

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility: Grafton Correctional Complex: Grafton Correctional Institution and Grafton Reintegration Center

Physical address: 2500 S. Avon-Beldon Road
Grafton, Ohio 44044

Date report submitted: 06/23/2014

Auditor Information American Correctional Association: A. T. Aguirre; A. Beeler

Address: 206 North Washington Street, Suite 200, Alexandria, VA 22314

Email:

Telephone number: 800-222-5646

Date of facility visit: May 21-23, 2014

Facility Information

Facility mailing address: (if different from above)

Telephone number: 440-748-1161

The facility is:

<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		

Facility Type: Jail Prison

Name of PREA Compliance Manager: Jeffrey Jerabek	Title: Recovery Services Supervisor/PCM
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Email address: Jeffery.Jerabek@odrc.state.oh.us	Telephone number: 440-748-5747
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Agency Information

Name of agency: Ohio Department of Rehabilitation and Correction

Governing authority or parent agency: (if applicable) State of Ohio

Physical address: 770 West Broad Street, Columbus, Ohio 43222

Mailing address: (if different from above)

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:

The PREA audit of the Grafton Correctional Complex, which includes the Grafton Correctional Institution and the Grafton Reintegration Center, was conducted on May 21-23, 2014, by Ana T. Aguirre, Chair; and Art Beeler, Correctional Consultant. Ms. Aguirre and Mr. Beeler worked with a third auditor to conduct the Complex' American Correctional Association (ACA) Audit during the first portion of the week, May 19-21, 2014. The ACA Audit process included a third audit team member, who did not participate in the PREA Audit. During the ACA audit process, the audit team toured the complex and also noted the prominent posting of the PREA audit notices posted throughout the Correctional Institution and Reintegration Center. The audit team made every effort to apply the PREA standards individually to each institution by ensuring to interview the appropriate staff and inmate population at each institution and reviewing policy and the application of the policy in each institution.

In a previous PREA Audit, the lead auditor raised a question as to the need to re-interview the same 'Central Office' staff (i.e., Agency Head, Contract Officer and Agency Wide PREA Coordinator), for each individual audit conducted at a local facility or complex when the outcome of the interviews would basically be identical. The question was presented to Bridget Bayliss, ACA Standards Specialist, who then forwarded the inquiry to Thurston Bryant, and Ruby Qazilbash. Mr. Bryant, Policy Advisor with the Bureau of Justice Assistance Office of Justice Programs U.S. Department of Justice, responded and advised the following: "It is my understanding from the initial ... PREA audits that the information pertaining to the agency-level operations staff and collected by ... would suffice, and that the facility-level audits would not need to repeat the collection of that type of information. At this time a ... PREA Central Office Audit has not occurred. However, if you (the facility-level PREA auditor) do have any questions about any policies or practices that may require additional information/confirmation from these types of agency-level staff (e.g. ... Director/Designee, Agency-Wide PREA Coordinator, etc.), you are encouraged to contact or interview them in order to acquire any necessary information for your PREA facility-level audit." With this in mind, the four central office staff was not interviewed for the purpose of this audit. Information secured from communications with Mr. Haasenritter and Tom Eisenschmidt, PREA Auditors, was used as the basis for determining the level of compliance with the related PREA standards.

In preparing and conducting the audit, and based on past approved practice, the lead auditor accepted previous documented interviews of the Ohio Department of Rehabilitation and Corrections Central Office Staff. These interviews included Gary C. Mohr, Director; Andrew Albright, PREA Coordinator and Chief, Bureau of Agency Policy and Operational Compliance; Kelly Sanders, Agency Contract Administrator; and Kim Rowe, Administrative (Human Resources) Staff.

The audit team conducted both formal and informal staff and inmate interviews. The audit team formally interviewed 16 inmates from all of the housing units and over 43 staff (including 27 specialized staff, 12 random staff, two contractors, one volunteer, as well as additional numerous random informal interviews while touring the complex). The inmate population was interviewed and questioned as to their knowledge of the PREA standards, their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline, their knowledge on reporting options, proper protection and response to alleged victims of sexual abuse, not fearing retaliation, services available to victims of sexual abuse and/or sexual harassment, and information being provided to all and in their language. Staff were interviewed and question about PREA training, their familiarity with reporting requirements, responding to allegations and/or incidents, securing the scene and evidence collection and monitoring retaliation.

During the conduct of the audit the following dignitaries were present: Bennie Kelly, Warden; Jerry Spatny, Deputy Warden Special Services; Norm Hills, Deputy Warden Operations; Jeff Jerabek, PREA Compliance Manager; Celina Gardenhire, Lieutenant; Stephen Reynolds, Major; Ron Armbruster, Warden's Assistant; Richard Resendez, Investigator; Adam Kastler, Unit Management Chief; David Hannah, Health Care Administrator; Dr. Michael Russo, Psychology Supervisor; including the following staff from Central Office Staff: Andrew Albright, Chief, Bureau of Agency Policy and Operational Compliance; Charlotte Owens, PREA Implementation Director; Liann Bower, PREA Compliance Administrator; and Paul Shoemaker, Deputy Chief Inspector with the Chief Inspector's Office.

In 1922, the State of Ohio purchased 1,040 acres of land in Lorain County for use as an Honor Farm (Grafton Honor Farm). Additional acreage was purchased in 1935 and 1948 bringing the total acreage to 1,782. The land was purchased from the Fishburn Family who farmed all the land that the Grafton Correctional Institution, Lorain Correctional Institution and the North Coast Correctional Treatment Facility sites currently occupy. The Honor Farm (now known as the Grafton Correctional Camp) was opened in 1923, with fifteen inmates, as a satellite operation of the Ohio State Reformatory (OSR), which was located in Mansfield, Ohio. OSR operated the farm, as a camp, for about a year. In 1924, the land was transferred to the control of the Cleveland State Hospital. It was returned to OSR in 1927.

The estimated cost of the land was approximately \$623,700. The present minimum-security dormitory, on the farm, was completed (cost unknown) and occupied in 1930. An additional dormitory was completed in 1959, at an estimated cost of \$135,300. Seventy-five acres of farmland were allocated for the construction of the Grafton Correctional Institution (GCI). Groundbreaking for GCI was in May of 1986. The design capacity was 496 inmates at an approximate cost of \$30 million. Two other structures were constructed to house additional inmates in 1991 and 1993 respectively, at an approximate combined cost of \$1,639,200. The total number of inmates housed at GCI (which includes the Camp) has been as high as 1770 inmates. The inmate population average at GCI was approximately 1,494 for calendar year 2010.

The total number of staff at the beginning of calendar year 1989 was 237. The budget for the beginning of fiscal year 1990 was approximately, \$9,560,276. The institution budget for fiscal year 2013 was

approximately \$33,296,059. On January 1, 2012, North Coast Correctional Treatment Facility was purchased by the State of Ohio and designated as the Grafton Correctional Camp and the Grafton Honor Farm was closed at this time. Executive Order 13-02 later changed the GCC to what is now known as the Grafton Reintegration Center (GRC).

The Grafton Correctional Institution (GCI) is an all male, adult, medium (level 2) and minimum (level 1) facility located southwest of Cleveland, Ohio. It consists of 12 buildings on a 1,782-acre complex. The brick and concrete buildings are arranged in campus design. A 14-foot high double fence along with seven (7) razor wire serves as the perimeter and is augmented by a pressure detention device. The perimeter of the institution is monitored by armed perimeter patrol vehicles 24-hours a day, seven days a week.

The main entrance building is designated as 'A Building' and contains the Ready Armory, Lock Shop, Visiting Office, Mail Room, Security Post, and walk through metal detector which screens all staff and visitors entering the institution. After processing through the entry building, you enter the institution through a secure sally port. Directly in front of the entry is the multi-purpose building. This building is split into seven sections: Visitation, Maintenance, Religious & Recovery Services, Food Service, Commissary/Quartermaster, Education, and Recreation.

The first section of the building is visitation. The Visitation Room is a large open area equipped with small tables with individual chairs, a children's reading room, teleconference room, two attorney rooms, and a shakedown/inmate processing room. Connected to the building and directly to the left of the visitation room is the Maintenance Department. The Maintenance Department is divided into specialty shops and is responsible for all general maintenance and major construction projects throughout the institution. The rear sally port is located to the left of the Maintenance Department. This is an armed post that is the entry/exit point for all deliveries. Religious Services is directly behind the Visitation Room. This area consists of the Chapel, Multi-Purpose Room and Recovery Services Department.

The Food Services Department is located to the right of Religious Services. Food Services consists of an inmate dining area, kitchen, storage areas, and a staff dining room. The Food Services Department was privatized on September 8, 2013, and is operated by Aramark. The Commissary/Quartermaster area is located to the right and behind Food Services. This area consists of the Inmate Barber Shop, Shoe Shine, Quartermaster, Laundry, and Commissary. The Quartermaster provides state clothing and bedding to all inmates at GCI. The Commissary provides a variety of items for inmates to purchase. The inmates can also purchase items from approved vendors.

To the right of the Commissary/Quartermaster area is the Education Department. The Education Department is divided into three areas. The first area contains the classrooms for Ashland College and the Machine Shop Vocational Program. The second area contains the Braille Lab, Central Chemical Control, Auto Shop Vocational Program, Welding Vocational Program, OPI and Horticulture Vocational Program. The third area contains the Library, Law Library, Tackers Program, classrooms and the Computer Lab. The Recreation Department is located to the right of the school and consists of an inside gym, including treadmills/stair masters, weight machines, and a basketball court. The outdoor recreation areas contain one softball diamond, horseshoe pits, basketball and hardball courts, and a running track. Structured activities and intramural sports are also available.

The inmate general population housing units (A1/A2, A3/A4, B5/B6, B7/B8) are located in the northern

managers' and administrative assistants' offices. All building located in this area of the compound house the following offices: correctional counselors, case managers, satellite library, television rooms and day areas. An addition was made to the B7/B8 building and now contains the Mental Health Outpatient Offices, Mental Health Records and group rooms. D1 Building was built in 1993 and is used as a program building. D2 was built in 1994. Both are located behind A1/A2 and A3/A4. The last building inside the main compound is the Administration Building, which includes the SMU, Medical, Receiving/Discharge, Operations, Administration, and Control.

Segregation contains 56 beds that are used for security control, local control, and disciplinary control. Two safe cells are utilized only for mental health and suicide/restraint beds. Each range has one indoor and one outdoor recreation area. Also contained in this section is the Rules Infraction Board room. RIB is in session two to three times per week, excluding weekends and holidays.

The Medical Department provides a full range of diagnostic and outpatient care to the population. Inmates requiring emergency care or in-hospital treatment are transferred to a local hospital. Receiving and Discharge serves as the processing point for all newly arriving and transferring inmates. The Operations Area contains the following offices: Deputy Wardens, Majors, Shift Supervisors, Investigator, and Count Office. The Administration area is a two-story section and includes the Warden's Office, Business Office, Personnel, Cashier's Office, Training, Roll Call, Employee Break Room, and Labor Relation/ACA Manger's Office and Parole Board Room. The Control Center is located at the southernmost tip of the Administration Building and contains several touch screen computers, video camera monitors, fence alarm systems, telephone switchboard and radio charging stations. All keys and security equipment are distributed from this point. The Warehouse/Garage, which is operated by the Lorain Correctional Institution, and Range House, which is operated by GCI and provides training space and shelter for staff on the range, are located outside the compound.

The Grafton Reintegration Center, formerly the Grafton Correctional Camp, is located north of the GCI. The main entrance building is designated as the 'GRC Entry' and contains the Control Center, Ready Armory, Visiting Office, Staff's Fitness Room, and a walk through metal detector, which screens all staff and visitors. Directly to the left of the entry building are the visiting room, Hope Center, and multi-inmate program rooms. The Hope Center also includes the following offices: Program Correctional Specialist, Shift, Mental Health, Training Officer, and training room.

The next building is the Inmate Service Building, which includes Medical/Dental Services, Barbershop, the vacant Segregation Unit, Package Room, Chapel, Laundry/QM, Commissary, Recreation, Food Services, Library, Education, and the Maintenance Department. Continuing to the right of the Inmate Service Building are the three housing units: C1-Reintegration Unit, C2 and C3, which are also Reintegration Units, but also include the following programs: Faith Based, Therapeutic, and the Dog Program. The open recreation yard is situated in the middle of the compound.

At the time of the audit, the total inmate populations were noted as follows:

	GCI	GRC	Total
Rated Capacity:	498	736	1,234
Current Population:	1,249	780	2,021

DESCRIPTION OF FACILITY CHARACTERISTICS:

In analyzing the information reviewed and after conducting staff and inmate interviews, the audit team found the staff and inmates to be knowledgeable of the PREA standards and rules. The staff interviewed acknowledged the importance of PREA in maintaining a safe and secure facility. Staff interviewed were aware of what actions they needed to implement in responding to allegations of sexual assault and/or sexual harassment, PREA reporting requirements, how to respond to the alleged victim and/or perpetrator in the event of an incident, related reporting requirements, the inmates' rights pertaining to PREA, evidence preservation requirements. The PREA coordinator, medical, mental health and investigative staff did not hesitate in their responses and were eager to provide related documentation to demonstrate the application of their knowledge and skills learned through their training.

SUMMARY OF AUDIT FINDINGS:

During the past 12 months, GCI has had a total of fifteen allegations of sexual abuse and sexual harassment received. All fifteen allegations resulted in an administrative investigation with one of the fifteen referred for a criminal investigation. Thirteen investigations have been completed; two investigations are still pending. As of the date of the audit, it was reported that GCI has not had any founded allegations against staff on inmate sexual abuse.

Overall, the interviews of inmates reflected all were aware of PREA, had received written material and acknowledged their familiarity with how they could report allegations of sexual abuse and sexual harassment. Staff interviewed indicated they were knowledgeable in the following areas: PREA; their responsibilities related to prevention strategies; keeping inmates safe; PREA reporting requirements; and the proper procedures to follow if they were the first responders to any PREA related allegation.

Number of standards exceeded:	5
Number of standards met:	35
Number of standards not met	0
Number of standards not applicable:	3

§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)

Standard compliance demonstrated via state agency policy 79-ISA-01, 79-ISA-02, GCI policy 17-01-02 (GCI Zero Tolerance Policy), the GCI organizational chart, the designation of an agency-wide PREA Coordinator and local PREA Manager, and interviews of the PREA Coordinator and the PREA Compliance Manager. It was noted the Ohio Department of Department of Rehabilitation and Correction also has

additional dedicated staff at the Central Office to assist with PREA Standards Compliance: the PREA Implementation Coordinator and the PREA Compliance Administrator.

§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)
- XX Not Applicable

Not Applicable: This standard is non-applicable to this facility. The Ohio Department of Rehabilitation and Correction only contracts with private agencies for inmates housed at the Lake Erie Correctional Institution and the North Central Correctional Complex. No other inmates are housed with a private agency or other entity.

§115.13 – Supervision and Monitoring

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

Standard compliance demonstrated via review of the state agency policy 79-ISA-01 and 50-PAM-02, GCI's PREA Staffing Plan indicating its annual review date of 2-28-14, interviews of the Warden, the PREA Coordinator, PREA Compliance Manager, and a random sample of higher-level supervisor; and a review of a sample of shift rosters and related random samples of documentation logs of un-announced rounds in all shifts.

§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)
- XX Not Applicable

Standard 115.14 – Youthful Offenders: Not Applicable: This standard is non-applicable to this facility. The Ohio Department of Rehabilitation and Correction has determined all youthful offenders are to be only housed at the Madison Correctional Institution (males) and the Ohio Reformatory for Women (females). These inmates are housed in specialized housing units, not segregation, which is specifically designed for youthful offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

115.15(b) is **Not Applicable** as it applies in the future – starting 2015 for facilities with 50 or more inmates.

Standard compliance demonstrated via review of the state agency policies 510-SEC-01, 79-ISA-01 and 79-ISA-05, interviews of a random sample of staff and transgender/intersex inmates, training curriculum (video script), and staff training records. The agency reported there were no cross-gender strip searches or visual body cavity searches on inmates conducted in the past 12 months. Additionally, no female inmates are housed at the GCI. While touring the facility, the audit team noted the use of enunciators used by female staff to announce their presence upon entering the inmate housing units. This was a new acquired system and the inmates were starting to get used to the announcements.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

Standard compliance demonstrated via agency policy 79-(SA-01, 64-DCM-02, copy of a contract for deaf interpretation services, copy of a contract for language translation services, translation (Spanish) of PREA brochures/posters and other literature, a review of the Inmate Education Video, which included sign language and subtexts, and interviews of inmates with disabilities and a random sample of staff.

§115.17 – Hiring and Promotion Decisions

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

Standard compliance demonstrated via agency policies 34-PRO-07, 79-ISA-01, and 31-SEM-02; a review of a random selection of personnel records background checks; and interview of Administrative Human Resources Staff.

§115.18 – Upgrades to Facilities and Technology

- XX 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)

Standard compliance was demonstrated via interviews of the Agency Head, Warden, and the Major; a review of the facility's staffing plan; a tour of the complex; and a review of records reflecting the strategies utilized to identify blind or problem spots, and related documentation. The Grafton Correctional Complex had 35 cameras prior to the upgrade process. At that time all cameras fed to a monitoring system and none of the cameras were set up to record. Since the upgrade the GCI staff has installed a total of 222 cameras. Some of the existing cameras have been replaced or phased out. To date, GCI has a total of 236 cameras. After totaling the cost of the 226 different models of cameras recently installed, the six servers, licensing and the cable/supplies, the total cost of the upgraded camera system installed at GCI and GRC is roughly \$205,000.

§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)

The facility is responsible for conducting sexual abuse investigations, but the facility medical staff is not responsible for conducting forensic medical exams. A MOU was also established between the Ohio Department of Rehabilitation and Correction and the Ohio State Highway Patrol, signed on 2-13-14 and effective on 2-14-14, requiring both agencies to collaboratively provide a uniform process or Evidence Collection and the Investigation of PREA related incidents. Referenced in this MOU is the requirement that all PREA incident investigations shall follow a uniform evidence protocol adapted from the Department of Justice's Office on Violence Against Women publication, developed after 2011. Per statute, the Ohio Department of Rehabilitation and Correction does not hold contracts with local hospitals. The only hospital contract the agency has that is applicable to PREA is with the Ohio State University Medical Center. A grid is available that indicates which local ERS have SAFE/SANE qualified staff. The Grafton Correctional Complex has established a MOU, signed on 12-27-13 and effective through 11-6-16, with the Lorain County Rape Crisis Services - The NORD Center. Records reflect the NORD Center has five SANE staff on call to triage and assemble a team 24/7 and can be reached through a 1-800 hotline. Standard compliance was demonstrated via agency policies 79-ISA-02, 31-SEC-13, and 68-MED-15; and interviews of the PREA Compliance Manager, Inmates who Reported a Sexual Assault, and PREA Victim Support personnel. The facility has designated "Victim Support Specialists" available to the inmates. Once an allegation is made the Victim Support Specialist attempts to meet with the alleged victim the same day and advocate ensuring the rights of the inmate victim are being followed. The specialist will offer to accompany the victim to the NORD Center. To date, all alleged inmate victims (three) of sexual misconduct have asked the victim support specialist to accompany them to the NORD Center. Victim support staff receives the agency PREA related training (lesson plan provided and reviewed) and also reported having additional extensive training in the community on victimization.

§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)

Standard compliance was demonstrated via agency policies 79-ISA-02, 31-SEC-13, and 68-MED-15; interviews of the Agency Head and Investigative Personnel; and a review of random inmate Allegation of Sexual Abuse Report Packets reflecting documented actions.

§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)

Standard compliance was demonstrated via agency policies 79-ISA-01, 31-TRN-10, review of training curriculum, a sampling of the Intranet PREA Webpage; a sampling of the PREA E-Learning Course, review of random sample of staff training records, and interviews of a random sample of staff.

§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)

Standard compliance was demonstrated via review of PREA Contractor/Volunteer Training script, review of random sample training records (PREA Contractor/Volunteer/Intern Training Acknowledgement Forms), and interview of random sample of contract/volunteer staff who have contact with inmates.

§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)

Standard compliance was demonstrated via policies 79-ISA-01, 52-RCP-10, 64-DCM-02; PREA posters posted throughout the complex, including the housing units; Inmate handbooks (English and Spanish); PREA videos (English, Spanish and Sign-Language); Observation and Orientation (A&O) Packet; interviews of random sample of A&O staff and inmates, and review random sample of inmate intake records reflecting signage acknowledging receipt and understanding of the PREA information provided. The audit team observed an A&O inmate orientation, which are regularly scheduled every Wednesday at 1:00 PM; staff reported the A&O session lasts approximately 1.5 hours with approximately 12 inmates participating per session depending on the number of new inmates received in the past week. During

the A&O, newly admitted inmates are provided a more thorough explanation of PREA than they initially received during intake.

§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)

Standard compliance was demonstrated via policies 79-ISA-01, 79-ISA-02; review of Training Agenda for Training for Trainers – Specialized PREA Training for Correctional Investigators conducted by the Ohio Department of Rehabilitation and Corrections, December 9-11, 2013; review of DRC Training Session Report verifying attendance; Training Certificate for the GCI Investigator; interview of Investigative Staff; review of PREA training records of Ohio State Highway Patrol (OSHP) staff training; and interview of OSHP investigative officer assigned to the Grafton Correctional Complex.

§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)

Standard compliance was demonstrated via policies 79-ISA-01 and 39-TRN-10; review of Medical and Mental Health Professionals Training; interview of random sample of medical and mental health staff, and review random sample of medical/mental health staff training records. It was noted, no GCI medical staff conduct forensic exams.

§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)

Standard compliance was demonstrated via agency policy 79-ISA-04, a review of the PREA Risk Assessment Instrument to verify and inquiry is made on each element per standard; interviews of PREA Coordinator, PREA Manager, staff responsible for risk screening, and random sample of inmates; and review of random sample of inmate records. In response to 115.41(d)(10), staff verified via formal documentation and reported the Ohio Department of Rehabilitation and Correction does not detain inmates solely for civil immigration purposes.

§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)

Standard compliance was demonstrated via agency policies 79-ISA-04 and 79-ISA-05; facility tour; interviews of the PREA Coordinator, PREA Manager, staff responsible for risk screening, and transgender/intersex/gay inmates; and review of random sample of inmate records reflecting completed PREA Risk Assessment Instruments to verify use of information gathered from inmates to determine proper assignments. Inmate interviews LGBTI inmates are not put in housing areas only for LGBTI inmates. Staff verified via formal documentation and reported 115.42(g) is not applicable and reported no facility under the direction of the Ohio Department of Rehabilitation and Correction is currently under any consent decree, legal settlement, or legal judgment with regard to the placement of lesbian, gay, bisexual, transgender, or intersex inmates.

§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)

Standard compliance was demonstrated via agency policies 79-ISA-02 and 79-ISA-04; interviews of Warden, random sample of staff responsible for supervising inmates in segregated housing, and random sample of inmates in segregated housing; and review random sample of inmate file information. It was reported, to date, Grafton Correction Complex has not had any offenders classified as “High Risk of Sexual Victimization” and placed in “Involuntary Segregation.”

§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)

Standard compliance was demonstrated via agency policy 79-ISA-02; inmate handbooks; PREA brochures/posters (English and Spanish); Inmate Education Videos; interviews of random sample of staff and random sample of inmates; and review of documentation reflecting staff privately reporting an alleged incident of inmate on inmate sexual misconduct. Established inmate reporting options include: verbal or in writing to any staff, phone call to the Operations Support Center (at not cost to the inmate), e-mail link on the department’s website to allow for third party reports of sexual misconduct on the behalf of an inmate, and inmates forwarding a kite to the medical or mental health departments.

In response to 115.51(b), an MOU, signed on 1-10-14, between the ODRC and the Franklin County Juvenile Detention Facility allows for inmates to make a phone call at no cost to the inmate to an outside agency that is not part of the ODRC; additionally, staff verified via formal documentation and reported the Ohio Department of Rehabilitation and Correction does not detain inmates solely for civil immigration purposes.

§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)
- XX Not Applicable

Standard 115.52 – Exhaustion of Administrative Remedies: Not Applicable: This standard is not applicable. The Ohio Department of Rehabilitation and Correction does not utilize the Inmate Grievance procedure for allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the Institution Investigator. An investigation into a sexual abuse or sexual harassment allegation shall follow Department Policy 79-ISO-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation. This policy adheres to the time constraints.

§115.53 – Inmate Access to Outside Confidential Support Services

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

Standard compliance was demonstrated via agency policy 79-ISA-01, review of Inmate Handbook; review of GCI Handbook; PREA posters (English and Spanish); interviews of random sample of inmates and inmates who reported a sexual assault. The Grafton Correctional Complex has established an MOU, signed on 12-27-13 and effective through 11-6-16, with the Lorain County Rape Crisis Services - The NORD Center, which is available to provide confidential support services to inmates.

In response to 115.53(a), staff verified via formal documentation and reported the Ohio Department of Rehabilitation and Correction does not detain inmates solely for civil immigration purposes.

§115.54 – Third-Party Reporting

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

Standard compliance was demonstrated via agency policy 79-ISA-02; PREA posters at the entrances of the buildings and in the visitation areas; e-mail link on the department's website to allow for third party reports of sexual misconduct on the behalf of an inmate. The link for third party reporting is: <http://www.drc.ohio.gov/web/prea.htm> or, per the PREA posters, emailing to: DRC.ReportSexualMisconduct@odrc.state.oh.us

§115.61 – Staff and Agency Reporting Duties

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

Standard compliance was demonstrated via agency policy 79-ISA-02; interviews of the Warden and random sample of staff, including medical/mental health staff; a review of the agency's "Allegation of Sexual Abuse – First Responders Flow Chart and Sexual Abuse – First Responder Checklist.

115.61(d) is not applicable as the Ohio Department of Rehabilitation and Correction has determined all youthful offenders are to be only housed at the Madison Correctional Institution (males) and the Ohio Reformatory for Women (females). These inmates are housed in specialized housing units, not segregation, which is specifically designed for youthful offenders.

§115.62 – Agency Protection Duties

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

Standard compliance was demonstrated via agency policy 79-ISA-04; interviews of Warden and random sample of staff.

§115.63 – Reporting to Other Confinement Facilities

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

Standard compliance was demonstrated via agency policy 79-ISA-02; interviews of Agency Head and Warden; and a review of sample report.

§115.64 – Staff First Responder Duties

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

Standard compliance was demonstrated via agency policy 79-ISA-02, 17-01-01 (GCI Sexual Abuse Coordinated Plan Response Policy, which includes the agency's "Allegation of Sexual Abuse – First Responders Flow Chart and Sexual Abuse – First Responder Checklist); interviews of random sample of security staff first responders and random sample of staff; a review of a sample of reported incidents reflecting documentation of staff response to allegations.

§115.65 – Coordinated Response

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

Standard compliance was demonstrated via GCI policy 17-01-01: GCI Sexual Abuse Coordinated Plan Response Policy, which includes the agency's "Allegation of Sexual Abuse – First Responders Flow Chart and Sexual Abuse – First Responder Checklist, which reflected collaborative efforts between first responders, medical and mental health staff (including the NORD Center), investigators (including the OSHP), the facility's leadership (including the activation of the Institutional Sexual Abuse Review Team* which is tasked with reviewing and analyzing agency policies, protocols, practices and preventive measures to determine whether revisions should be made in order to minimize the risk of future sexual abuse incidents); and interview of Warden. The SART team is comprised of the Deputy Warden of Operations, Deputy Warden of Special Services, Institutional Investigator, Designated Victim Support Person, Institutional PREA Compliance Manager, and any other staff that may have relevant input.

§115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 of the date of the audit, the Ohio Department of Rehabilitation and Correction has not entered into a new or renewed Collective Bargaining Agreement since August 20, 2012. The current contract is effective March 1, 2012 through February 28, 2015. Standard compliance was also demonstrated via the interview of the Agency Head.

§115.67 – Agency Protection Against Retaliation

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

Standard compliance was demonstrated via agency policy 79-ISA-02; interviews of Agency Head, Warden, designated Staff Member Charged with Monitoring Retaliation, and random sample of inmates in segregated housing for risk of victimization; and a review of documentation (Retaliation Time Line Monitoring Form) reflecting the monitoring for retaliation. At the time of the audit, staff reported there were no incidents of retaliation or protection toward or for inmates at the Grafton Correctional Complex.

§115.68 – Post-Allegation Protective Custody

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

Standard compliance was demonstrated via interview of Warden and a random sample of inmates in segregated housing. At the time of the audit, staff reported there were no incidents of protection toward or for inmates at the Grafton Correctional Complex.

§115.71 – Criminal and Administrative Agency Investigations

- XX 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)

Standard compliance was demonstrated via agency policies 79-ISA-01, 79-ISA-02 and 79-ISA-03; interviews of Investigative Staff (including OSHP staff and the Deputy Chief from the Chief Inspector's Office), a random sample of inmates, and a random sample of inmates who reported a sexual assault; a review of a random sample of investigation reports, a review of the MOU between the Ohio Department of Rehabilitation and Correction and the Ohio State Highway Patrol; a 'mock' investigative file was requested and provided by the facility's Investigative Staff and includes documents reflecting the tracking of the initiation of the investigation, first responder protocol, investigative/protection protocol, monitoring for retaliation, investigation outcome, and the notification of investigation outcome to the inmate. Policy 79-ISA-03 expands on the role of the SART Team. The collaboration of all involved was impressive.

In response to 115.71(k), it was reported that currently, all criminal investigation records are held indefinitely. Cases that are open or considered an "active investigation" are maintained at each post/facility or component as long as the case is pending. Files are secure and protected from public access. Completed cases that are solved or cleared exceptionally are forwarded to the OSP Central Records Unit at General Headquarters. At that point the reports and any supporting documents are scanned into the records system. Currently case files are held forever and are not subject to a retention schedule.

§115.72 – Evidentiary Standard for Administrative Investigations

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

Standard compliance was demonstrated via agency policy 79-ISA-02, and the interview of Investigative Staff.

§115.73 – Reporting to Inmate

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

Standard compliance was demonstrated via agency policy 79-ISA-02; interviews of the Warden, Investigative Staff, including OSHP staff, and random sample of inmates who reported sexual assault; a review of random completed investigative reports (internal and external) reflecting the notification by the investigative staff (facility and OSHP Investigative Staff) to the inmates the outcome of the investigation pertaining to the determination of substantiated, unsubstantiated or unfounded.

§115.76 – Disciplinary Sanctions for Staff

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

Standard compliance was demonstrated via agency policy 31-SEM-02 and 79-ISA-01. As of the date of the audit, it was reported there have been no staff terminations, resignations or other sanctions against staff for violating the agency sexual abuse or sexual harassment policies within the last 12 months at the Grafton Correctional Complex.

§115.77 – Corrective Action for Contractors and Volunteers

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

Standard compliance was demonstrated via agency policies 71-SOC-01 and 79-ISA-01; and interview with Warden. Additionally, it was reported there has been no documentation of referrals to law enforcement or licensing bodies for any volunteer or contractor on sexual abuse.

§115.78 – Disciplinary Sanctions for Inmates

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

Standard compliance was demonstrated via agency policies 56-DSC-01, 79-ISA-02, 5120-9-06 Inmate Rules of Conduct, 5120-9-08 Disciplinary Procedures for Violations of Inmate Rules of Conduct Before the Rules Infraction Board; interviews of Warden and medical/mental health staff, and inmates

handbooks (English and Spanish); review of sample records reflecting disciplinary actions taken for inmate rule violations. Additionally, it was reported there has been no incidents of disciplinary actions toward inmates for sexual contact with staff in the last 12 months at Grafton Correctional Complex.

§115.81 – Medical and Mental Health Screenings; History of Sexual Abuse

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

Standard compliance was demonstrated via agency policies 79-ISA-02, 79-ISA-04, 67-MNH-02; a review of the following forms: PREA Risk Assessment Form, PREA Risk Assessment – Unit Management Chief Form, Referral to Mental Health Services Form; insert in inmate handbook; interviews of staff responsible for risk screening, medical/mental health staff, and inmates who disclose sexual victimization at risk screening; and review of medical/mental health/unit management inmate record documentation responding to sexual victimization/abusiveness incidents (treatment plans, security and management decisions).

§115.82 – Access to Emergency Medical and Mental Health Services

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

Standard compliance was demonstrated via agency policies 79-ISA-02 and 67-MNH-09; interviews of random selection of the following: medical/mental health staff, security staff and non-security staff first responders, and inmates who report sexual assault; review of the Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse Protocol effective 12-13-13, Supervisor’s “When to Call” List; and a review sample documentation of completed inmate Medical Exam Reports reflecting medical response. It was reported there has been no incidents at Grafton Correction Complex where an inmate victim of sexual abuse needed to be offered information about and access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

§115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

Standard compliance was demonstrated via policies 79-ISA-02, MED B-11, 67-MNH-02, 67-MNH-04, 67-MNH-15; interviews of medical/mental health staff, and inmates who report sexual assault; and review of random sample of documentation of inmate interdisciplinary notes.

Standard 115.83(d-e) is not applicable. The Grafton Correctional Complex does not house female offenders.

In response to Standard 115.83(f), it was reported there have been no incidents at Grafton Correction Complex where an inmate victim of sexual abuse needed to be offered tests for sexually transmitted infections as medically appropriate.

§115.86 – Sexual Abuse Incident Reviews

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

Standard compliance was demonstrated via agency policy 79-ISA-03; interviews of Warden, PREA Compliance Manager, and two members of the Incident Review Team; review of sample inmate incident reports, and a review of Sexual Abuse Case Reviews by the SART Team.

§115.87 – Data Collection

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

Standard compliance was demonstrated via agency policy 79-ISA-01; interview of the Deputy Chief from the Chief Inspector's Office; copy of a completed Survey of Sexual Violence, 2012 State Prison Systems Summary Form; PREA Incident Packets, and Privately Operated Facilities Housing Ohio Offenders PREA Incident Information for Calendar Year 2013 Report.

§115.88 – Data Review for Corrective Action

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

Standard compliance was demonstrated via the Annual Internal Report on Sexual Assault Data An Analysis of 2011 & 2012 Data Report; and interviews of Agency Head, the PREA Coordinator, and the PREA Compliance Manager. The report is available on the agency's website:

<http://www.drc.ohio.gov/web/prea.htm>

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via agency policy 79-ISA-01; copy of a completed Survey of Sexual Violence, 2012 State Prison Systems Summary Form; and interview of the PREA Coordinator.

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.

Ana T. Aguirre

06-23-14

Auditor Signature

Date