building. This area comprises houses Rules Infraction Board, Dialysis Unit, Infirmary, Medical Department, Long Term Care, and F-Unit (inmate housing). It was added to Pickaway Correctional Institution in 2009. The medical services have the highest number of medical patients for DRC and are the only dialysis center that services the male and female inmate population.

Across from the Frazier Health Center is C-Unit. This building consists of the OASIS Program (Therapeutic Community) and inmate housing. C-Unit is one of the original buildings from the early 1900s and is comprised of brick and concrete. It has a bed capacity of 450. The OASIS program is a collaborative effort between the Ohio Department of Rehabilitation and Correction, the Department of Mental Health and Addiction Services, and the Pickaway Correctional Institution servicing male offenders with substance abuse problems. OASIS stands for "Our Awareness of Self Increases Success" and the name was created by its first residents.

Directly beside C-Unit is the B-Building. This building was also originally built in the 1900s and is comprised of brick and concrete. It houses the Deputy Warden Special Services Suite, Mental Health Department, Investigator's Office, STG Office, Property Vault, and Contraband Vault. A staff barber shop is also located in the area.

Across from B-Building is the Programs Building. This area houses Commissary, Recovery Services and Religious Services. This building is also utilized for a variety of programs (i.e. Narcotics Anonymous, Alcoholics Anonymous, Religious Services, etc.) and meetings (i.e. Department Head, Site Visits, etc.) taking place at Pickaway Correctional Institution. This building consists of brick & metal construct.

D unit is another building consisting of brick and concrete originally built in the early 1900s and can house a total of 450 inmates. Across from D-Unit is another inmate housing unit, A-Unit. This unit was added to Pickaway Correctional Institution in 2004 and is block,

concrete construction. A-Unit is also known as the reintegration unit and can house a total of 528 inmates. A-Unit also houses the staff training area and the O.N.E. Stop.

Next to A unit is B-Unit which consists of inmate housing, the Captain's Office, and the Operations Suite (Deputy Warden Operations, Major, Unit Management Chief, and Administrative Lt.). B-Unit was also added to PCI in 2004 and is comprised of concrete block. A total of 452 inmates can be housed in B-Unit.

Behind A & B-Units are the OPI (Ohio Penal Industry) Print Shop, Quartermaster, Receiving, ID Department, Food Warehouse, and Sallyport.

Outside the perimeter are the Farm (including Valley Farm), Water Treatment Plant, Maintenance (including Carpenter Shop, Plumbing, HVAC, and Welding Shop), Mechanic Repair Shop, Small Engines, and Power House, Laundry, OPI Warehouse/Mailroom, and OPI Beverage Processing facilities.

Since the last audit, Food Service Operations at Pickaway Correctional Institution and DRC was privatized and is now operated by Aramark.

"The Mission of the Pickaway Correctional Institution is to promote public safety and to improve the quality of life for both staff and offenders by providing the following: Excellence in security, quality health care; promote positive opportunities for offender reentry, professional growth and development for our staff, responsible resource management, compliance with professional standards and partnership with our community stakeholders

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 8

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Ohio Department of Rehabilitation and Correction has a comprehensive policy on sexual abuse and sexual harassment outlined in agency policies 79-ISA-01, 79 ISA-02, 79-ISA-3, 79 ISA-4 and 79-ISA-05. These policies detail and define their mandatory zero tolerance toward all forms of sexual abuse and sexual harassment. The policy further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

In February of this year (2017) the auditor interviewed Mr. Gary Mohr, the Agency Director. During his interview he described how he has committed this Agency to providing a safe environment for staff and inmates by insuring the PREA standards remain a top priority. He informed this auditor that all expansions and major facility modifications will continue to take into account the PREA Standards when considering design and installing video enhancements.

Andrew Albright is the PREA Coordinator for the agency. Andrew is truly committed to this responsibility and with the help of the talented individuals working with him in Central Office, Mark Stegemoller, PREA Compliance Administrator, and Charlotte Owens, PREA Compliance Administrator they work diligently to see all the facilities within ODRC comply with the standards. He has direct access to the Director Gary Mohr and meets regularly with him specifically to discuss PREA matters.

Marla Phipps is the Operational Compliance Manager at Pickaway Correctional Institution and PREA Compliance Manager. She indicated during her interview that she had enough time during her work day to perform her PREA responsibilities. Inmates and staff were well aware of her position at Pickaway if reporting a sexual harassment or sexual abuse allegation became necessary. She is extremely knowledgeable about the PREA policies, PREA standards and the PREA process. She confirmed she has access to the Regional Compliance Manager as well as the PREA Coordinator.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Leslie Piatt, is the Senior Financial Administrator for the Agency and the individual who oversees contracts with the two private prisons within the Ohio Department of Rehabilitation and Corrections. Any new contracts or contract renewal provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The two private prisons under contract require day-to-day operations monitoring. The Ohio Department of Rehabilitation and Correction also conducts an annual PREA Compliance Review at each private facility. Both of these private facilities have had successful PREA audits.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency policy (79-ISA-01) requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. The Warden, Deputy Wardens, and the PREA Compliance Manager were well aware of the plan at Pickaway. Each also indicated the plan is reviewed annually and provided documentation that the plan was last reviewed in September 2016. The auditor also reviewed those reviews conducted in 2014 and 2015. The prior review identified blind spots and action taken to reduce them such as convex mirrors and camera enhancements. Upon completion of each review it is discussed with the Regional Director and the Agency PREA Coordinator and forwarded to the Director with any recommendations if warranted. The Warden indicated this plan takes into account items such as; generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations as well as the placement of video enhancements. All posts at Pickaway must be filled and any deviation to the staffing plan must be reported to the Warden. There were no deviations from this plan during the last 12 months.

Supervisors and upper level management, including the Warden, are required by policy to make unannounced rounds. These rounds must be documented and completed on each tour. Interviews supported this policy requirement as did a review of some of the housing unit logs books.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There are no youthful inmates at Pickaway Correctional Institution, therefore the standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Staff at Pickaway Correctional Institution are not allowed to conduct cross gender strip searches or cavity searches except in exigent

circumstances. Policy 310-SEC-01 requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. The Random interviews conducted on all line staff and supervisors demonstrated their knowledge of this policy and specifically when staff are allowed to conduct cross gender strip searches. The PAQ and Pickaway Correctional Institution file documentation indicate that gender searches of inmates have occurred at the facility.

The facility insures that inmates are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. A few of the bathroom door windows added privacy tape during the visit to improve non viewing in the bathroom. The auditor observed cameras in each of the housing units, none creating any privacy concerns.

Training records indicated all staff have received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner as required by policy 79-ISA-05, and never for the purpose of determining genitalia status. The random staff interviews indicated this policy mandate was presented to them during their training.

The auditor toured the facility for three days spending time in the living areas. Female staff were observed verbally announcing and using the housing unit buzzers when entering the male inmate living areas. The random interviews conducted with the inmates confirmed this announcement practice is being done.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

79-ISA-01 and 64 DCM 02 requires all inmates have meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment who are limited English proficient and low level functioning, including steps to provide interpreters and sign language. Pickaway has a contract with VOCLINK INC. This company provides assistance to the facility with sign language, interpretive expertise in written materials, phone help, written and site help if needed.

The auditor had the opportunity to observe the entire intake process being conducted on new arrivals at the institution. Every inmate arriving at Pickaway receives a facility handbook. This book is not only an overview of the agency/facility rules and general information but it details the Agency PREA policy. The provided information includes phone numbers and addresses inmates can contact to report allegations of sexual abuse or sexual harassment. On this same arrival day the inmate is also provided and required to watch the PREA informational video which is close captioned and signed. At the conclusion of the video inmates are allowed to ask questions of staff regarding PREA and on any informational materials that they received.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Kim Rowe, is the Agency Human Resources Administrator. During her interview she indicated the agency follows policy 79-ISA-01 which requires a criminal background check be conducted on everyone (employee, contractor, volunteer) who has contact with any

inmate within ODRC. Employees and contractors are required to have an additional background check done at least every five years. which is conducted by the facility Investigator. The auditor reviewed his documnetation and Pickaway is up to date on thie staff needing background rechecks.

ODRC policy 34-PRO-07 prohibits hiring or promoting anyone who may have contact with inmates, enlisting the services of any contractor who also may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse been civilly or administratively adjudicated to have engaged in the activity is prohibited entrance into any ODRC facility. The auditor conducted a random sampling of employee, contractor and voulteer files on staff from years 2014, 2015, and 2016. In every case background investigations were conducted on each with individuls not allowed entrance into Pickaway until the investigations were completed and approved. There were 44 background investigations conducted at Pickaway during the last 12 months for new employees. Because every employee at Pickaway received a background check in 2014 none are required to have the 5 year recheck competed ar required by policy.

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

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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There has been no major expansion to the existing Pickaway Correctional Institution since the previous PREA Audit They have however expanded the number of cameras. As previously indicated the auditor reviewed each staffing review for the prior three years. As a result of their annual staffing plan review in 2014, 2015 and 2016 eighty seven (87) cameras have been added. The PREA Compliance Manager, along with other Executive staff identified blind spots and areas they believed camera placement would enhance inmate and staff security. The auditor went to each area where video monitoring took place and found no privacy concerns. The Warden indicated in his interview that the facility was continuing to add more cameras and make upgrades to the old ones. He stated the PREA Compliance Manager would be included in the team that determines placement of the new ones as she has in the past three years.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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All allegations of sexual abuse at Pickaway are reported to the Ohio State Patrol to determine if a crime has been committed. If it decided the alleagtion is not criminal an administrative investigation is conducted by the facility investigator. ODRC and the State Police have a three year MOU from 2/2016 stipulating the protocols to be used in any investigation are 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 PREA Audit Report

Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. The auditor interviewed the facility Investigator and the State Trooper. Each confirmed that they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions and administrative proceedings. The training both these two Investigators received was provided through the National Institute of Corrections covered these same protocols curriculum

Any inmate, at Pickaway, requiring a forensic exam is sent to the Ohio State University Hospital. These examinations are conducted at no expense to the inmate, by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. If a SAFEs or SANE nurse is not available, the examination is performed by other qualified medical practitioners. Pickaway sent no inmates out for forensic examinations in the last 12 months.

Sexual Assault Resonse Network Central Ohio (SARNCO) provides support services to inmate victims of sexual assault incarcerated at Pickaway Correctional Institution. The auditor spoke with the ***** who verified the support service they provide and also discussed the curennt MOU (2017 thru 2019) they have with Pickaway over the next three years. She did indicate that inmates at Pickaway have taken advantage of the service her agency provides. Pickaway also utilizes an employee victim support person (VSP) to provide victim advocate services to inmates if requested. The auditor reviewed the training each of these staff members receive and interviewed one of them during the site visit.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

A criminal investigation and/or an administrative investigation must be conducted and completed on all allegations of sexual abuse or sexual harassment per 79-ISA-02. As previously noted the agency has a written MOU with the Ohio State Highway Patrol outlining the responsibilities for each agency in the process of handling sexual abuse investigations. Criminal Investigations are conducted by the Ohio State Partrol and administrative cases are to be handled by the institution Investigators. The investigation policy for sexual abuse investigations is published on the ODRC website and verified by this auditor. The interviews conducted with the facility Investigator and the Ohio State Highway Patrol Investigator outlined the process and responsibilities each follow in the process. Each indicated that they keep each other informed at each case

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Emphasis is placed on all training for everyone working at Pickaway Correctional Institution. PREA training is a key element of what is mandated by the agency according to the Director during his interview. The mandated training is required of every employee, contractor and volunteer.

Each staff member at Pickaway, regardless of title, is trained as a first responder. The training for each requires a written exam upon completion of the class. Failure to pass this test requires that individual to retake the class and the exam. The training curriculum follows all criteria outlined in standard 115.31 (a) and was confirmed during the interviews conducted with the random and specialized staff. The interviewed staff were clear on their responsibilities in responding to and preventing sexual abuse and sexual harassment. The Agency

requires all staff receive PREA training annually instead of every two years as required by the standard. The training received includes class room and e-learning. The auditor reviewed the staff training records, for years 2014, 2015 and 2016 during the site visit. The documentation demonstrated all staff at Pickaway received the mandatory PREA training during those three years..

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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All contractors and volunteers must receive PREA training outlining their responsibilities prior to being allowed to enter Pickaway Correctional Institution. The auditor reviewed the training curriculum and training records for a sampling of these individuals for years 2014, 2015 and 2016. These individuals signed documents indicating each has received and understood: the agency zero tolerance policy, prohibited behaviors, how and whom to report and consequences of policy violations. Interviews conducted on site with a contractor and a volunteer confirmed the training curriculum.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Training emphasis with inmates is no different than the emphasis placed on training with staff. The agency Director feels proper and extensive training of all inmates is paramount to eliminating sexual abuse and sexual harassment making each facility a safer environment for inmates and staff.

Upon entering in to the Receiving and Discharge area of Pickaway Correctional Institution each inmate sits down and receives his first of many PREA orientations. A stationary television play a video in english , spanish and sign language informing them of the agency zero tolerance policy on sexual abuse and sexual harassment. The speakers in this informational video include inmates, staff and the agency Director.

Once the video is concluded the intake process begins with the inmate being given an orientation/rule booklet in spanish and english. This booklet, which they sign for, contains information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. It details to every inmate how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing.

On Wednesday of each week newly arrived inmates receive an indepth formal orientation to the facility and on the PREA Law. The orientation on PREA is presented to them by the Unit Management staff, Case Managers, and PREA Compliance Manager.

Interviews conducted with the intake staff and interviews conducted with random inmates confirmed that PREA information is provided to them both verbally and in writing. The facility provided PREA information to all inmates who arrived at Pickaway prior to 2013, via town Hall Meetings. Inmates interviewed, who have been at Pickaway prior to 2013, indicated the town hall meetings were indeed held and attending inmates were provided PREA information. Those inmates also received security interviews, by case managers, to assess risk vulnerabilities.

Information about PREA, reporting hotline numbers and victim support services contact information are posted everywhere in the facility

that inmates have access to. The random and specialized inmate interviews demonstrated that inmates were aware of these contact mediums.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

As previously mentioned the facility administrator handles all non criminal sexual abuse and sexual harassment cases and the Ohio State Patrol conducts all criminal investigation involving sexual abuse. Both these individuals received the same PREA Investigators Training (PREA: Investigating Sexual Abuse in a Confinement Setting) through the National Institute of Correction. The training was documented in the Investigators training record and the facility provide certificates of completion awarded to each investigation to the auditor

Each investigator informed the auditor during their interview that the training they each received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

During the investgative process each keeps the other informed through constant contact via the phone or email. It was very evident to the auditor that an excellent working relationship between both these individuals exists.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Every full time and part time medical and mental health practitioner is required to receive receive additional training covering topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and whom to report all allegations or suspicions of sexual abuse and sexual harassment. This mandated training is required of them according to policy 79-ISA-01

Interviews with medical and mental health staff indicated that this additional training was required of each of them over the mandated PREA training. The auditor reviewed training documentation for medical and mental health staff in 2014, 2015 and 2016 while on site. He confirmed that this specialized group, full time and part time, received this additional training.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

The ODRC has an extremely streamlined and impressive intake process and computerized screening for sexual abusiveness and sexual victimization. Upon arrival in the Receiving and Discharge area at Pickaway each inmate receives a screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates. If an inmates arrive on a weekend or after hours the screening is accomplished no longer than 72 hours from the date the inmate arrives. The auditor observed the following intake process during the site visit.

The inmate is given a orientation booklet with PREA information in it and watches a PREA video in this area. He is then brought to the medical unit and immediately assessed by the Medical Department. The nurse begins the assessment by asking the inmate: 1) if the she has a mental, physical, or developmental disability; (2) The age of the inmate; (3) the physical build of the inmate; (4) Whether the inmate has previously been incarcerated. (5) Whether the inmate’s criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child;(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) the inmate’s own perception of vulnerability; and (10) whether the inmate is detained solely for civil immigration purposes. The Nurse also determines if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening is immediately sent to a mental health practitioner and or medical staff person.

Upon completeing this part of the assessment his information is placed into a queue on the computer for the Case Managers part in the process. It is important to note that the entire risk assessment is electronic with notifications popping up to the next staff person in the process so no inmates gets lost in the process. The ODRC PREA Risk Assessment Process was originally implemented using paper forms and scanned into their document imaging system (Onbase). This continued until their automated PREA Assessment Process was put into production on September 8, 2014. This system allows each facility to easily share information throughout the Agency as well. This information is shred only with individuals with a need to know.

The Case Managers check their “In-Progress” assessments at least daily and complete the second screen. The assessment then goes into the Unit Manager queue. The Unit Managers check their “Pending UM” cases and determines if the inmate does not need a PREA Classification or they recommend a classification: Victim (High Risk): Previous victim of sexual abuse in an institution setting – automatic classification, Abuser (High Risk): Previously sexually abused another in an institution setting – automatic classification, Potential Victim: At risk of victimization, Potential Abuser: At risk of abusing.

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

The auditor reviewed case records demonstrating this entire process and confirmed it with the Case Manager, Unit Manager and Unit Manager during their interviews.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Information obtained from the risk screening process is utilized to determine housing, bed, work, education, and program assignments with the goal of keeping separate and closely monitoring those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate is designated as a victim, potential victim, abuser or potential abuser or if he identifies as transgender or intersex the PREA Accommodation Strategy Team (PAST) addresses each housing, work, and program assignment. Staff in general have limited access to the risk assessment information only allowing them to know the PREA classification not the reasons for it. Assignments for transgender and intersex inmates are done individually after discussion with the inmate. The auditor confirmed how the information

was used during the interviews with the Case Manager, Unit Manager and the Unit Manager Chief.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Involuntary segregated housing is not used at Pickaway for the placement of any inmate at high risk for sexual victimization according to policy 79-ISA-04, the Segregation Supervisor and the Warden. This is the case unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abusers.

The Warden further stated, during his interview, that if ever a situation presented itself where an inmate alleging victimization needed to be placed in other than general housing it would most likely be in the hospital until the inmate could be placed in general confinement. There has been no case where segregation was used to place inmates at high risk of victimization in the last 12 months. Inmates interviewed, at risk for victimization, indicated during their interviews, that they were never placed in segregation.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

ODRC policy 79-ISA-02 provides multiple internal ways for residents to privately report PREA allegations. These include verbal reporting to staff, written reports, anonymous reports and reports from third parties. As noted previously the inmate rulebook discusses these internal reporting methods as well. The random interviews conducted with the inmates at Pickaway revealed that they were well aware of these reporting venues if needed.

This policy also provides staff multiple ways to privately report sexual abuse and sexual harassment of inmates and was acknowledged during random interviews as well.

Franklin County Detention Facility is used by inmates at Pickaway to report sexual abuse to a public/private entity not part of the agency. The inmate may make the abuse allegation confidentially to the number indicated on the posters located throughout the facility. This number is monitored 24 hours a day at the Franklin County Facility. When they do receive an allegation they immediately contact the Chief Inspector for ODRC who in turn immediately notifies the facility Investigator so a PREA case can be initiated. This was confirmed by the facility investigator.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Pickaway Correctional Institution does have administrative procedures through the inmate grievance process regarding sexual abuse and sexual harassment complaints to the extent that they are notified in the inmate handbook that a sexual abuse or sexual harassment complaint may be submitted at any time, however, a timely complaint is essential to providing services and proper investigation. The inmate handbook further states inmate grievances filed regarding a complaint of sexual abuse or sexual harassment shall be immediately reported to the Investigator for proper handling in accordance with ODRC Policy 79-ISA-02.

Language in ODRC Policy 79-ISA-02 also addresses inmate grievances filed related to a complaint of sexual abuse or sexual harassment. They are immediately reported to the Institution Investigator for proper handling. There is no time limit on when an inmate may report sexual misconduct. A sexual abuse or sexual harassment complaint may be submitted at any time. Acceptance of a late complaint does not waive the applicable statute of limitations with respect to any related lawsuit.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Pickaway Correctional Institution has a MOU, until December of 2019, with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide inmates with access to outside for emotional support services related to sexual abuse. Posters throughout the facility list the mailing address and phone number whereby inmate may make contact. Contact by phone or by mail is treated as confidential communication and is not monitored, checked or recorded.

*****The auditor spoke with the Executive Director who confirmed the service that the Center would provide and she also indicated they have been contacted by inmates. Random interviews with inmates reflected that they were aware of the posters around the facility but since they had no specific need, were not sure of the services provided.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Posters (Family and Friends) are located at the entrance to Pickaway and in their visiting room. Provided in spanish and english it lists an email address and a phone number where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of an inmate.

The ODRC agency web page also has a PREA section on the page allowing anyone to make a sexual abuse allegation on behalf of any inmate through that link. Inmates disclosed to the auditor, during their interviews, that they were aware of this "third" party reporting.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Every staff member at Pickaway must report: any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that they become aware of, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff did acknowledge this requirement during their random interviews. One staff member informed the auditor she reported a sexual abuse allegation she became aware of. Staff also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or officials.

79-ISA-02 also requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility must notify the head of the facility or appropriate office of the agency/facility within 72 hours where sexual abuse is alleged to have occurred. The facility had 1 allegation reported where the inmate was received at Pickaway on 12-2-2016 and disclosed he had allegedly been sexually assaulted at Lebanon Correctional Institution. Pickway notified, via email, the Warden at Lebanon on 12-5-2016. The auditor verified the case was investigated and the inmate notified of the findings

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor questioned the random staff and the Pickaway Warden about how they would respond when becoming aware of an inmate in the facility who may become at risk of imminent sexual abuse. Each staff member indicated that they would take immediate action to safeguard the inmates well being, following the same procedures as if the inmate was alleging sexual abuse. 79-ISA-02 requires that all staff once they become aware of any inmate that is at substantial risk of imminent sexual abuse, notifying their Investigator, Unit Management Chief and Shift Supervisor. Their responses supported the agency policy requirement.

The Warden reinforced the policy as well. He also indicated that segregation would not be an option he's use. He would transfer the inmate before that happened unless protection was warranted immediately.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

ODRC 79-ISA-02 requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility must notify the head of the facility or appropriate office of the agency/facility within 72 hours where sexual abuse is alleged to have occurred. The facility had 1 allegation reported where the inmate was received at Pickaway on 12-2-2016 and disclosed he had allegedly been sexually assaulted at Lebanon Correctional Institution. Pickaway notified, via email, the Warden at Lebanon on 12-5-2016. The auditor verified the case was investigated and the inmate notified of the findings. There were also two other cases in 2016 where inmates upon arrival at CRC alleged to staff there that they had been sexually assaulted while at Pickaway. The first inmate on July 11, 2016 disclosed this information to staff there and Pickaway was notified the same day via email. The incident was alleged to have taken place at Pickaway in 2009. The second inmate on arrival at CRC disclosed to staff, on September 13, 2016, he was sexually assaulted at Pickaway in 2011. The Warden at Pickaway was notified via email on September 14, 2016 and the investigation was started that same day. The practice of facility notifications was also confirmed during the Warden and Investigator interviews.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Every Pickaway staff member is trained as a first responder for sexual abuse/ harassment allegations. Each random staff member interviewed responded to questions about their duties as a first responder, including non-custody staff. All indicated they would: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, insure 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; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Pickaway policy OE3-02 PCI is the written institutional plan coordinating all actions to be taken in response to any sexual abuse incident among staff first responders, medical and mental health practitioners, investigators, and facility leadership. During interview with the Warden and the PREA Compliance Manager each elaborated on the content of this policy and discussed their roles in the coordinated response.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Retaliation monitoring to protect all inmates and staff who report sexual abuse or cooperate with sexual abuse investigations is done by the facility Investigator. Retaliation monitoring to protect all inmates and staff who report sexual harassment or cooperate with sexual harassment investigations is done by the facility PREA Compliance Manager. As outlined in policy 79-ISA-02 retaliation monitors are required to review the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.

During his interview the Investigator stated he monitors inmate disciplinary reports, housing assignments, program/work assignment changes, and performance reviews. He also indicated he would monitor staff retaliation much in the same way. (job assignments time off, promotions and evaluations). By policy the monitoring period is 90 days. He indicated that such monitoring could be extended beyond this 90 day period 90 if warranted. A review of all the case files for 2016 and a sampling of files from 2014 and 2015 showed retaliation monitoring for all substantiated and unsubstantiated cases.

The PREA Compliance Manager during her interview confirmed she also monitors evaluations, housing assignments, bed assignments and

disciplinary reports when looking at inmates requiring monitoring for sexual harassment complaints.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Pickaway Correctional Institution is prohibited from utilizing segregation for the protection of any inmate who alleged to have suffered sexual abuse unless no alternative is available. This prohibition is outlined in ODRC 79 ISA-04. If an inmate is placed in segregation he must be provided with programs, privileges, education and work. The facility must document why they didn’t receive them if there requirements are not provided. The Warden and the Special Housing Unit Supervisor (Lieutenant) confirmed that segregation has not been used for the placement of any victim of sexual abuse and would not be used to house inmates for protection after an alleged sexual assault.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Every allegation of sexual abuse is immediately turned over to the Ohio State Highway Patrol Investigator for investigation as a crime. If she/he determines that no crime has been committed an administrative investigation is conducted by the Pickaway Investigator . The auditor reviewed the training records of both the facility investigator and the Ohio State Trooper. As noted in standard 115.34 both have received the specialized training required. During the Pickaway Investigator interview he informed the auditor that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person’s status as an inmate or staff member.

The auditor reviewed case files from 2014, 2015 and all of 2016-2017. Both Investigators (Facility and State Trooper) stated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation according to the State Police and the Facility Investigator.

There were 13 PREA investigations conducted at Pickaway during the last 12 months with only being substantiated. This involved a contractor who was immediately terminated. Once the investigation was complete the case was referred for prosecution. The County Prosecutor however declined to proceed with the case. There is an excellent working relationship between both the Ohio State Patrol Investigator and the Pickaway Investigator. It is clear from review of the investigative files there is constant communication between them from the emails found in the files. All thirteen (12) alleged sexual abuse/ investigative files were reviewed. .

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. During the interview with the Pickaway Correctional Institution Investigator he confirmed that this is the threshold he uses.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

All inmates who make an allegation that they have suffered sexual abuse in an agency facility must be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following upon completion of the investigation by the agency including the State Police.

This policy further requires that following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged.

The inmate notification document is part of every investigative file. The auditor confirmed the policy and practice with the Investigator, review of case records and speaking with inmates who have filed complaints, investigated and received the outcome notification

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

the agency sexual abuse or sexual harassment policies. These policies also provide disciplinary and other sanctions for violations of agency policies relating to sexual abuse or sexual harassment, 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.

No staff member has been terminated or disciplined for any violation of the Agency zero tolerance sexual abuse policy during the last twelve months.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor conducted two contractor and one volunteer interview at Pickaway Correctional Institution during the site visit. All three indicated they were informed during their training of the agency zero tolerance policy and the consequences for any violation. The auditor reviewed their training records which showed that they had received this training information. ODRC policies 79-ISA-01, 71-SOC-01 and Standards of Conduct require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

As previously disclosed, there have been one terminations imposed on a contractor upon completion of a sexual abuse allegation within the last 12 months .

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

79-ISA-02 and 56-DSC-01 are policies dealing with the inmate disciplinary system. These policies prohibit all sexual relations between inmates and anyone found to have engaged in a sexual relationship with another inmate will receive a rules infraction. Any inmate found guilty of this behavior at a disciplinary hearing receives an appropriate sanction. These sanctions are commensurate with the nature and circumstances of the abuse committed taking into account whether mental disabilities contributed. The policy was confirmed with the Warden during his interview

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

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The auditor interviewed three staff responsible for the inmate risk assessment at Pickaway Correctional Institution. All of them indicated that anytime an inmate discloses or anytime it is noted somewhere in the inmate record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the individual is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. The auditor interviewed four inmates who had disclosed prior victimization and each had indicated that they were offered intervention services with mental health.

These riskassessment staff also indicated that if the assessment indicates that the inmate had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff offeres a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

All inmates arriving at Pickaway receive a mental health screening and evaluation, by a Mental Health practitioner in accordance with Department Policy 67-MNH-02, Mental Health Screening and Mental Health Classification. Regardless of victimization acknowledgement.

Policy 79-ISA-02 further requires that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. This practice was also confirmed during the same interviews with these practitioners as information is password protected and shared only on a need to know basis.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Medical Protocol B-11 requires all inmate in ODRC that are victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health practitioners according to their professional judgment determine the nature and scope of such services and the interviews conducted with tha Mental Health practitioner and a Nurse confirmed this during their interview.

All medical and mental health staff at Pickaway are required to document the timeliness of emergency medical treatment and crisis intervention services that are provided in the inmates electronic medical record. Treatment services provided to every victim is performed without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

As previously indicated forensic examinations are performed at Ohio State Medical Center with none having been performed during the last 12 months. Timely information and services concerning sexually transmitted infection prophylaxis are provided by this hospital with followup immediately on return according to policy and the interview with the Nurse.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

A detailed Mental Health Screening is conducted on every inmate arriving at Pickaway within 7 days of his arrival. This was confirmed by policy review, records check and speaking to inmates during the informal interviews. If during this screening any inmate identifies as being a victim of sexual abuse in any prison, jail, lockup, or juvenile facility or his record indicate the same, he is offered a medical and mental health evaluations and treatment at no cost to him. This is practice is outlined in ODRC policy 79-ISA-02.

The interviews with the Nurse and Mental Health staff and interviews with inmates reporting prior victimization verified practice to this policy. This same policy further requires the facility to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. This practice was also confirmed in the interview with the Mental Health Administrator.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

ODRC policy requires Pickaway Correctional Institution conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation had been determined to be unfounded.

The Sexual Abuse Review Team (SART), by policy 79-ISA-03, is comprised of the Deputy Warden for Operations, , the Investigator, the PREA Compliance Manager, Unit Management Chief, Healthcare Administrator, Mental Health Administrator, and Major at Pickaway Correctional Institution. This team is charged by policy to review all sexual abuse completed cases (except unfounded) within 30 calendar days of the completion of the investigation. Interviews with members of this team detailed what is reviewed in each instance. The facility investigated 12 allegations in the past 12 months with two of them unfounded. The auditor reviewed completed reviews on the remaining completed investigations. These reviews are forwarded to the Warden with recommendations if the team feels that they are necessary. The warden must adopt the teams recommendation or document why he didn't.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

ODRC collects, maintain, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility in the Agency including the two private facilities it contracts with. Pickaway Correctional Institution provides sexual abuse statistics to Central Office to assist them in creating ODRC Annual Report documenting trends, concerns etc. within the aggregate data total. The data the Agency receives from the two private facilities is not included in this aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2016 deadline. The information supplied in this report to DOJ is accumulated from each facility utilizing the PREA Incident Report System.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Agency collects accurate, uniform data from each of its' facilities on every allegation of sexual abuse. They complete the Survey of Sexual Violence (SSV) report providing information on every allegation of inmate on inmate and staff on inmate sexual abuse. The Agency then produce an annual internal report that targets confirmed inmate on inmate and staff on inmate sexual abuse incidents. This report provides a comparison of incidents from 2013 and 2015 and is utilized by the PREA Coordinator to identify problem areas and formulate corrective measures in efforts of reducing future incidents of sexual abuse. ODRC compiled its third internal report (January 13, 2017) since the Agency full implementation of the PREA standards. This document is available on the ODRC web site. <http://www.drc.ohio.gov/prea>

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

79-ISA-01 requires that aggregated sexual abuse data received from facilities under its direct control (including the two private facilities) is made readily available to the public at annually on its website (<http://www.drc.ohio.gov/prea>). The auditor verified it was available on this web site. The Agency is required to retain all records for 10 years after inmate has reached his/her final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever.

AUDITOR CERTIFICATION

I certify that:
PREA Audit Report

- 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.

Thomas Eisenschmidt
Auditor Signature

May 23, 2017
Date