

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 06/22/2016

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| Auditor Information | | | |
| Auditor name: Thomas Eisenschmidt | | | |
| Address: 26 Waterford Lane Auburn, NY 13021 | | | |
| Email: tome8689@me.com | | | |
| Telephone number: 315-255-2688 | | | |
| Date of facility visit: June 15-17, 2016 | | | |
| Facility Information | | | |
| Facility name: London Correctional Institution | | | |
| Facility physical address: 15820 State Route 56, London, Ohio 43140 | | | |
| Facility mailing address: <i>(if different from above)</i> P.O. Box 56, London, Ohio 43140 | | | |
| Facility telephone number: (740) 852-2454 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Terry A. Tibbals | | | |
| Number of staff assigned to the facility in the last 12 months: 383 | | | |
| Designed facility capacity: 1,950 | | | |
| Current population of facility: 2300 | | | |
| Facility security levels/inmate custody levels: L 1&2 | | | |
| Age range of the population: 18-65 | | | |
| Name of PREA Compliance Manager: Ericka Burks-White | | Title: Operational Compliance Manger | |
| Email address: Ericka.White@odrc.state.oh.us | | Telephone number: (740) 852-2454 ext. 1007 | |
| Agency Information | | | |
| Name of agency: Ohio Department of Rehabilitation and Correction | | | |
| Governing authority or parent agency: <i>(if applicable)</i> State of Ohio | | | |
| Physical address: 770 West Broad Street, Columbus, Ohio | | | |
| Mailing address: <i>(if different from above)</i> | | | |
| 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 London Correctional Institution (LoCI) was conducted by Thomas Eisenschmidt, Lead PREA Auditor and David Hassenritter, PREA Auditor. The auditors received PREA related documents from London Correctional Institution approximately 8 weeks prior to the audit. This PREA audit marks the last facility within the Ohio Department of Rehabilitation and Correction (ODRC) to participate in the audit process. The Lead Auditor had the opportunity to speak with the Sexual Assault Response Network Central Ohio (SARNCO) and the Rape Crisis of Crime Victim Services which are the advocacy groups that provides support services for victims of sexual assault for inmates at this facility. Both confirmed they would provide advocate services and acknowledged that they were aware contact information was posted in the facility.

The auditors took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the entire facility was toured prior to the actual start of the PREA audit allowing the auditors more time to conduct interviews. The entrance briefing for the PREA audit was held on June, 15, 2016 and once completed the interviews were started. A list of random inmates from each of the housing units, inmates disclosing prior victimization, inmates reporting allegations of sexual assault, a disabled inmate, and inmates identifying LGBTI were interviewed. This number totaled 56 inmates being interviewed. An inmates family member sent a letter to the auditors prior to the audit requesting the inmate be interviewed. No other particulars came with the letter. The inmate was interviewed and made no specific concerns but did mention a PREA concern. The auditor spoke with the investigator after the interview and he initiated a case. According to him he never made an allegation to anyone at the facility. The case was underway as the auditors left the facility. Another inmate, during an interview indicated he had made an allegation of sexual abuse while an inmate across the street as a victim and was placed in Special housing. The auditor reviewed the case and initially the inmate was found to be writing to an employee. He had a disciplinary hearing and was found guilty and given time in segregation. During the same time period the Investigator questioned the female employee and she admitted to having a relationship with the inmate. During other inmate interviews the auditor was informed that four (4) of them did not receive a risk assessment upon arrival. The auditor checked the files for each of them and found they had in fact been assessed.

Once the inmate interviews and random staff (12) were completed the specialized staff interviews were conducted. They included the following staff: Health Care staff, Human Resources, Mid-Level Supervisors, Intake Staff Orientation staff, Intake Staff (Risk Assessment), Risk of Victimization Assessment (Case Manager, Unit Manager, and Unit Manager Chief), Mental Health Staff, Segregation Supervisor, Retaliation Monitor, Incident Review Team Member, PREA Compliance Manager, Facility Investigator, State Police Investigator and the Warden.

Training records for all required staff training (2013, 2014, and 2015 were verified as were additional trainings verified for the Facility Investigator, Medical and Mental Health, full and part time staff, and the facility victim support staff.

Both auditors spent a significant amount of time with the Facility Investigator reviewing his investigative files. The LoCI Administrative Investigator is very conscientious about his duties and responsibilities. The auditor reviewed case files, filed in 2015 and so far in 2016. In 2015 there were five (5) sexual abuse allegations made and investigated. Three (3) of these allegations were made against other inmates. Two (2) of these were substantiated, and one (1) was unfounded. Two of these cases in 2015 were made against staff. One (1) was substantiated and one (1) was unfounded. The substantiated case resulted in termination of the employee. So far in 2016 there has been five (5) allegations made against other inmates. Two (2) of these cases unsubstantiated, one (1) was unfounded and two (2) are still pending. There has been an allegation made against staff in 2016. This case is still pending.

At the conclusion of the site visit at the London Correctional Institution the auditor met with Warden Terry Tibbals and his Executive Staff. Both auditors let those in attendance know that they could not give them a specific outcome at this point but did leave them with some preliminary findings. Both thanked everyone for their obvious hard work and asked them to continue their commitment to ensure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The London Correctional Institution (LOCI) is an all-male, adult, medium-security facility located approximately 3 miles west of Columbus, Ohio. It was designed in a telephone configuration with 10 buildings inside the fence and 61 buildings outside the fence. The Institution sits on approximately 3,000 acres of land.

The perimeter of the facility is surrounded by two fences, which are 14 foot and encircled with eight strands of razor ribbon. London Correctional operates with the Perimeter Products Alarm System and utilizes a micro-wave at both sallyports, fence and alarm sensors. In addition, the system includes Microwave and Doppler detectors located in critical areas within the complex. Cameras are located throughout the facility and are monitored by the Control Center Officers and Shift Supervisors. One armed perimeter patrol vehicle monitors the state grounds 24 hours per day, seven days a week. One thousand watt, high pressure sodium lights illuminate the inside of the compound. These lights are mounted on 30 foot poles. The outside perimeter is illuminated by 200/400 watt, high-pressure sodium lights mounted on exterior buildings. Dome cameras with pan, tilt and zoom are strategically placed around the compound.

Upon arrival at LoCI, all staff, visitors and guests must enter through the Front Entry of our main building. This facility is approximately 10,711 sq. ft. and houses both visitors 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 Lock shop on the outside of the building.

The Administration Building (A), third floor, houses the Warden's Suite, Labor Relations Office and Business/ Personnel departments both comprised of several offices, conference rooms and restroom facilities. It also houses the union offices, accreditation office, network administrator and telecommunications. These areas encompass approximately 10,711 sq. ft. On the first floor of the Administration Building is where the Mail Room is located.

The LoCI Control Center serves as a hub for all movement within the institution grounds. It contains several touch screen computers, video camera monitors, fence alarm systems, key watch-systems, telephone switch-board, and radio charging stations. All equipment and keys used daily are distributed from this central point.

The Administration Hallway (B) houses the Health and Safety Office, Training Office, Count Office, Roll Call Room, Investigator's Office, STG Office, Parole Board rooms, Captain's Office, Major's Office, Unit Management Chiefs Office, Deputy Warden's office, Inspector's Office, and Program Area.

LoCI has two occupied cell blocks. Unit C-3 (J) has five ranges and houses 128 offenders. It is referred to as "preferred" housing. These inmates are Level IA and work outside the perimeter-fence. These inmates are easily identified because they wear a khaki uniform. Unit B-3 also known as our LPH (Limited Privileged Housing) unit (K) has five ranges and houses 80 offenders. LoCI also has another cell block referred to as "old 2 cell block" and is currently condemned.

Wing (C) houses Units A1 and A2. This is an open dormitory style, 2 man cubicles, with A-1 located on the second floor and A2 located on the third floor. A-1 currently houses 152 inmates and the PUPP Dog Rescue Group and the Staff Boarding, Training and Grooming. A-2 houses 152 inmates within the general population.

Wing (L) houses Units A3 and A4. A3 is located on the second floor and can house 134 inmates. This is an open style dorm, 2 man cubicles and houses inmates over age 40. A4 is located on the third floor and houses 134 inmates. This is an open style dorm, 2 man cubicles and is a General Population dorm.

Wing (G) houses Units B1 and B2. B1 is located on the second floor and houses 216 inmates. This is an open style dorm, 2 man cubicles and is the Recovery Services Unit. B2 is located on the third floor and houses 216 inmates. This too is an open style dormitory with 2 man cubicles.

Wing (D) houses Units D 1 and D2. D 1 is located on the second floor and houses 178 inmates. D2 is located on the third floor and houses 178 inmates. These dormitories are open style with primarily 2 man cubicles.

Wing (E) houses C1 and C2 Units. C1 is located on the second floor and houses 204 inmates. This is an open style, 2 man cubicle, merit dormitory and also home of the Wildlife Program. C2 is located on the third floor and houses 202 inmates. This is an open style dormitory.

Wing (F) houses Units D3 and D4. D3 is located on the second floor and houses 152 inmates. This is an open dormitory, 2 man cubicles and houses the 4 Paws for Ability Dog Program. D4 is located on the third floor and houses 152 inmates. This is an open family style dormitory, 4 man cubicles, which is our faith based/ Horizon program.

Located on the west side of the facility is our Commissary, Barber School and Chapel. Our Recreation Building and Recreation Yard is also located in this area. Located on the west side of the institution is our Segregation Building, Food Service/Dining Room Facility and Treatment Building. The Treatment Building houses our Medical, Recovery Services and Mental Health departments.

Located behind the facility is the OPI Dental Laboratory, Powerhouse and OPI Yamada Shop. The Sally port is located to the rear of the complex and manned Monday through Thursday from 8:00 a.m. to 6:00 p.m. This area supervises all vehicle entries into the facility. If it becomes necessary to utilize the Sally port during unmanned hours, a yard officer is dispatched to the area.

The Farm, Outside Maintenance, Water Treatment Plant and Garage complete the grounds of LoCI as separate sites. The Garage maintains the institutional vehicles. The Outside Maintenance Department operates outside the perimeter of the facility. The Water Treatment Plant provides water for London Correctional, Madison Correctional Institution, The Bureau of Identification and Investigation, and the Ohio Peace Officer's Training Academy. The Farm consists of 10 buildings and approximately 2,952 acres of tillable land.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 7

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The Ohio Department of Rehabilitation and Correction (ODRC) mandates each of the facilities in its' agency implement and follow the (7) primary zero tolerance policies toward all forms of sexual abuse and sexual harassment. This includes the two private facilities ODRC contracts with. London Correctional Institution (LoCI) has implemented these policies 79-ISA-01, 79-ISA-02, 79-ISA-03, 79-ISA-04 and 79-ISA-05) and generated a facility specific policy 03E-09. The agency policies and facility specific policy describe LoCI's approach to preventing, detecting, and responding any type of sexual abuse or sexual harassment. Policy 03E-09 further details the coordinated efforts of the facility administration, investigators, medical and mental health practitioners and the PREA Compliance Manager in responding to allegations of sexual abuse and sexual harassment.

The auditor had the opportunity to interview the Agency Director, Gary Mohr, in February 2016. During the interview Mr. Mohr detailed his commitment as well as the Agency commitment to comply with the PREA Standards. He went on to say he was dedicated to insure that all facilities are safe for inmates and staff. He informed this auditor that all expansions and major facility modifications take into account the PREA Standards and inmate safety when considering design and installing video enhancements.

Andrew Albright is the PREA Coordinator for the agency. He has direct access to the Director, Gary Mohr and meets regularly with him specifically to discuss PREA matters. Andrew is truly committed to his responsibility and with the help of the talented individuals working with him in Central Office, Mark Stegemoller, PREA Compliance Administrator, and Charlotte Owens, PREA Compliance Administrator (North Region) he has worked diligently to see all the facilities within ODRC comply with the standards. The intake process and investigative process are just two of the areas that have been streamlined and improved over the last three years Andrew acknowledged that he has sufficient time to dedicate to his responsibilities ensuring PREA standards are followed and concerns addressed during his interview.

Ericka Burks-White, Operational Compliance Manager, is the PREA compliance manager at LOCI. Staff were well aware of her position as were the inmates. She is extremely knowledgeable about the PREA policies, PREA standards and the PREA process. She has access to the Regional Compliance Manager as well as the PREA Coordinator. She indicated during her interview that she had enough time during her work day to perform her responsibilities as the compliance manager.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

In February 2016 the auditor interviewed Leslie Piatt, Senior Financial Administrator as the individual who oversees contracts with the two private prisons within the Ohio Department of Rehabilitation and Corrections. According to her any new contract or contract renewal provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards. There are currently two private prisons within ODRC and each has a full time Contract Monitor to monitor day-to-day operations. Along with each of these individuals Central Office conducts numerous policy compliance site visits, which includes compliance to all PREA policies. Both of these private facilities have recently received successful PREA audits.

Standard 115.13 Supervision and monitoring

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

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LoCI has a staffing plan. Both the Warden and the PREA Compliance Manager indicated during their interviews that they were aware of the LoCI staffing plan and review it regularly. Both indicated this plan takes into account items such as; generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations as well as the placement of video enhancements. The Warden is personally notified whenever there is any deviation from this plan. The PREA Compliance Manager and the Warden both informed the auditors this plan is reviewed annually and discussed with the Regional Director and the Agency PREA Coordinator. Once reviewed by the Agency PREA Coordinator it is sent to the Director with recommendations if warranted.

Standard 115.14 Youthful inmates

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

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There are no youthful inmates at London Correctional Facility, therefore the standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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Staff at LoCI are required to follow Agency Policy 310-SEC-01 as it pertains to cross gender searches. This policy strictly 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. Interviews with the staff demonstrated their knowledge of this policy prohibiting this.

The auditors reviewed training records while at LoCI. These records indicated that all staff, currently assigned there, has received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner plus the required PREA training for 2013, 2014 and 2015.

The auditors were also able to confirm staff knowledge of the agency policy of never frisking transgender and/or intersex inmates for the purpose of determining genitalia status. The random staff interviews indicated this policy mandate was presented to them during training.

The auditor observed female staff announcing their presence when entering the male inmate living areas. The facility was installing buzzers at the time of the site visit to announce the times females are entering the living areas. Interviews with the inmates also confirmed this announcement practice is being done.

As noted earlier the auditors had concerns with shower and bathroom privacy. Staff at London immediately made changes to these locations addressing concerns while we were there.

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

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

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

Staff at LoCI take appropriate steps to ensure all inmates have meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment who are limited English proficient, including steps to provide interpreters. LoCI has a contract with Affordable Language Service LTD. This group provides assistance to the facility with sign language, interpretive expertise in written materials, phone help, written and site help if needed.

On the day of arrival at LoCI every inmate receives a facility handbook. This book is not only an overview of the agency/facility rules and general information but details the Agency PREA policy. The provided information includes phone numbers and addresses inmates can contact to report allegations of sexual abuse or sexual harassment. On the same arrival day the inmate is also provided and required to watch the PREA informational video. This video is close captioned and signed. At the conclusion of the video inmates are allowed to ask questions of staff regarding PREA and on any information they received.

Standard 115.17 Hiring and promotion decisions

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

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Prior to the visit to LoCI Kim Rowe, Agency Human Resources Administrator was interviewed. Kim indicated the agency follows policy 79-ISA-01 requiring criminal background record checks be conducted on anyone (employee, contractor, volunteer) who has contact with any inmate within ODRC. Employees and contractors are required to have an additional background check done at least every five years.

This policy was confirmed by LoCI staff as well. The auditors checked with the facility Human Resources department and it is currently up to date with their 5-year criminal background re-check. The agency also has a procedure in place by which employees are given an affirmative responsibility to disclose to the facility any sexual misconduct allegation made against them under PREA.

Standard 115.18 Upgrades to facilities and technologies

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

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As previously noted the auditor interviewed the Agency Director Gary Mohr in February 2016. During his interview Mr. Mohr stated that when ORDC designs or acquires any new facility or when planning any substantial expansion or modification to any of the existing facilities, he considers the effect of the design, acquisition, expansion, or modification has upon ODRCs' ability to protect inmates from sexual abuse.

London Correctional Institution has not made any substantial expansion or modifications to the existing facility since August 20, 2012. As previously noted in the report, there are 253 cameras throughout the interior complex. Both auditors confirmed that camera placements created privacy concerns. The Warden indicated that the camera system was recently upgraded. He indicated that the placement of cameras was done after consulting with the facility Compliance Manager. During her interview she indicated that these placements enhanced blind spots and security within the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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The LoCI Administrative Investigator and the Ohio State Patrol Investigator both indicated in their interviews that they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Both Agencies (ORDC and OSP) have an MOU stipulating the protocol they use is appropriate for youth where applicable, and is based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. This was entered into in 2014 and has no sunset date. The training the two LCI Investigators and Ohio State Patrol Investigator received through the Moss Group covered these protocols.

Forensic exam, required of inmates at LoCI, are conducted at the Ohio State University Wexner Medical Center. These examinations, conducted at no expense to the inmate, are performed at this hospital by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. If a SAFEs or SANE nurse is not available, the examination is performed by other qualified medical practitioners.

LoCI provides support service to inmate victims of sexual assault through Sexual Assault Response Network Central Ohio (SARNCO). This support group has an office at the Medical Center and routinely respond to victims of sexual assault to offer services upon arrival in the Emergency Room. LoCI also has support staff (Victim Support) available to provide victim advocate services. These individuals receive the required training and at least one of them is available on all three shifts. The training and availability was verified by the auditor during interviews and review of the training files.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

ODRC has a mandatory requirement in policy 79-ISA-01 that a criminal investigation/administrative investigation be conducted for any allegation of sexual abuse and sexual harassment alleged to have been committed in any of their facilities. This policy further requires that the criminal investigations be conducted and referred for investigation to an agency with the legal authority to conduct criminal investigations. Interviews with random staff and the investigators confirmed every allegation is reported and a case file initiated.

Those allegations not rising to the elements of a crime are handled administratively by the facility investigator. There is a written MOU with the Ohio State Highway Patrol and the Ohio Department of Rehabilitation and Correction outlining their responsibilities in the process of handling sexual abuse investigations. The investigation policy for sexual abuse investigations is published on the ODRC website.

Standard 115.31 Employee training

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

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During the interview with Agency Mr. Mohr, he detailed the importance he places on staff training. Each staff member, regardless of title, is trained as a first responder. At the conclusion of the mandatory PREA training each staff member must take and pass the curriculum exam. Should they fail to pass the test the individual must retake the entire class. The training curriculum follows all criteria outlined and required by the standard.

All staff interviewed were clear with their responsibilities in responding to allegations of sexual abuse and sexual harassment. Each staff member carries a laminated card which outlines how to respond to any sexual abuse allegation to ensure the safety and well being of the inmate is paramount and evidence is preserved to ensure a successful prosecution. ODRC training requirement is that all staff receive PREA training annually instead of every two years as the standard requires. The auditor verified that staff at London received the mandatory PREA training for years 2013, 2014, and 2015.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Both auditors had the opportunity to interview a contractor and volunteer during the site visit at London Correctional institution. Both individuals indicated they received the ODRC PREA training prior to assuming their responsibilities. Their training records indicated each signed documents acknowledging understanding and receiving this training. The interviews also indicated each knew the consequences (removal and prosecution) for any violation to the ODRC policy.

Standard 115.33 Inmate education

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

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The auditors had the opportunity to hear about and view the education process for each inmate arriving at the institution receiving area. Inmate. Once inmates arrive inside the building the education process begins. PREA posters with hotline numbers, addresses and contact information, support information is available in Spanish and English. Each inmate is given a rule book within their first couple hours after arrival with the same information about being free from sexual abuse/harassment and how and whom to report any allegation. While still sitting in the receiving area each inmate is required to view a PREA video outlining everything posted and listed in the rulebook.

Within seven days of arrival the inmate receives an in-depth orientation to the LoCI and on PREA. This again 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.

The auditors did confirm the facility has a contract with Affordable Language Service providing languages, signing etc. in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

Standard 115.34 Specialized training: Investigations

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

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Both Investigators at LoCI receive the general PREA training provided to all employees working at the facility. As previously indicated during the interview with the Agency Director and the emphasis he places on training, continued with the training of the investigators as well. He and the Agency saw the importance of both the Facility Investigator and the Ohio State Police both attending the same PREA Investigator training to ensure that such investigations in confinement settings are done correctly and properly without jeopardizing any cases.

Both these investigators stated during their interviews the training each received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution. This training was confirmed by the auditor upon reviewing training records and viewing the successful course completion certificate. The investigators confirmed they take into account the mental illnesses, intellectual disabilities, and other issues that evolve when conducting their investigations. It was obvious to both auditors that there is an impressive relationship between both the facility and police Investigators.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Policy 79-ISA-01 requires all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the interviews conducted by both auditors with medical and mental health staff they indicated they had received this training over and above the mandatory PREA training every employee receives. Training files for all medical and mental health staff (full and part time) were checked showing the training was received.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Both auditors, as previously noted, conducted the first PREA audits in the State of Ohio in 2014. The intake process and risk for victimization has only gotten better over the three years. Although the tenet of the Agency is always been minimizing risk any inmate might face from victimization has always been the focus, it is the streamlining, automating and safeguards they have brought to the process over the years that is remarkable. The Agency has and continues to try and find ways to make the process better. Upon arrival at LoCI the risk for victimization/abusiveness for each inmate begins in the medical department. The assigned nurse initiates the assessment and completes the first screen of the computerized procedure. 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. Any inmate who may be at risk based on this initial screening (transgender, intersex, prior victim) is immediately sent to mental health and/or medical. Upon completing this initial screen of the assessment, the document is placed into a queue for the Case Managers part in the process. It is important to note that the entire risk assessment is electronic with notifications popping up to the next staff person in the process so no inmates gets lost in the process. The ODRC PREA Risk Assessment Process was originally

implemented using paper forms and scanned into their document imaging system (Onbase). This continued until their automated PREA Assessment Process was put into production on September 8, 2014. This system allows each facility to easily share information throughout the Agency as well.

The Case Managers check their "In-Progress" assessments at least daily and completes the second screen of the intake process. The assessment then goes into the Unit Manager queue. The Unit Managers check their "Pending UM" cases and determines if the inmate does or does not need a PREA Classification. If a classification is warranted the Unit Manager recommends 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. The risk for victimization assessment is re-done on all inmates within the first 30 after arrival. The auditor viewed the entire intake and risk assessment and inmates interviewed confirm the re- review was done usually within the first two weeks by the Case Manager. Those inmates arriving at the facility prior to PREA be instituted were all given a risk assessment during their security review with their case managers during 2013.

Standard 115.42 Use of screening information

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

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

Policy 79-ISA-04 requires that, based on the information obtained in the PREA Risk Assessment System, assigned PREA Classification and good correctional judgment, the Unit Management Chief, or in their absence the Acting Unit Management Chief, shall complete a PREA Accommodation Strategy to make individualized determinations about how to ensure the safety of each inmate. According to the interview with the Unit Management Chief information obtained is used for making housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized away from those at high risk of being sexually abusive. The placement of transgendered and/or intersex inmates is done only after a careful review of each case by the PAST (PREA Accommodation Strategy Team) committee. Transgender and Intersex inmates receive a face-to-face review at least every six months where their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned.

Standard 115.43 Protective custody

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

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

Policy 79-ISA-04 prohibits inmates at high risk for victimization from being placed in involuntary segregation 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. Interviews with the Warden and Special Housing Unit Supervisor confirmed the policy and indicated they could not remember when SHU was ever used to house and inmate victim. During the inmate interviews with those that alleged sexual abuse none of them were ever placed in Segregation.

Standard 115.51 Inmate reporting

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

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

There are numerous ways inmates at LoCI can privately report sexual abuse and sexual harassment. Upon the inmates entering the facility they receive a manual explaining how to report sexual abuse and to whom to make a report to. There are posters everywhere in the facility (living areas, school gym visiting room, school) directing them whom to write or call. This information is framed on the walls in the living areas as well. Inmates can send sealed mail to the Warden, Central Office staff, advocate groups, investigators they can also call numbers provided to Central Office Investigators, they can verbally tell staff or have their family or friends make allegation via the agency web site link, calling the institution directly or by calling Central Office. LoCI inmates are also provided a phone number and address to contact Franklin County Juvenile Detention Facility as the way for them to report abuse or harassment to a public or private entity or office that is not part of the agency. There is an MOU with this agency that requires immediately notifying the facility that a report of sexual abuse has been made. The inmate may make the alleged abuse report confidentially to this number indicated on the posters throughout the facility. This number is monitored 24 hours a day by the Detention facility. 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. Random inmate interviews confirmed inmates were aware of ways to report sexual abuse should they need to.

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 indicated during the random interviews that all verbal reports to them are put into writing and submitted immediately to their supervisor.

Standard 115.52 Exhaustion of administrative remedies

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

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

LoCI does not have administrative procedures through the inmate grievance process regarding sexual abuse complaints. THE STANDARD IS NOT APPLICABLE

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

London Correctional Institution provides two ways for inmate access to access victim advocates for emotional support services related to sexual abuse/harassment. These two groups are located outside the institution. The first advocate group is Sexual Assault Response Network Central Ohio (SARNCO). The address for this group is published in the inmate handbook and is also noted in the posters on each of the housing units. It also maintains an office at Ohio State University Wexner Medical Center. The second advocate group inmates may write or call is the Rape Crisis of Crime Victim Services. The auditor spoke with the agency and confirmed their willingness to provide advocate services to inmates at London Correctional Institution.

During the interviews with inmates some were aware of the advocate service and some were not. Most of those that were aware, were inmates disclosing prior victimization.

Standard 115.54 Third-party reporting

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

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

The ODRC web page has a direct link for any family member or friend of inmates who wishes to make a PREA allegation on their behalf. The auditors observed notices at the entrance to the facility and in the visiting room alerting visitors how to make a report of sexual abuse or sexual harassment on behalf of an inmate. The interviews conducted with the inmates indicated they were generally aware of third party reporting and how to accomplish it if they needed to.

Standard 115.61 Staff and agency reporting duties

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

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

Policy 79-ISA-02 require all staff to report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against inmates or staff who reported any incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During the interviews with random staff, regardless of position, each

confirmed this policy requirement.

Standard 115.62 Agency protection duties

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

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

Policy 79-ISA-02 requires when an any staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, he/she shall take immediately action and report such fact to the Investigator, Unit Management Chief and the Shift Supervisor. Staff interviews and the Warden interview confirmed this policy and practice.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy 79-ISA-02 requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The Warden and Prea Compliance Manager confirmed this policy requirement during their interviews. The auditor also reviewed notification letters the facility had sent to other facilities upon learning an inmate was sexually abuse there and also received letters the facility received about allegations being made upon arrival at another facility.

Standard 115.64 Staff first responder duties

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

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

Staff training for everyone working at LoCI includes their responsibility to act as a first responder to allegations of sexual assault and sexual abuse. Interview with security and non security staff members reflected how serious each takes this responsibility in responding. Each of them carries a credit card sized card outlining what to do in such a situation. They informed the auditor that upon any allegation of sexual assault they would: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The auditors reviewed case files where the first responder was not a security staff member, The responder made sure the alleged victim did not take any actions that destroyed physical evidence, and then notified security staff.

Standard 115.65 Coordinated response

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

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

London Policy O3E-10 is the written institutional plan the facility uses coordinating all actions of different departments in response to a sexual abuse incident among. The policy details responsibilities of staff first responders, medical and mental health practitioners, investigators, and facility leadership. During the interview with the Warden and the PREA Compliance Manager each discussed the purpose of the policy and the roles of those individuals involved with responding to allegations of sexual assault..

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

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

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

The Ohio Department of Rehabilitation and Correction has 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. One employee was terminated as a result of a sexual abuse investigations during the last 12 months

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy 79-ISA-02 requires that the facility Investigators be responsible for monitoring staff retaliation and inmate retaliation for a minimum period of 90 days following a report of sexual abuse. This involves monitoring inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

The Investigator informed the auditor that for a minimum of 90 days following a report of sexual abuse, he monitors the conduct and treatment of inmates or staff who reported the sexual abuse and inmates who were reported to have suffered sexual abuse. He indicated his monitoring includes checking to see if the inmate received disciplinary reports, housing changes, program changes, negative performance reviews. He indicated with staff he monitors evaluations, time off requests, shift changes or reassignments of staff. He also informed the auditor that his monitoring could go beyond 90 days if he feels there is a need.

Standard 115.68 Post-allegation protective custody

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

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

ODRC 79 ISA-04 prohibits the facility from placing inmates in segregation for protection that alleged to have suffered sexual abuse unless no alternative is available. During the course of interviews conducted with the Warden, the Special Housing Unit Supervisor and a segregation line staff member each confirmed that segregation has never been used to house inmates for protection after an alleged sexual assault. The interviews conducted on inmates that alleged sexual abuse indicated they were never placed in segregation at any point in the investigative process.

Standard 115.71 Criminal and administrative agency investigations

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

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

Every reported allegation of sexual abuse is to be investigated promptly, thoroughly, and objectively including allegations from third-party and anonymous reports. This is the requirement of policy 79-ISA-01. All allegations of sexual abuse are immediately turned over to the

Ohio State Highway Patrol Investigator for investigation to determine if a crime was committed. If she determines there was no evidence of a crime the allegation is turned back over to the LoCI Investigator to conduct an administrative investigation. There is a three year MOU with the Ohio Department of Safety and the Ohio Department of Rehabilitation and Correction outlining both agencies responsibilities in the handling of all sexual abuse allegations. As previously noted both the Facility Investigator and the Ohio State trooper received the same sexual abuse investigative training. The auditor verified their attendance and successful completion of the course.

Both Investigators stated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigators indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation according to the State Police and the Facility Investigator.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The Facility Investigator stated during his interview that he imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. This is also the agency policy and can be found in 79-ISA-02.

Standard 115.73 Reporting to inmates

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

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

Inmates who makes an allegation that they suffered sexual abuse at London Correctional Institution are informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation by the agency and the State Police. ODR policy 79-ISA-02 also requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged. The inmate notification is maintained in the investigative file.

As noted earlier there were two (2) sexual abuse allegation made against staff members in 2015 and one (1) in 2016. Three (3) sexual abuse allegations made against other inmates in 2015 and five (5) in 2016. The auditor found inmate notifications of investigative outcomes in the files where the investigation were completed.

Standard 115.76 Disciplinary sanctions for staff

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

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

Staff that each auditor spoke with were clear about the sanctions they would receive should they violate the agency zero tolerance policies. 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.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Each auditor interviewed a contractor and volunteer at London Correctional Institution. They both indicated they were informed during their training on the consequences any violation to the zero tolerance policy. ODRC policies 79-ISA-01, and 71-SOC-01 and Standards of Conduct require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. As previously noted the auditor reviewed the training records showing they received and understood the training they received.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policies 56-DSC-01 and 79-ISA-02 detail the inmate disciplinary process and prohibitions against all sexual relations between inmates. Any inmate found to have engaged in a sexual relationship with another inmate receive a rules infraction. Anyone found guilty of this behavior at a disciplinary hearing receives an appropriate sanction commensurate with the nature and circumstances of the abuse committed. The Hearing Officer takes into account whether mental disabilities contributed to this infraction before imposing any sanction. The policy was confirmed with the Warden during his interview.

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

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

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

Policy 79-ISA-04 mandates that if the risk assessment indicates that the inmate is at risk of victimization or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer him a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening. All inmates shall be screened by Mental Health in accordance with Department Policy 67-MNH-02, Mental Health Screening and Mental Health Classification. This policy further states if the risk assessment screening indicates that the inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

During the interview with the Mental Health Administrator he indicated he is notified, when the nurse conducting the risk assessment, identifies any inmate discloses or if noted in the report he experienced prior sexual victimization or the inmate had previously perpetrated sexual abuse. He further stated that the inmate would be seen within 14 days and offered services by someone on his staff.

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

Inmates interviewed by each of the auditors, who disclosed prior victimization, confirmed they were offered services. as required by the policy.

Standard 115.82 Access to emergency medical and mental health services

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

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

Both auditors conducted interviews with menat health and medical practitioners. Those intervirew indicated that any inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined them according to their professional judgment. They are also offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, with no cost to the inmate whether the victim names the abuser or cooperates with any investigation. This is mandated by Medical Protocol B-11 and was confirmed during the practitioners interviews.

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

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

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

Any inmate that has experienced prior sexual victimization in any prison, jail, lockup, or juvenile facility is offered medical and mental health evaluation according to policy 79-ISA-04. This practice was confirmed during the interview with medical staff. The policy also requires the facility conduct a mental health evaluation of all known inmate-on-inmate abusers. The Mental Health practitioner confirmed that the mental health department attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and they offer treatment when deemed appropriate.

Standard 115.86 Sexual abuse incident reviews

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

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

London Correctional Institution conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, except where the case finding was unfounded. This is done in accordance with policy 70-ISA-04. This review is supposed to take place within 30 days of the conclusion of the investigation. This is accomplished through the Sexual Abuse Review Team (SART). The team is comprised of the Deputy Warden for Operations, Deputy Warden for Special Services, Facility Investigator, PREA Compliance Manager, and a representative from the Medical and Mental Health Departments. The interview with one of these team members indicated the team reviews each investigation to determine: if there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or if motivated or caused by other group dynamics at the facility; look at the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; review the adequacy of staffing levels in that area; assess whether monitoring technology should be deployed or augmented to supplement supervision. At the completion of the review a written report of their findings is prepared based on the criteria mentioned above. This report is forwarded, along with any recommendations to the Warden and PREA Compliance Manager. This entire process was verified during the interviews conducted with the Warden, SART team member and the PREA Compliance Manager.

Standard 115.87 Data collection

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

- Does Not Meet Standard (requires corrective action)

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

ODRC collects accurate and uniform data on every facility in the Agency including the two private facilities. ORW provides information to the Agency about sexual abuse to assist the Agency in understanding trends etc. within the aggregate total. The data collected from the two private facilities is not included in this aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2015 deadline. The information supplied in this report to DOJ is accumulated from each facility utilizing the PREA Incident Report System. This set of forms documents the PREA process from the allegation through the review on every case even unfounded

Standard 115.88 Data review for corrective action

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

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

ODRC collects data for every allegation of sexual abuse in each of its facilities and completes the Survey of Sexual Violence (SSV) report annually and is posted on the ODRC web site. The Agency completes an annual internal report that tracks confirmed inmate on inmate and staff on inmate sexual abuse incidents. This report compares incidents from previous years (2012-2014) and is utilized by the PREA Coordinator to identify problem areas and formulate corrective measures with the intent of reducing future incidents of sexual abuse. ODRC has compiled its third internal report since ODRC's full implementation of the PREA standards and can be found on the Agency web site..

Standard 115.89 Data storage, publication, and destruction

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

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

Policy 79-ISA-01 requires that the 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. ODRC retains allegation (case) records for 10 years after the inmate has reached his final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Thomas Eisenschmidt
Auditor Signature

June 22, 2016
Date