

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>	Allen Oakwood Correctional Institution		
<b>Physical address:</b>	2338 North West Street Lima, Ohio 45802		
<b>Date report submitted:</b>	June 8, 2015		
<b>Auditor Information</b> Thomas Eisenschmidt			
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<b>Telephone number:</b>	315-730-7980		
<b>Date of facility visit:</b>	May 13-15, 2015		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>	Same		
<b>Telephone number:</b>	(419) 224-8000		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	Debra Rable		<b>Title:</b> Operations Compliance Manager
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<b>Agency Information</b>			
<b>Name of agency:</b>	Ohio Department of Rehabilitation and Correction		
<b>Governing authority or</b>	State of Ohio		

<b>parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b>		770 West Broad Street, Columbus, Ohio	
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<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE:

Allen Oakwood Correctional Institution has a very difficult and diverse mission. The institution houses inmates with severe mental disabilities, developmentally disabled inmates, protective custody inmates, inmates suffering from dementia and general population inmates. The risk for victimization with the type of vulnerable inmates at this facility is very high. The staff is very cognizant about this potential and very attentive to their duties and responsibilities.

The auditor received PREA documents from the facility and the Agency (ODRC) approximately three weeks prior to the audit. The auditor spoke with from the Rape Crisis Center for Crime Victim They indicated their address and phone number is found on posters throughout the facility. The Center understanding is the mail and calls are considered privileged and not monitored by staff. This was also confirmed by the facility Warden.

The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result both physical sites were toured prior to the actual start of the PREA. The entrance briefing for the PREA audit was held on May 13, 2015 and once that was completed the interview portion of the review began. A list of random inmates from each of the housing units, inmates disclosing prior victimization, inmates reporting allegations of sexual assault, a limited English speaking, and inmates identifying GBTI were interviewed. This number totaled 19 inmates.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, Human Recourses, 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, Incident Review Team Member, PREA Manager, Facility Investigator, State Police Investigator and the Warden.

Training records for all required staff training were verified as were additional trainings verified for the Investigator, Medical and Mental Health full and part time staff, and the facility victim support staff.

The auditor reviewed all twenty (25) investigative case files with the facility investigator. Of these cases, nineteen (19) involved sexual abuse allegations and six (6) involved sexual harassment allegations. Twenty two (22) were allegations against other inmates with thirteen (13) unsubstantiated, eight (8) unfounded and one (1) substantiated. The one substantiated case involved a mentally challenged inmate grabbing another inmate by the groin. There were three (3) allegations made by an inmate against staff (2 harassments and 1 abuse) , which were unfounded.

There were six (6) sexual harassment investigations conducted at Allen Oakwood. Four were inmate allegations against other inmates and were substantiated. Two (2) were allegations made by inmates against staff and were unfounded.

At the conclusion of the site visit at Allen Oakwood 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 outcome at this point 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 Allen Oakwood Correctional Institution (AOCI), which opened in 1987, is an adult male, medium-security facility located within the city limits of Lima, Ohio. It consists of 23 buildings (24 additional buildings outside the perimeter) arranged in a campus design. The institution grounds cover approximately 78 acres with an additional 400+ acres designated for farm use.

During the last decade the Department of Rehabilitation and Correction was forced to evaluate positions in order to meet statewide economic goals. A decision was made to completely consolidate the Allen Correctional Institution (ACI) and Oakwood Correctional Facility (OCF) formally on December 31, 2011. At that time, all departments and services on the complex were consolidated and the institution became legally known as the Allen Oakwood Correctional Institution (AOCI). The main compound at Allen houses the core services and departments while Oakwood became a unit of the institution

OCF transferred its mental health and medical offenders out and became the state's Protective Custody (PC) unit, housing all PC offenders on the East side units. The unit is comprised of 204 PC beds with offenders of various security levels (Level 1 – Level 4). The West side of the former OCF houses general population offenders (192 beds) and is now a housing unit within the Allen Oakwood Correctional Institution. ACI transitioned its Residential Treatment Unit (RTU) to become one of four in the state. It can house 151 offenders and has a full complement of mental health clinicians and offender care staff. A 32-bed dementia unit from Pickaway Correctional Institution was recently named the Berryhill Supportive Care Unit (H2A). ACI and the Bureau of Mental Health Services established a 62 bed, Intensive Outpatient Unit (IOP) for mental health offenders transitioning into general population. The RTU and dementia units are housed within H1A/B. The developmentally disabled offender unit, Sugar Creek Developmental Unit (SCDU), was moved from H1B to H2A with the IOP unit.

Upon arriving at AOCI, all staff and guests must enter through the Front Entry Building (A Building). This facility is approximately 3900 sq. ft. and houses both visitor and staff check-in stations, and visitor restroom facilities. A walk-through metal detector is positioned at the manned security post to screen all staff and visitors. The entrance building contains the Armory and the Lock Shop on the outside of the building.

B Building houses our Visiting Room, Parole Board Rooms, Inmate Health Services, Health & Safety (centralized chemical distribution), Mailroom, Segregation and Network Administrator. The Inmate

Visitation Room consists of a large, open visiting room equipped with small tables, individual chairs, and the children's reading area. Adjacent to the area is the inmate processing and search room.

The Administration Building (C Building) of brick construction has approximately 7580 square feet. The building houses the Warden's Suite and Business/Personnel departments, which include several offices, conference rooms and restroom facilities. It also houses the Shift Assembly Room, the accreditation office and conference room, the employee break area and the Investigator's Office. The AOCI Control Center is also located in the building. serves as the hub for all movement within the institution grounds. It contains several touch screen computers, video camera monitors, fence alarm systems, key watch systems, telephone switchboard, and radio charging stations. All equipment and keys used daily are distributed from this central point.

D Building consists of Recreation, the Chaplain's office and the Chapel. All religious services are conducted in this building. Recreational services include basketball, volleyball, Ping-Pong, board games, isometric exercise equipment, a music program, and arts and crafts. Outside recreation consists of ball diamond, basketball courts and a track.

E Building houses Education (academic and college), General and Law Library, Ohio Penal Industries (OPI) garment shop, Vocational Education (Small Engine Repair and Vocational Building Maintenance), Quartermaster, Transport, Commissary, Food Services and Maintenance. Located just behind E Building to the northwest is the Vocational Turf Management Building.

The Sallyport is located to the rear of the complex and manned Monday through Friday from 7:30 a.m. to 3:30 p.m.. This area supervises all vehicle entries into the facility. If it becomes necessary to utilize the Sallyport during unmanned hours, a Rover is dispatched to the area. A small Maintenance Garage is located behind ACI's Sallyport and used to store grounds equipment.

The housing units are located on the north side of the compound. They have four original housing units (H1, H2, H3, and H4). In 1993, H5 was built. H5 is an open dormitory style, pre-structural steel building. In 1994, H6 was added to the compound. H6 is also open dormitory style.

H1 and H2A hold specialized offender populations. H1A houses the 151 bed Residential Treatment Unit (RTU) for seriously mentally ill inmates and a 32 bed Dementia Unit. H2A consists of a 62 bed Intensive Outpatient Unit (IOP) for mentally ill offenders and a 45 bed Sugar Creek Developmental Unit (SCDU). The SCDU is unique in that it houses the developmentally disabled offenders for the entire state penal system. In September, 1998, a connecting addition was built onto the back of H1 and provides space for programming as well as offices of the Mental Health staff.

H2B houses general population inmates with no special programming. H3A contains the offices of Recovery Services and houses those offenders with substance abuse concerns. H4 houses general population inmates with no special programming. H5A houses the older offenders (45 and older) at this institution and H5B houses the Literacy Unit. H6 houses the Level 1A (minimum security) inmates at the institution.

The Ohio Department of Rehabilitation and Correction obtained the Oakwood facility from the Ohio Department of Mental Health on February 4, 1994. Oakwood is located just to the north of the Allen unit. This housing unit is reserved for the Protective Custody (PC/special management) inmates on the East side and general population Level 1A (minimum security) offenders on the West side. It includes space for medical, library, recreation, unit management, food services, commissary, and programming separate from the AOCI complex.

Offenders in the unit are separated between PC status and general population and all movement is controlled to ensure no contact or limited contact with staff supervision is followed. There are 204 PC beds and 192 general population beds within the Oakwood unit.

The Farm, Staff Training, Warehouse and Garage facilities complete the grounds of AOCI as separate sites. The Warehouse serves as the institution's central storage and distribution facility. It is paired with the Garage. This area is home to the maintenance and repair of all institutional vehicles and equipment. The Farm consists of 6 buildings and approximately 400 acres of tillable land. The Staff Training facility is located above the Powerhouse. All institutional training is conducted primarily in this building.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	10
Number of standards met:	31
Number of standards not met:	0
Non-applicable:	2

## **§115.11 - Zero tolerance of sexual abuse and coordinator**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Ohio Department of Rehabilitation and Correction (ODRC) has 4 agency policies dealing with zero tolerance of sexual abuse and sexual harassment (79-ISA-01, 79-ISA-02, 79-ISA-03 and 79-ISA-04). While Allen Oakwood Correctional Institution specific policy for implementation of the agency policy to prevent, detect, and respond to sexual abuse and sexual harassment is 3E1.

PREA is a top priority for Director Gary Mohr and his department. His commitment in 2014 to have 8 of his facilities become PREA compliant was achieved. In his 2015 interview he indicated he was committed to having eight more of the Agency facilities audited for PREA compliance as well.

Andrew Albright is the PREA Coordinator for the agency. He has direct access to the agency Director Gary Mohr and meets regularly with him specifically to discuss PREA matters. Andrew has a group of central office staff that work directly on PREA policy, standards adherence and computer streamlining of the audit process and monitoring. Andrew and this staff have a keen understanding of the standards and the audit procedures. He acknowledged that he has sufficient time to dedicate to his responsibilities ensuring PREA standards are followed and concerns addressed.

Debra Rable was placed in the position of PREA Manager at Allen Oakwood Correctional Institution six months prior to the audit. It was clear during the site visit how knowledgeable she is about the PREA standards and the audit process. She indicated during her interview that she has sufficient time to perform her PREA duties and has direct access to the Warden. She made for a smooth site visit for the auditor.

## **§115.12 - Contracting with other entities for the confinement of inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The auditor interviewed Kevin Stockdale, Deputy Director Administration, who oversees contracts with the two private prisons (Lake Erie Correctional Institution and North Central Correctional Complex). During his interview he indicated ODRC has a full time Contract Monitor at each facility to monitor day-to-day operations. These Contract Monitors report directly to the Regional Director. Mr. Stockdale

further indicated that these two facilities receive numerous policy compliance site visits. These site visits include the Regional Medical/Mental/Recovery Services Monitor, and the Regional Director with a Regional Team. The Bureau of Agency Policy and Operational Compliance conducts an annual Internal Management Audit to include a PREA Compliance Review. Contract facilities are required to follow ODRC Policies, which include all Zero Tolerance of Sexual Abuse and Sexual Harassment Policies. A PREA Compliance Review was conducted at both facilities in October 2014 with the next one scheduled to be held in June of 2015.

Lake Erie Correctional Institution and North Central Correctional Complex are both scheduled for their first PREA audit in the Fall of 2015.

### **§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)

The Agency requires each of its institutions to establish and maintain a staffing plan. Allen Oakwood has a staffing plan that takes into account generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations. Warden Sheldon stated in his interview that he monitors all deviations from the facility-staffing plan.

Department Policy 310-SEC-31 requires intermediate-level and higher level supervisors conduct and document unannounced rounds on each shift. Policy 50-PAM-02 prohibits 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. The rounds being conducted were verified during the site visit and during the supervisor interviews.

### **§115.14 – Youthful Inmates**

Allen Oakwood Correctional Institution has no youthful offenders. It is an adult facility. Standard does not apply.

### **§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)

ODRC Policy 310-SEC-01 prohibits staff from conducting cross gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The warden confirmed during his interview that AOCI has not conducted any cross gender strip searches and if one is conducted it will be logged along with the exigent circumstance requiring it. All staff has received training on conducting cross-

gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. This training also reinforced the ODRC policy of frisking transgender and intersex inmates for the purpose of determining genitalia status. Line staff and supervisors confirmed the policy and practice during the interview process.

During the tour of the facility the auditor took notice of areas having showers and toilets. All showers had curtains with the majority of toilets being located in cells while toilets in the dormitory areas had doors. The shower curtain and toilet doors enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia, or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate-housing unit.

Female staff announces their presence on each of the male living areas by setting off an alarm each time they enter. The alarm is both a buzzer and blinking light. Interviews conducted with random inmates confirmed their knowledge of the meaning of this sight and sound alarm. The auditor observed female staff utilizing the system during the site visit.

**§115.16 – Inmates with Disabilities and Inmates  
English Proficient**

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- 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)

ODRC policy 79-ISA-01, provides disabled inmates and inmates who are limited English proficient equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has a contract with Affordable Language Services, providing signing for the deaf as well as providing interpretive services for all languages. The facility also provides on the day of arrival a handbook on the Agency PREA policy to each inmate. This booklet contains phone numbers and addresses outlining to inmates how and to whom to report sexual abuse. This booklet also includes the phone number and address of an outside support group. Inmates are brought to a classroom, typically occurring on the second day after arrival to the institution, to view a video on the agency zero tolerance of sexual abuse. This video is close captioned and signed. During the site visit the auditor interviewed an inmate with limited English proficiency. He indicated he received all the zero tolerance information on sexual abuse and sexual harassment information in a language he understood. He indicated he knew how to report sexual abuse if necessary and was aware of third party reporting if needed. He further indicated staff went out of their way to insure he understood and aware of his rights under PREA.

The ODRC policy indicates that staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. This practice was confirmed to the auditor during each of the random staff interviews.

AOCI has a mission that involves the care of various specialty populations with a Residential Treatment Unit that houses the seriously mentally ill inmates, the Sugar Creek Developmental Unit that houses the developmentally/intellectually disabled and the Berryhill Supportive Care Unit that houses inmates with dementia. These inmates are provided an equal opportunity to

benefit from all aspects of the institutions' efforts to protect, detect and respond to sexual abuse and sexual harassment. The staff at AOCI ensures effective communication through the utilization of specialized vocabulary on a level that these inmates can understand. These specialty care inmates are also afforded the opportunity to ask questions.

### **§115.17 – Hiring and Promotion Decisions**

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

The auditor reviewed personnel files, hiring practices and promotions with the AOCI Human Resource staff person. ODRC policy 34-PRO-07 prohibits hiring or promoting anyone who may have contact with inmates. It also prohibits enlisting the services of any contractor who may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. They are not allowed in any ODRC facility if they 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. Review of the personal files showed background checks are done on all employees, contractors and volunteers prior to entering the facility.

Policy 79-ISA-01 requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates. AOCI is currently up to date with their 5-year recheck of criminal background. The agency has a procedure in place by which employees are asked to disclose any sexual misconduct under PREA. This will take place during the annual on all employees and is documented.

### **§115.18 – Upgrades to Facilities and Technology**

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

There has been no expansions or modifications of the existing AOCI facility since August 20, 2012. There are currently 103 cameras throughout the complex none of which create privacy concerns. The Warden indicated that he submitted a request for camera upgrades in this budget year. He also indicated that if she secured money for the cameras the Sexual Abuse Review Team (SART), which includes the PREA Manager, would be involved in the camera placement decisions.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

- X 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)

The Allen Oakwood Correctional Institution Investigator is responsible for conducting all administrative investigations and the Ohio State Highway Patrol Investigator is responsible for conducting all criminal investigations. Each sexual abuse allegation is immediately referred to the Ohio State Patrol Investigator as a crime by the facility Investigator. It is handled as a criminal case until this investigator determines a crime was not committed at which time it is turned over to the facility Investigator as an administrative case. Both the facility investigator and the Ohio State Patrol attended the same Sexual Abuse training through the MOSS Group. The training content was reviewed and protocols were found to be adapted from DOJ's Office Sexual Assault Medical Forensic Examinations publication.

St Rita's Medical Center is the hospital AOCI utilizes for all forensic exams. There is no cost to the inmate for any part of this exam or follow up. There have been five forensic exams conducted in the last 12 months. The Rape Crisis Center for Crime Victims provides support service for inmates housed at AOCI. The facility makes available a victim advocate from The Rape Crisis Center for Crime Victims. There is currently a three-year MOU to provide advocate services to victims of sexual assault. The auditor interview with the supervisor at this Center verified the service they offer and provide and she indicated that there have been no requests to date. Posters from this Center are placed throughout the facility providing contact information. There are phone numbers and addresses posted. The facility also has six Victim Support Staff members on all shifts to provide advocate services to victims of assault. These qualified staff has received the additional training to provide this service.

### **§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)

ODRC policy 79-ISA-01 requires that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. ODRC has a written MOU with the Ohio State Highway Patrol outlining the responsibilities for each agency in the process of handling all sexual abuse investigation. The investigation policy for sexual abuse investigations is published on the ODRC website. The interviews conducted with the AOCI Investigator and the Ohio State Highway Patrol Investigator outlined the process and responsibilities each follow in the process.

### **§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)

Training staff on the agency "Zero Tolerance" policy is not only the focus of the agency but it is also the main focus of Allen Oakwood Executive Staff as well. The training curriculum follows all criteria outlined in the standard. All staff interviewed was clear on their responsibilities in dealing with sexual abuse and sexual harassment. Each staff member acknowledges by signature that they understand the training. Interviews conducted with random staff and general questions asked during the tour clearly indicated each staff member understands all policy aspects of responding to allegations of sexual abuse and sexual harassment. All staff at AOCI is trained to be first responders and each carries a credit card sized card with their responsibilities when responding. The auditor reviewed training records and all staff has received the PREA mandatory training. Agency policy requires all staff receive an annual refresher training on PREA and ODRC Zero Tolerance Policy instead of every two years as required by the standard. As previously noted the facility has dedicated housing for inmates with limited learning capabilities and special needs. This population could be very vulnerable and as such all staff on the unit receives additional training.

### **§115.32– Volunteer and Contractor Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All contractors and volunteers at the AOCI receive PREA training prior to assuming their responsibilities. The auditor reviewed training records for volunteers and contractors currently working and confirmed each signs a PREA training document acknowledging they understand the training. The auditor interviewed a contractor who confirmed she received PREA training prior to assuming their duties and indicated the training included what the consequences were for any violation to the ODRC policy.

### **§115.33 – Inmate Education**

X 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)

As previously noted AOCI has a very diverse population many with learning needs. The staff goes out of its way to insure every inmate is aware of the agency sexual abuse policy, what is inappropriate behavior and how and to whom to report any problems. On the day the inmate arrives at AOCI he receives an inmate handbook (available in English and Spanish versions). This handbook includes written materials on the agency zero tolerance to sexual abuse and sexual harassment describing how and to whom to report any incident. It also contains contact information for support services for victims of sexual assault as well. Within three days of arrival at AOCI each inmate receives an in-depth orientation on PREA. This includes a video that is close captioned and signed with a question and answer session with a staff member upon completion of the video. Interviews conducted with the intake staff and interviews conducted with inmates confirmed that information is provided both verbally and in writing. The facility provided documentation those inmates who have been at the

institution prior to the implementation of PREA received written materials and viewed the video.

### **§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)

AOCI Investigator and the Ohio State Highway Patrol Investigator attended the PREA Investigators Training through the Moss Group. Among other things this training insures that all administrative and criminal investigations are properly done to insure cases are not lost due to poor communications. The auditor verified training records and certificates documenting this additional training. The training included techniques for interviewing sexual abuse victims in confine settings, 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. The investigator takes into account the mental illnesses, intellectual disabilities, and other issues that evolve with the specialty populations when conducting her investigations. The excellent working relationship between both agencies is impressive. Each Investigator keeps the other informed of every facet of the case, which is clearly reflected in the case files.

### **§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)

The Agency requires all full time and part time Medical and Mental Health staff, at each of it's facilities, receive specialized training over and above the mandated staff PREA training they receive. In addition, staff is required to pass a post test. ACI houses a 151 bed Residential Treatment Unit (RTU), which is one of four in the state and has a full complement of mental health clinicians and offender care staff; a 32-bed dementia unit named the Berryhill Supportive Care Unit; a 62 bed, Intensive Outpatient Unit (IOP) for mental health offenders transitioning into general population and the developmentally disabled offender unit, Sugar Creek Developmental Unit (SCDU), all of which receive individualized specialized care.

The auditor reviewed the specialized training lesson plan and it covered topics on: how to detect and access signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond to victims and how and to whom to report incidents. Interviews with medical and mental health staff confirmed this specialized training was received. Training records verified all the full and part time medical and mental health at AOCI has received this specialized training.

## §115.41 – Screening for Risk of Victimization and Abusiveness

X 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)

ODRC policy 79-ISA-04 requires screening, upon admission to each facility or transfer to another facility, for risk of sexual abuse victimization or sexual abusiveness toward other inmates. This must be accomplished within 72 hours of arrival and normally completed on the day of arrival. The policy also requires that the facility reassess each inmate's risk of victimization or abusiveness within 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Typically this reassessment is done within 14 days after arrival. 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.

The auditor observed the following process. Upon admission to the facility, inmates are immediately assessed by the Medical Department. The assigned nurse initiates the assessment and completes the first screen. The Nurse asks: 1) if the inmate 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. The assessment is then put into a queue for the Case Managers. Any inmate who may be at risk based on this screening is sent to mental health and or medical.

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 strategy 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.

## §115.42 – Use of Screening Information

X 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)

AOCI uses the information from the risk screening process to inform 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. As previously indicated they are parts of the population at Allen Oakwood that are very susceptible for victimization. The staff goes out of the way to check an recheck work, program and housing locations. If an inmate is designated as a victim, potential victim, abuser or potential abuser the Accommodation Strategy Team addresses housing, work, and program assignments. Supervisors in each these areas 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 Unit Manager Chief.

### **§115.43 – Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-04 prohibits the placing of 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. The Warden, during his interview confirmed the agency policy. He further stated 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 they were never place in segregation.

### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The public/private agency used by AOCI for inmates to report sexual abuse is Franklin County Detention Facility. The inmate may make the alleged abuse report confidentially to the number indicated on the posters located throughout the facility. This number is monitored 24 hours a day at the County Facility. When they receive and allegation Franklin County Detention Facility notifies the Chief Inspector for ODRC who in turns immediately notifies the facility Investigator so a PREA case can be initiated.

ODRC policy 79-ISA-01 mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. The auditor verified this process during the interviews with random staff and the investigator.

### **§115.52 – Exhaustion of Administrative Remedies**

Allen Oakwood Correctional Institution does not have administrative procedures, through the inmate grievance process, to address sexual abuse. THE STANDARD IS NOT APPLICABLE

### **§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)

Inmates at AOCI have access to outside confidential support services through the Rape Crisis Center for Crime Victims located in downtown Lima, Ohio. This agency provides inmates with access to a victim's advocate, for emotional support services related to sexual abuse. Posters throughout the facility list the mailing address and phone number. Contact by phone or by mail is treated as confidential communication and is not monitored, checked or recorded. AOCI has an MOU for three years until 05-29-17 to provide support and advocate services. The auditor spoke with the Director who confirmed the service that the Center would provide and she also indicated they have never received a phone call or mail from an inmate to date. 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.

### **§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)

Third party reporting of sexual abuse and sexual harassment is accomplished at AOCI through the email address and phone number provided on posters located throughout the living areas and the visiting room. The visiting room posting alerts visitors how to make a report on behalf of an inmate if necessary. 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. Some of the inmates indicated during the random interviews that since the issue did not really affect them they did not pay much attention to the phone numbers on facility posters and the information available on the web page.

## **§115.61 – Staff and Agency Reporting Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. This policy also prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The auditor formally and informally questioned staff about their reporting obligations with their responses reaffirming agency.

## **§115.62 – Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency and facility policy requires that anytime the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, staff takes immediate action to protect the inmate. Random interviews conducted with staff indicated that they would follow the same protocols as if an inmate actually reported he was sexually assaulted. They would separate the inmate from potential danger and then notify a supervisor the Investigator and the PREA Manager. The process was also reaffirmed during the interview with the Warden interview. He indicated that in the last twelve months there were no reported inmates at substantial risk. He discussed in detail the requirements of himself and his staff if the situation presented itself.

## **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Agency (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 2 allegations reported that were alleged while confined at another ODRC facility. Appropriate notifications were made and followed by investigations, which resulted in one (1) unsubstantiated allegation and one (1) unfounded allegation. The practice of facility notifications was confirmed during the Warden and Investigator interviews.

### **§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)

The Agency policy (79-ISA-02) outlines the specific duties of security and non-security personnel responding to allegations of sexual abuse. The auditor interviewed a security and non-security staff person. Each told the auditor their respective responsibilities after ensuring the safety and the well being of the alleged victim while ensuring that physical evidence is not destroyed or contaminated.

### **§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)

Allen Oakwood policy 3E1 is the written institutional plan coordinating all actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Executive staff elaborated each of their responsibilities in their coordinated efforts, during their interviews.

### **§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)

The Ohio Department of Rehabilitation and Correction has not 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.

### **§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)

ODRC policy 79-ISA-02 states that any inmates or staff member who reports sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation will be free from retaliation by other inmates or staff. Retaliation shall be monitored in all case except those found to be unfounded. Investigator Allison Gibson is the staff person charged with monitoring retaliation at Allen Oakwood. Her interview and thorough review of her investigative files demonstrated inmate periodic monitoring for at least 90 days. She indicated the 90 days could be extended if necessary. The monitoring requires looking at the inmate work assignments, disciplinary reports and evaluations and talking with the inmate. He indicated he would monitor staff retaliation much in the same way (job assignments and evaluations). There have been no retaliation complaints made during the last 12 months.

### **§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)

ODRC 79 ISA-04 prohibits the facility from placing inmates in segregation for protection who allege to have suffered sexual abuse unless no alternative is available. If placed there prisoners must be provided with programs, privileges, education and work or document why they didn't receive them. The Warden and the Special Housing Unit Supervisor indicated confirmed that segregation has not been used and would probably not be used to house inmates for protection after an alleged sexual assault. As previously noted due to the varied missions Allen Oakwood inmates can be placed in other general population housing units without the necessity of them being placed in SHU for protection.

### **§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)

All allegations of sexual abuse are immediately turned over to the Ohio State Highway Patrol Investigator for investigation as a crime. If he determines no crime was committed the Allen Oakwood Investigator conducts an administrative investigation. The auditor reviewed the training records of the facility investigator. As noted in standard 115.34 she has received the special training required. During her interview she 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 prisoner or staff. All nineteen (19) alleged sexual abuse investigative files were reviewed. There appears to be a tremendous working relationship between both the Ohio State Patrol Investigator and the AOCI Investigator. It is clear from review of the investigative files there is constant communication between them from the emails found in the files.

## **§115.72 – Evidentiary Standard for Administrative Investigations**

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

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 AOCI Investigator she confirmed the threshold.

## **§115.73 – Reporting to Inmate**

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

ODRC policy 79-ISA-02 requires that any inmate who makes an allegation that he suffered sexual abuse in an agency facility is informed verbally as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The inmate notification is maintained in the investigative file. These notifications were present in all files reviewed at Allen Oakwood

## **§115.76 – Disciplinary sanctions for staff**

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

ODRC policies 79-ISA-01 and 31-SEM-02 mandate that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policies also provide disciplinary 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.

There have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment within the last 12 months.

## **§115.77 – Corrective action for contractors and volunteers**

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

Does Not Meet Standard (requires corrective action)

ODRC policies 79-ISA-01, 71-SOC-01 and Standards of Conduct requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. There have been no allegations of sexual abuse or sexual harassment made against any contractor or volunteer. A contractor informed the auditor that their training included what would happen to them should they violated the Agency Zero Tolerance policy.

### **§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)

ODRC prohibits all sexual relations between inmates. Anyone found guilty of this behavior at a disciplinary hearing receives a sanction. 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 her interview.

The auditor had the opportunity to sit in on two Rule Infraction Board hearing involving sexual relations between them. Both were on a housing unit for inmates with limited mental functioning. The Hearing Officer took that into consideration when imposing a sanction for their behavior.

### **§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)

79-ISA-04 requires when an inmate indicates during intake that he experienced prior sexual victimization, whether it occurred in an institutional setting or in the community; or if he indicates he perpetrated abuse in a facility or in the community, the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of his intake screening. This was confirmed during the interviews with the Director Mental Health Service and Health Care Administrator. Interviews with three inmates alleging prior victimization also confirmed they were offered treatment services within the first two weeks of arrival. The Social Worker and medical staff member both indicated that any 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.

### **§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)

Medical Protocol B-11 requires all inmate 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.

All medical and mental health staff is required to document the timeliness of emergency medical treatment and crisis intervention services that are provided. 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 St. Rita's Medical Center. Timely information and services concerning contraception and sexually transmitted infection prophylaxis are provided by the hospital or immediately on return according to policy and interview with the Health Care Administrator.

### **§115.83 – Ongoing medical and mental victims and abusers**

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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)

Every inmate who has been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility is required to be provided no cost medical and mental health evaluations and treatment according to ODRC policy 79-ISA-02. The interviews with the Health Care Administrator and interviews with inmates reporting prior victimization verified practice to this policy. The policy further requires facility to conduct a mental health evaluation of all The policy further requires 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 confirmed in the interview with the Mental Health Administrator and review of a record of a known inmate abuser.

### **§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)

ODRC policy 79-ISA-03 requires each facility, within the Agency, 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) at Allen Oakwood reviews all sexual abuse incidents within 30 calendar days of the conclusion of an investigation, unless the allegation was determined to be unfounded. The Committee, at Allen Oakwood, is comprised of the Deputy Warden for Operations, Deputy Warden for Special Services, the Investigator, the PREA Compliance Manager, Unit Management Chief, Healthcare Administrator, Mental Health Administrator, Major and Victim Support Person- Interviews with members of this team went into detail of what is reviewed. The auditor reviewed four examples of completed reviews. These reviews are forwarded to the Warden and if the team makes a recommendation then it must be implemented or documented why it was not.

### **§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)

Allen Oakwood collects accurate data on all allegations of sexual abuse. This data is forwarded so that the Agency can collect uniform data on every facility including the two private facilities. The data collected from these two facilities is not included in the aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2014 deadline. The information supplied in this report to DOJ is accumulated from each facility utilizing the PREA Incident Packet System. This set of forms documents the PREA process from the allegation through the review on every case even unfounded. The Agency is currently in the process of automating this system so data can be retrieved and shared by those staff that has a need to access.

### **§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)

Each year, ODRC collects accurate, uniform data for every allegation of sexual abuse and completes the Survey of Sexual Violence (SSV) report. The SSV report provides information on every allegation of inmate on inmate and staff on inmate sexual abuse and is posted on the ODRC web site that is available to the public. ODRC completes 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 2012 and 2013 and is utilized by the ODRC PREA Coordinator to identify problem areas and formulate corrective measures in efforts of reducing future incidents of sexual abuse. ODRC has compiled its second internal report since ODRC's full implementation of the PREA standards. Noted in the latest report, the number of staff on inmate contact sexual assaults drastically decreased from 39 incidents in 2012 to 3 incidents in 2013. The PREA Coordinator determined that the reason for such a dramatic decrease is the fact that there was a reporting error within last year's internal

PREA report. The actual number of confirmed staff on inmate sexual assaults for 2012 was 12. The reason it was erroneously reported as 39 instead of the correct number of 12 was due to “allegations” being reported rather than solely “confirmed” cases. Therefore, the actual decrease in confirmed staff on inmate sexual assaults was from 12 in 2012 to 3 in 2013. It should be noted that this error was properly reported within the ODRC Institutional Climate Reporting System. Further investigation confirmed that the 3 cases involved contractors (Aramark) in the last quarter of 2013 and not DRC staff. There were still inappropriate relation cases involving DRC staff and inmate (letters, phone conversations, etc.); however, no cases involved confirmed sexual abuse acts. ODRC takes seriously its reporting responsibility and corrects data to insure focus is dedicated to the correct areas as necessary.

**§§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)

ODRC policy 79-ISA-01 requires that aggregated sexual abuse data from facilities under its direct control including the two private facilities is made readily available to the public at annually on its website. The document was verified on the web site. ODRC Retain 10 years after inmate has reached 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:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Thomas Eisenschmidt

June 8, 2015

Auditor Signature

Date