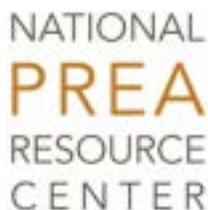


PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:		Noble Correctional Institution	
Physical address:		15708, McConnelsville Rd., Caldwell, OH 43724	
Date report submitted:		04/09/2015	
Auditor Information		James Curington	
Address:		PO Box 2231, Alachua, FL 32616	
Email:		JECJRBOY@AOL.COM	
Telephone		352-538-2636	
Date of facility visit:		03/09/2015 – 03/12/2015	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	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:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		David Poulton	Title: PREA Compliance Manager
Email address:		David.Poulton@odrc.state.oh.us	Telephone number: 740-732-5188
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 St., Columbus, OH	
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:

A Prison Rape Elimination Act (PREA) audit was scheduled for the Noble Correctional Institution (NCI), by the Ohio Department of Rehabilitation and Correction (ODRC) in conjunction with the American Correctional Association (ACA). Additionally, an ACA reaccreditation audit for NCI was scheduled to run concurrently with visits and tours beginning 03/09/2015. Initial notification in January 2015 was made by the ACA to PREA certified auditor and ACA team member, James Curington and to the two additional ACA auditors.

The audit process began with the scheduling of the concurrent audits 03/08/2015 to 03/13/2015 and with key staff contacts. The ODRC through Andrew Albright, Chief of the Bureau of Agency Policy and Operational Compliance; Ms. Liann Bowers, PREA Compliance Administrator; Ms. Bridget Bayliss, Director of ACA Standards and Accreditation; and James Curington, PREA auditor; communicated concerning travel, accommodations and pre-audit materials. Contacts were also made with Tim Buchanan, Warden of Noble Correctional Institution to advise him of the plans, and for his assistance in coordination. A PREA schedule was developed for the tour/visit and the PREA Pre-Audit Reporting Form was completed by the PREA auditor and sent to the PREA Resource Center (PRC) via e-mail, auditreporting@prearesourcecenter.org. Notices at the facility were posted for inmates, staff, and the public and the process began.

Facility and agency information was supplied by Ms. Liann Bowers and e-mailed to the PREA auditor. The information supplied prior to the audit was divided into two parts. First part was the PREA Audit: Pre-Audit Questionnaire Adult Prisons and Jails completed for the institution with an original completion date of 02/04/2015. The team completing the questionnaire was headed by Andrew Albright, PREA Coordinator, and David Poulton PREA Compliance Manager. The second part of the information supplied was documentation which addressed all 43 PREA standards individually, the latest American Correctional Association audit report of 2012 indicating 100% compliance with the applicable mandatory standards

and 100% compliance with the applicable non-mandatory standards, the facility layout of video technology, and 41 pages of population reports. The 18 page PREA Audit: Pre-Audit Questionnaire Adult Prisons and Jails contained a wealth of information and references for the PREA auditor, addressing and detailing information in the following 11 sections: 1) agency information, 2) facility information, 3) prevention planning, 4) responsive planning, 5) training and education, 6) screening for risk of sexual victimization and abusiveness, 7) reporting, 8) official response following an inmate report, 9) investigations, 10) discipline, and 11) medical and mental health care.

The agency PREA Coordinator and the Noble Correctional Institution PREA Manager receive a special thanks for the thoroughness and comprehensiveness of the completion of the Pre -Audit Questionnaire, and the supplemental facility information.

The PREA Resource Audit Instrument for Adult Prisons and Jails furnished by the national PREA Resource Center (PRC) was used for this audit. To summarize, there are seven sections, a through g, comprised of: a) the Pre-Audit Questionnaire, b) the Auditor Compliance Tool, c) the Instructions for the PREA Tour, d) the Interview Protocols, e) the Auditor's Summary Report, f) the Process Map, and g) the Checklist of Documentation.

Following the initial steps of the audit, including the posting of notices and making contacts, scheduling, etc., the auditor began by reviewing the materials/documentation forwarded regarding Noble Correctional Institution in the weeks prior to the scheduled visit/tour. Beginning with the questionnaire, every item was reviewed. That is, each of the 43 standard files were opened and the supplemental information contained for each of the standards was reviewed. This information laid the groundwork for assessing compliance with each of the PREA standards.

Sunday, March 8, the auditors arrived in Ohio and stayed in the town of Cambridge, about 35 minutes north of Noble Correctional Institution. The ACA and PREA auditor(s) met with the Warden, his Deputy Wardens, and the PREA Compliance Manager for an evening dinner to discuss the upcoming ACA and PREA audits. This was an opportunity to personally meet the Warden and PREA Manager for an informal discussion about the complexity of these audits and the direction for accomplishing this weeklong review. The planned startup time was for the following day at 7 a.m. with travel and escort to the institution by the Warden, Tim Buchanan.

Monday, March 9, the auditors proceeded to the facility with a perimeter tour and a visual review of the facility from the perimeter road. Following the perimeter road excursion, the auditors headed to the front gate for security identification/security precautions and entered Noble Correctional Institution. The first day's meeting began in the conference room with key staff including the Managing Director of Operations, Mr. Edwin Voorhies from the Central Office Headquarters in Columbus, Ohio. Following this meeting, the tour began and included the following group:

Rick Hart	Auditor
Phillip Brown	Auditor
James Curington	Auditor

Timothy Buchanan	Warden
Joel Burris	Acting Deputy Warden of Special Services
David Gray	Deputy Warden of Operations
David Poulton	Program Administrator
Sean Frizell	Major
Bryan Kerns	Health and Safety Officer
Jody Beardmore	Labor Relations Officer
Jessica Perrin	Administrative Professional
Jessica Smith	Administrative Professional

The tour reviewed the facility from the Administration Building to segregation/medical services to the five housing units, recreation yard, indoor recreation/gym and to the Chapel. The facility was audit ready and noticeably clean, well-organized, and orderly.

Staff were impressive with their knowledge and professionalism with many being informally interviewed about their duties and responsibilities, opinions, training, and PREA.

The inmates appeared clean and appropriately dressed. The inmates were communicative and inmate attitudes seemed very positive. The atmosphere was professional, but also comfortable. Clearly, communication was very good between staff and inmates.

A side note, this time of year NCI had received heavy snow and snow was piled throughout the compound but all walkways were clear and salted as needed. Throughout Monday the audit team worked on electronic ACA files and at 9:30 p.m. attended shift briefing/roll call meeting with the 10 p.m. to 6 a.m. shift.

Tuesday, March 10, the auditors continued with ACA accreditation, PREA overview, program reviews, disciplinary hearings, revisits to other areas including food service, health services, and visits with specialized staff throughout NCI.

Wednesday, March 11, was the 10:00 a.m. closeout for the ACA audit. The audit recommendation was compliance with 100% of the applicable mandatory and compliance with 100% of the applicable non-mandatory. NCI received accolades from the auditors. This medium/minimum facility was described as well run, orderly, safe, with good staff inmate communication and a positive team approach to its operations, vision, and mission.

Albeit, the ACA audit closed at approximately 10:30 a.m., the PREA auditor continued with the PREA audit throughout that day and into the night until approximately 10:30 p.m. It was during this day that the tour continued and many of the formal interviews were held with staff and inmates.

From Tuesday to Thursday many staff were informally interviewed, and 26 staff were formally interviewed, according to the script provided by the PRC. The interviews included the Warden, PREA Compliance Manager, Specialized Staff, and Random Staff. Additionally, the Agency Head and Statewide PREA Compliance Coordinator were interviewed telephonically in February 2015. Many inmates were also informally interviewed with opportunities to give opinions and make comments (almost exclusively positive to very positive communication), and 18 inmates were formally interviewed, according to the script for inmates provided by the PRC.

The interview protocols, five for staff and one for inmates are integral to the assessment process. The interview questions specifically address 40 of the 43 standards. When an auditor receives an overwhelming response, or obvious concurring responses from staff and inmates, there is good evidence that the facility is meeting the standard and accomplishing the compliance required by PREA law. This auditor had very positive input from staff and inmates regarding Noble Correctional Institution.

It was decided, after the long day Wednesday that interviews and touring would conclude Thursday afternoon. Thursday morning, March 12, the auditor continued touring which included outside buildings, interviewing staff and inmates, and addressing all PREA standards with the statewide PREA Coordinator, institutional Warden and institutional PREA Manager. Also reviewed at this time were methodology, sections and sub-sections of the audit compliance tool. After this was completed, a short exit review was held at 1:15 p.m. thanking the facility for their help and cooperation. The auditor then shared that the extensive review had not produced any decided/decisive non-compliance standards. The auditor further explained the report procedures and indicated that a report would be submitted within 30 days. The following staff members attended the PREA exit review at Noble Correctional Institution in the Warden's conference room on 03/12/2015:

Liann Bower	PREA Compliance Administrator
Dan Lippererman	Program Administrator
Andrew Albright	Chief of the Bureau of Operational Compliance
Tim Buchanan	Warden
Jody Beardmore	Labor Relations Officer
David Gray	Deputy Warden of Operations
Mark Hiatt	Inspector
Joyce Coen	Personnel Officer
Joel Burris	Acting Deputy Warden of Special Services

Jessica Perrin	Administrative professional
Darin Clark	Business Administrator
David Poulton	Program Administrator
Craig Aufdenkampe	Investigator
James Curington	PREA auditor

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Noble Correctional Institution of the Ohio Department of Rehabilitation and Correction is located in Noble County near the city of Caldwell, Ohio. Noble Correctional Institution is an adult male offender facility which opened in 1996.

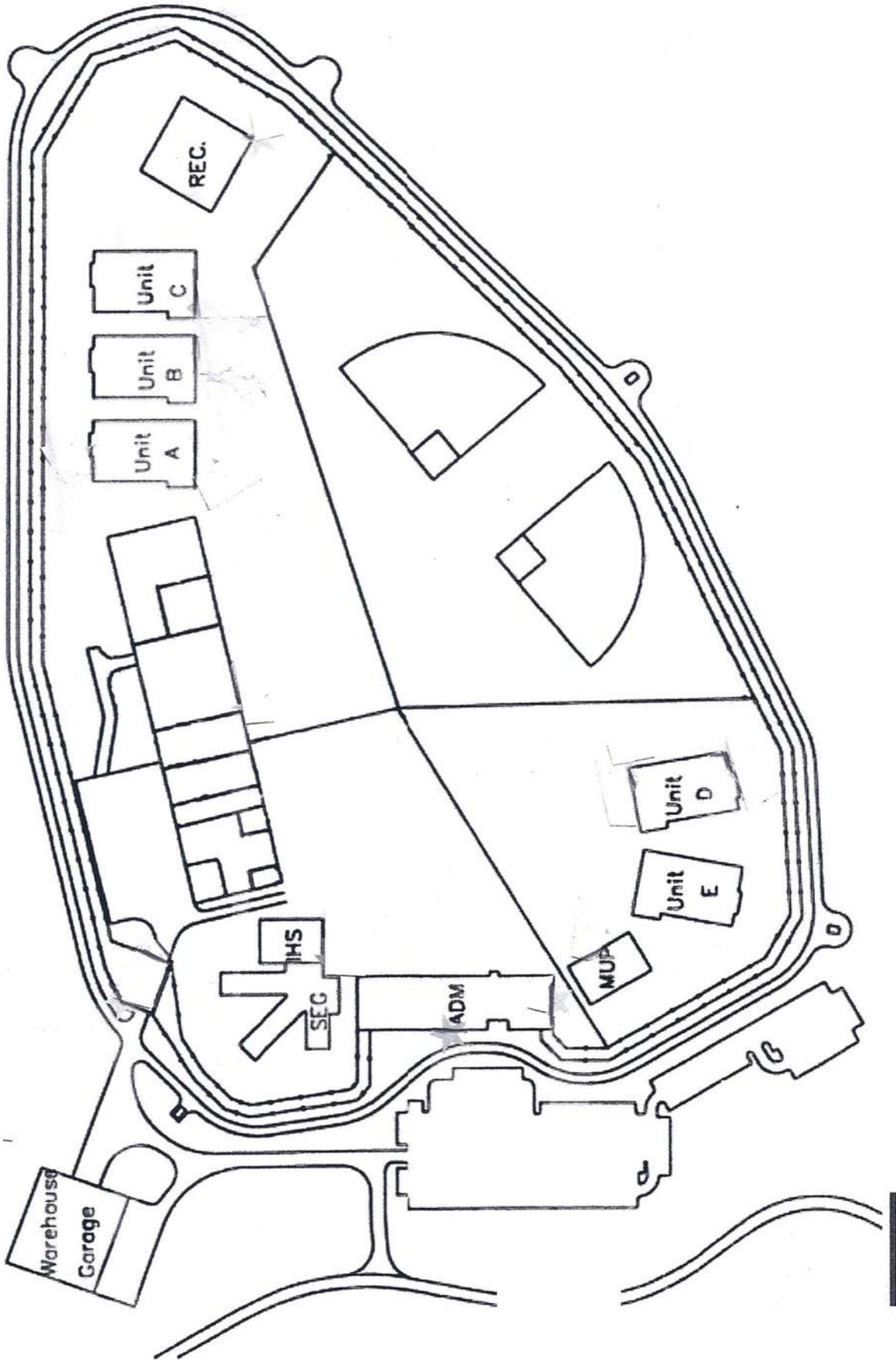
The mission of Noble Correctional Institution “is to reduce violence and recidivism at NCI. We accomplish this through operating as a unit managed facility that addresses the concerns of staff and responds to the needs of offenders. The vision of Noble Correctional Institution is to work with offenders to reduce incidences leading to future crime”.

The institution was established on 130 acres, of which approximately 34 acres make up the compound inside a double security chain-link fence, 12 feet high with two roles of razor ribbon/wire at the top and a Shaker Alarm System detector attached to the fence line. The outside fence has eight roles of razor ribbon. The perimeter road outside the fencing is staffed 24/7 with an armed patrol vehicle. There are 16 buildings within the perimeter, five of them are inmate dormitory style housing units (Unit A, Unit B, Unit C, Unit D, and Unit E). These inmate dormitories house specialized populations; Orientation, Food Service, Adult Basic Education and Literacy Unit, Cadre Unit, and a Reintegration and Faith-Based dorm. These housing units can hold a maximum of 484 inmates. The Segregation Unit has 50 cells, 46 of which are double bunked and four (4) single cells for a total of 96. Although there is a Segregation Unit, there is no protective custody or administrative segregation (NCI transfers those inmates as necessary). In addition to the buildings, there is a very large recreation area, including two baseball fields within the compound. Outside the fenced compound and perimeter road there are two storage buildings and a warehouse/garage.

There are 363 staff, with 24/7 security and medical. Shifts are: 6 a.m. to 2 p.m., 2 p.m. to 10 p.m., 10 p.m. to 6 a.m., and an Administrative shift 8 a.m. to 4/5 p.m.

Noble Correctional Institution’s approximately 2500 inmates are considered medium/minimum. This is a scale of 1 and 2 on a 1 to 5 scale in the ODRC, with one being the lowest custody.

Facility outline/sketch overview of Noble Correctional Institution is included. Please see next page.



Facility Demographics

Rated Capacity (beds): 2516, **Actual Capacity** 2457

Security: minimum/medium (level 1-2A)

Age range: 18 to 72 (no offenders under 18 years of age)

Average length of stay: one year, 11 months 15 days

Staff: 363; security 264, administrative support 83, program 14, other 2

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Non-applicable: 3

§115.11 - Zero tolerance of sexual abuse and 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)

The Ohio Department of Rehabilitation and Correction has established a very thorough and comprehensive policy that outlines its zero tolerance stance against prison sexual misconduct. The agency has a policy number 79-ISA-01, titled Prison Rape Elimination mandating zero tolerance towards all forms of sexual abuse and sexual harassment in its facilities and in its contract facilities. Specifically, this 11 page policy outlines the (I.) Authority, (II.) Purpose, (III.) Applicability, (IV.) Definitions, (V.) Policy, (VI.) Procedures, and Appendix/Local Policy that implements/directs the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Prohibited behaviors, sanctions, strategies and responses to reduce and prevent sexual abuse and sexual harassment are all outlined by policy. The policy on Prison Rape Elimination, the policy on Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation number 79-ISA-02 (a 14 page document) and personnel policies address these specifics.

The agency has an upper level PREA Coordinator, and each institution has a PREA Compliance Manager. This auditor had interviews with the Agency Coordinator, and with the Institutional Manager and their responses to interview questions support meeting this 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)

The Ohio State Department of Rehabilitation and Correction (ODRC), Prison Rape Elimination Policy mandates that private agencies contracting with the state of Ohio for housing inmates, meet PREA requirements. The ODRC contracts with only two private agencies for the housing

of inmates and contract addendums were supplied for audit review emphasizing the PREA mandate.

There are zero (0) number of contracts that do not require the agency to monitor contractor's compliance with PREA standards. Additionally, all new or renewed contracts for the confinement of inmates with the ODRC requires provisions that the contractor will adopt and comply with PREA standards and shall provide for contrite monitoring.

§115.13 – Supervision and Monitoring

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

The ODRC addresses staffing in its policy, Prison Rape Elimination and its department policy on Staffing Plan Requirements and the PREA staffing plan emphasizing that facilities provide for adequate levels of staff and video monitoring to protect inmates.

The Noble Correctional Institution (NCI) is a very large 2500 bed, male, level 1-2, medium/minimum-security facility in the ODRC. Level 1 and 2 speaks to the lower grades on a 1 to 5 level system in the ODRC. The average length of stay is approximately 2 years. There are 264 security staff. Video technology is used to supplement security, camera upgrades/additions/improvements will result in 219 cameras in the facility (more will be addressed in standard 115.18).

Staffing of two officers per shift per housing unit is required per the Facility Staffing Plan. If the staffing plan is not complied with, the facility documents and justifies all deviations. The Warden and PREA Manager are involved with the NCI staffing plan annually.

Unannounced rounds by intermediate and higher level staff are made which was confirmed, both by logs and interviews with intermediate and higher level staff. The facility prohibits staff from alerting other staff of these rounds.

Random interviews of staff and inmates indicated that both staff and inmates felt safe to very safe. The auditor felt very safe at this facility.

§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)
- Not Applicable

No inmates under 18 years of age at NCI.

§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)

PREA standard 115.15 was readily and easily observed during the tour of housing units throughout the institution. By policy, ODRC staff members, volunteers and contractors when entering a housing unit announce "male/female in housing unit". At NCI, because this is a male facility, "female in the housing unit" was announced each time the tour group with a female entered a unit. Moreover, the inmates in interviews indicated that females announce when entering a housing unit. Similarly, the staff indicated, during interviews, that when staff of the opposite gender enter a housing unit, an announcement is made.

Visual observation during the tour also indicated and confirmed that inmates were able to shower, toilet and change clothes without being observed by a member of the opposite sex (unless incidental to cell checks or in exigent circumstances). Again, inmate and staff interviews confirmed this was the case, that inmates could shower, toilet, and change clothes without being viewed by members of the opposite sex.

The facility has not conducted any cross gender strip and cross gender visual body cavity searches of inmates, zero (0) number. Searches are allowed only in exigent circumstances, and there had been none at NCI, zero (0) number. There are no females at NCI, zero (0) number.

The agency has a policy prohibiting staff from searching or physically examining transgender/intersex inmates for the sole purpose of determining genital status. Staff are aware of this policy and there had been no such searches, zero (0) number.

100% of all staff have received training in conducting cross gender patdown searches. Additionally staff have been trained in how to professionally communicate with inmates, including lesbian, gay, bisexual, transgender, intersex, and gender non-conforming inmates.

§115.16 – Inmates with Disabilities and Inmates English Proficient

who a

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

The Ohio Department of Rehabilitation and Correction has a policy not to discriminate against individuals on the basis of disabilities, including inmates who are limited English proficient. Specifically, the policy, Inmates with Disabilities, Number 64-DCM-02, advises that inmates who need an accommodation can access the institutional American Disabilities Act (ADA) Coordinator. This policy also provides for qualified interpreter/translators.

A contract with Affordable Language Services LTD was reviewed along with interpreting services provided by qualified staff, closed-captioned televisions, teleconferencing, and the interpreter/translator waiver form.

Staff interviews indicate staff's knowledge of limited use of inmate interpreters. This is further verified by the fact that there have been zero (0) number of instances where inmate interpreters, readers or others have been used that could compromise the residents safety or the performance of first responder duties.

The Medical Class/Special Needs document for Noble Correctional Institution was reviewed and easily assists classification by medical class and needs (to include wheelchair, vision, hearing, speech, and other).

§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)

The ODRC has several policies that relate directly to hiring and promotion decisions as well as background checks. The agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who has contact

with inmates, that is/has engaged in sexual abuse/misconduct as outlined in PREA Standard 115.17.

The agency uses policy 79-ISA-01, Prison Rape Elimination; policy 34-PRO-07, Background Investigations; and policy 31-SEM-02, Standards of Employee Conduct to comply with PREA law. These policies address/prohibit hiring or promoting those that have engaged in sexual abuse in prison and community.

A Background Investigation Checklist is performed on applicants. The Checklist addresses general information, fingerprints, education, personal references, and background investigation/law enforcement background checks. Checklists, applications, authorizations for background checks and authority for release of information were reviewed by the auditor. The process and procedure is comprehensive and thorough.

In the past 12 months background checks on potential employees were performed on 36 persons who may have contact with inmates. Two background checks were conducted on contract staff who may have contact with inmates.

Interviews with the Human Resource Manager, the Institutional Investigator, and the Warden all reported positively on this procedure and compliance with this standard.

§115.18 – Upgrades to Facilities and Technology

- 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)

There have been no substantial expansions or modifications of existing facilities since August 20, 2012.

The facility is presently installing/enhancing their video monitoring and electronic surveillance system. At this time, the video monitoring system shows 178 cameras. The upgraded plan places 219 cameras throughout the facility. This includes replacement and addition of present cameras. Cameras will be situated in housing units, segregation, food service, recreation, warehouse, garage, laundry, visiting, health services, barbershop, commissary, hallways, and doors.

Interviews with the Warden and PREA Compliance Manager were very positive about this new additional technology at this medium/minimum facility.

§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 administrative investigations and the Institutional Investigator refers every allegation of sexual abuse to the Ohio State Highway Patrol (OSHP) unless otherwise directed by the OSHP. There is a Memorandum of Understanding (MOU) between ODRC and OSHP which was reviewed by the auditor.

Criminal investigations are investigated by the Ohio State Highway Patrol in accordance with their evidence protocols. Uniform evidence protocol is outlined in policy 79-ISA-02, Prison Rape Elimination.

The facility offers forensic medical examinations at Southeast Ohio Regional Medical Center (SORMC). Zero (0) number of medical exams were conducted at NCI.

Haven of Hope, PO Box 1196, Cambridge, OH 43725 is the victim advocate/rape crisis center available to the victim at NCI. A Memorandum of Understanding (MOU) was reviewed by the auditor. Haven of Hope in this MOU offers accompaniment and support to the victim to/through the forensic exam, during the investigation at the hospital and the institution. They offer emotional support services, crisis intervention services, referrals, and follow-up. This procedure/process of Haven of Hope, the forensic exams at SORMC and the OSHP's investigative process not only complies with 115.21, but exceeds standards.

Interviews with staff and inmate indicated an awareness of this process.

§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)

All allegations of sexual abuse and sexual harassment are investigated either administratively or criminally. As stated in 115.21 all allegations of sexual abuse are referred to the OSHP.

Investigator protocol is outlined in accordance with the OSHP Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection

Kit Protocol and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (second addition – April 2013).

Interviews with the agency investigator substantiated an excellent working relationship with the staff and OSHP. The interviews also confirmed compliance with the policy for referrals of allegations.

The agency's website <http://www.drc.ohio.gov/web/prea.htm> contains the policy regarding the referral of allegations of sexual abuse or sexual harassment.

§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)

During the audit tour and during the whole audit visit it was noticeable that the staff had been well-trained.

The agency's policy on prison rape elimination in the agency's training policy clearly outlined the procedures and process to train staff who have contact with inmates. The training curriculum addressed the 10 items outlined in standard 115.31. The interviews of random staff addressed the 10 items outlined in 115.31.

It was clear from the policies, the interviews with staff and inmates, the training records, and the curriculum review that the staff was well trained. Moreover, ODRC requires an employee test upon completion of PREA training.

The auditor noted, in reviewing and interviewing staff training, that there is a teamwork exhibited by the institution as a whole. The leadership at this facility has placed an importance on professionalism for staff as well as the importance of complying with PREA standards and ACA standards in the performance of one's duties.

Additionally, staff have been trained on the supervision of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) inmates, the lesson plan was reviewed and specific questions were asked of staff about their training. Answers to PREA questions submitted to specialized staff as well as PREA questions submitted to random staff exhibited positive attitudes, understanding of rules and regulations and a knowledge of zero tolerance/PREA. In the past 12 months, there have been 418 staff employed by the facility who have contact with inmates that were trained or retrained on the PREA Requirements

Based on the above, the auditor assesses an exceeds standards in staff training.

§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)

All volunteers and contractors who have contact with inmates, have been trained in their responsibilities under PREA and ODRC's policies. Specifically, these policies include procedures regarding sexual abuse/sexual harassment prevention, detection and response.

Volunteers and contractors were interviewed and were aware of the agency's zero tolerance policy regarding sexual abuse and sexual harassment. Acknowledgment forms were required of volunteers/contractors indicating that they understood the training they received.

In the past 12 months, there were 125 volunteers and contractors who had been trained at NCI.

The training script and the PREA training session outline were reviewed.

§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)

Foremost, by visual and verbal notification, the Ohio Department of Rehabilitation and Correction provides information to its inmates indicating they will be provided a safe, humane and an appropriately secure environment, free from the threat of sexual misconduct. ODRC clearly indicates that there is "zero tolerance" for sexual abuse/harassment and that inmates have the right not to be sexually abused or harassed.

The Inmate Orientation policy number 52-RCP-10 outlines the seven-day institutional orientation program where the inmate receives the Inmate Handbook, rules and regulations, an overview of the facility and the PREA education video. Completion of the institution orientation is documented on the Inmate Orientation Checklist signed and dated by the inmate.

Posters, the handbook, and the video, all address PREA; outlining prevention/detection, self protection, response, treatment, and investigation. There is also clear information on how to report. Information is available for inmates who have limited English proficiency, are visually impaired or deaf, have limited reading skills, or are otherwise disabled.

The number of inmates who received comprehensive education on their rights to be free from sexual abuse/harassment and retaliation for reporting such incidents was 2704.

Formal and informal inmate interviews, intake staff interviews, and visual observation of posters/PREA displays supported this PREA standard exceeded compliance.

The communication was so good between staff and inmates, including between the Warden and inmates in the presentation he makes to each orientation group, that this auditor believes that inmate education deserves an exceeds standards.

§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)

ODRC policy, along with investigator training curriculum/agenda, and personnel/training records all reflect that investigators are trained in conducting sexual abuse investigations in confinement. This training/curriculum is also extended to the Ohio State Highway Patrol. Certificates of completion were reviewed.

The agency maintains documentation through copies of the "Certificates of Completion".

The Noble Correctional Institution has one full-time investigator, and one OSHP officer assigned for the facility.

The specialized staff, investigator interview confirmed specialized training.

§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)

According to policy 79-ISA-01, Prison Rape Elimination, specialized training is required for medical and mental health staff.

Specifically, the policy calls for such training to include: a) how to detect and assess signs of sexual conduct, b) how to preserve physical evidence of sexual abuse, c) how to respond effectively and professionally to victims of sexual misconduct, and d) how and to whom to report allegations or suspicions of sexual misconduct.

Interviews with medical and mental health care staff, as well as training records, indicated that this training was offered and that 100% of the staff received such training.

Forensic medical exams are not conducted at NCI.

§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)

PREA Risk Assessment Screening for risk of victimization and abusiveness is done upon admission to a facility or transfer to another facility. This is outlined in the ODRC policy 79-ISA-04, PREA Risk Assessment and Accommodation Strategies. These assessments are done by medical personnel during reception medical intake and are completed by unit management within the prescribed 72 hours.

Risk assessment is completed by the ODRC PREA assessment process electronic screens. These screens were comprehensive and thorough, considering at a minimum, the 10 issues outlined in PREA standard 115.40 1 (d).

Interviews with specialized staff, including mental health staff, as well as interviews with random inmates and the electronic risk assessment process confirmed compliance with this 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)

It was noted that during the intake process, the institution made housing, bed, work, education, and program assignments for inmates. Special attention was paid to the safety and security of all inmates. Noted were inmates at high risk of sexual victimization and inmates that might be sexually abusive. Especially helpful to the classification/unit management staff (and to the auditor reviewing and assessing compliance) were the PREA Classification Reports, the list of LGBTI Inmates Report, Inmates with Prior Victimization Report, Inmates with Disabilities Report and the PREA Incident Summary, all of which are on a need-to-know/confidential basis.

The facility makes individualized determinations on each inmate, processing and making use of screening information. Interviews with medical and mental health staff, intake staff, and higher level staff indicated appropriate use of information with the goal of keeping inmates safe at NCI.

§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)

The agency's policy on PREA Risk Assessments and Accommodation Strategies prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing.

There have been zero (0) number of inmates at risk of sexual victimization, who were held in involuntary segregated housing in the past 12 months for 1 to 24 hours while awaiting completion of assessment nor were there inmates placed in involuntary segregated housing while awaiting alternative placement.

There are only 96 beds in segregated housing, i.e. 46 cells double bunked and four (4) cells single occupancy thus, with approximately 2500 inmates, these beds are used very judiciously. More importantly, this is a medium/minimum security facility, and as PREA is concerned, any housing and segregation would be after all alternatives have been explored. The standard procedure is such that if there is a risk with no alternative at NCI an immediate transfer is accomplished.

§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)

The ODRC has established multiple internal ways for inmates to report privately to agency officials about sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities. This is outlined in the policy 79-ISA-02, which is the policy on prisons sexual misconduct, reporting, response, investigation, and prevention of retaliation. Not only is this outlined in the policy, but there are several ways in which the method for reporting is given to inmates and staff.

The Inmate Handbook and the Staff Handbook outline inmate reporting, and staff reporting. Posters outline inmate reporting and are displayed throughout the institution at NCI. The inmate training video outlines reporting. The staff training video outlines reporting.

The message is clear to this auditor from the policy, staff and inmate training, interviews with staff and inmates, the observation of bulletin board announcements and posters, that if there is sexual abuse or sexual harassment, report it.

Report it: verbally to a staff member; in writing to any staff member; to ODRC operations support Center; to an outside agency hotline (no cost from inmate phone); by a friend or a relative calling; and by emailing (ODRC.ReportSexualAbuseMisconduct@odrc.state.oh.us). Staff are required to document verbal reports and to report further, immediately.

The agency has established procedures for staff to report privately. Not only can staff report privately outside the chain of command, to the Warden or Institutional PREA Manager, but also via an incident report to the PREA manager, or can send it to the Agency PREA Coordinator. Staff are trained in these procedures by video presentation, intranet, and annual training (curriculum).

§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)

Not Applicable

The ODRC does not utilize administrative procedures to address allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred for investigation (Institution/Ohio State Highway Patrol).

§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)

Noble Correctional Institution provides inmates with access to outside victim advocates for emotional support services. Not only are mailing addresses, telephone numbers, including toll-free hotline numbers, available and provided but, NCI has a Memorandum of Understanding (MOU) with the Haven of Hope, PO Box 1196, Cambridge, OH for services including the following:

Accompanying and supporting the victim through the forensic examination

Accompanying and supporting the victim through investigatory interviews

Providing emotional support

Providing crisis intervention services

Providing referrals for resources

Providing follow-up services.

Also outlined, are the limitations to confidentiality, the telephone number to call for emotional support, the address that is available for the victims to write to for emotional support and an appropriate contact person.

§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)

The Noble Correctional Institution Visitor Guide brochure; the external posters, in Spanish and English, that indicate in red letters “Break the Silence” and that family and friends can report allegations of sexual abuse, sexual harassment, and retaliation by calling the specific PREA number and/or by e-mailing the Ohio Department of Rehabilitation and Correction at the email address given; substantiate compliance with this standard.

Inmate and staff interviews also confirmed that inmates and staff are well aware of the third-party reporting options.

§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)

The ODRC requires all staff to report immediately and according to policy 79 – ISA – 02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred at a facility. This report is to be made immediately.

It is also required by this policy that any staff neglect or violation of responsibilities be immediately reported. If it contributes to an incident of sexual abuse/harassment are retaliation.

Random staff interviews confirm that all staff have been trained in their responsibility to report.

§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)

As noted in PREA standards 115.41 and 115.42 (risk/assessment screening and use of screening info) the agency and Noble Correctional Institution do a good job at this medium/minimum facility with classification and identification (risk factors) of inmates. Furthermore, reports of substantial risk of imminent sexual abuse by policy are to be immediately forwarded to the Investigator, Unit Management Chief, and shift supervisor. At NCI, the staff/institution is prepared to address and handle such (as confirmed by interviews) however, as of this time, there have been no reports of imminent risk of sexual abuse (memo from PREA Manager at NCI).

§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)

NCI, during the past 12 months, reported one allegation of an inmate that was sexually abused while confined at another facility. This report was reviewed by the auditor and found that the NCI Warden and staff followed agency policy notifying the head of the facility where the sexual abuse was alleged to have occurred. This allegation was appropriately investigated/handled according to policy. The 72 hour reporting time frame was met (3/5/14 allegation reported at NCI, 3/5/14 allegation reported to the other facility).

Documentation of the incident was in the investigative file with appropriate dates/times.

Agency policy requires that allegations received from other facilities are investigated in accordance with PREA standards, this is done at NCI.

§115.64 – Staff First Responder Duties

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

The ODRC, through its policies and training, has developed a proactive staff/team of employees, contractors, and volunteers who provide for the reporting and response to sexual abuse allegations at ODRC facilities. First, Appendix C of the Prison Rape Elimination Policy outlines, for non-security staff and security staff, the steps to be followed as a first responder. Second, Appendix D is a First Responder Checklist which is a follow-up to the actual steps taken for non-security and security staff. Addressed are the four issues: 1) separating the victim and abuser, 2) preserving/protecting the crime scene, 3) allows for collection of physical evidence from the victim, 4) allows for collection of physical evidence from the abuser.

At NCI in the past 12 months, there were eight alleged claims of sexual abuse. None of these claims occurred within a time frame such that there had to be separation of victim and abuser, nor did these alleged claims allow for collection of physical evidence.

Agency and facility policy require that if the first responder is not a security staff member, that the responder is required to request the alleged victim not to destroy physical evidence and to notify security staff.

Random staff interviews and specialized staff interviews support compliance with this 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)

The Warden has emphasized establishing a coordinated response at NCI. Monthly meetings are held with key staff to review incidents, if occurred, or to discuss PREA compliance as appropriate. Conversations and interviews with the Warden revealed his personal commitment to PREA compliance. Moreover, he was observed twice, by the auditor, meeting with inmates in Orientation and personally delivering a positive motivational message, including behavioral expectations at NCI.

The coordinated response is handled by the Sexual Abuse Response Team (SART). Policy indicates that they address: policy change, motivation, physical barriers, staffing, technology, and making recommendations for improvement. The “team approach” is emphasized by NCI involving first responders, medical and mental health practitioners, investigators, and facility leadership.

§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)

Not Applicable

Central Office reported there has been no collective bargaining agreement entered into or renewed since August 2012. (No agreement at the time of PREA audit.)

§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)

Agency policy 79-ISA-02, ... Retaliation, specifically states “for at least 90 calendar days following a report of sexual misconduct, the institution investigator shall monitor the conduct and treatment of inmates or staff who reported the sexual misconduct and of inmates who are reported to have suffered sexual misconduct to see if there are charges that may suggest possible retaliation by inmates or staff...”.

Institutional investigators are assigned the responsibility of monitoring retaliation.

In section 3, of the Allegation of Sexual Abuse packet, is a checklist/form, entitled: “Protection and Follow Up”, that is used by the institution to assist in combating retaliation. An example of this form and its use was reviewed by the auditor at Noble CI. Retaliation occurred once at NCI in the last 12 months.

The agency/NCI monitors for 90 days unless a continuing need is indicated.

§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)

The agency/institution NCI has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing, unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The ODRC has many institutions with a variety of classifications and separation options readily available.

Policy number 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, directs that inmates at high risk for victimization shall not be placed in involuntary segregation.

Noble CI has had zero (0) number of inmates in the past 12 months, placed in involuntary segregation.

§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)

The agency, Noble CI has a policy related to criminal and administrative agency allegations. This policy is number 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.

The ODRC and the OSHP have entered into a Memorandum of Understanding that states: "pursuant to PREA 115.21 Evidence Protocols and 115.71 Administrative and Criminal Investigations, we, the Ohio Department of Rehabilitation and Correction and the Ohio State Highway Patrol enter into this memorandum of understanding to collaboratively provide a uniform process for evidence collection and the investigation of PREA related incidents".

Substantiated allegations that appear to be criminal are referred for prosecution.

At Noble CI, there have been zero (0) number of sustained allegations of conduct that appear to be criminal since 08/20/2012.

Retention by the OSHP is "pretty much forever" and for ODRC retention is 10 years beyond the inmate's release, or the employee's termination.

§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)

The ODRC proposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse/harassment are substantiated. (Policy 79- ISA-02) Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation.

§115.73 – Reporting to Inmate

- 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)

In the agency's policy 79-ISA-02 under the section, "Completion of an Investigation", it states that the institution "investigator shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, are unfounded." Further, if the agency did not conduct the investigation, it is to request such information from the OSHP to inform the inmate.

Inmates who alleged sexual abuse were informed verbally or in writing of the results of the investigation.

The agency's policy also requires if an inmate makes an allegation of sexual abuse against a staff member, that the inmate be informed (unless unfounded) whenever the staff member is no longer posted, no longer employed, or leaves the agency.

The agency/NCI documents all notifications to inmates concerning this 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)

Staff is subject to disciplinary sanctions up to and including termination. The ODRC's policy on Prison Rape Elimination (79-ISA-01) directs that "all staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies. Terminations for violations of agency sexual misconduct policy or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal".

Employee Standards of Conduct also addresses expectations and sanctions.

NCI has zero (0) number of staff that have been terminated or resigned prior to termination for violation of agency sexual abuse/harassment policies. Additionally, zero (0) number of

staff have been disciplined or reported to law enforcement (licensing boards) for violation of agency sexual abuse/harassment policies.

§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)

Agency/institutional policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to licensing boards unless activity was clearly not criminal. Also, policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates (policy, 79-ISA-01, and policy 71-SOC-01, Recruitment, Training and Supervision of Volunteers, and Volunteer Contractor Standards of Conduct).

§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)

Inmates at Noble CI are subject to disciplinary sanctions only pursuant to the ODRC formal disciplinary process following an administrative finding that an inmate engaged in inmate on inmate sexual abuse.

Inmate Rules of Conduct (5120-9-06) list rules violations/disciplinary violations. Dispositions for rule violations are defined in the Administrative Codes (5120-9-07, 5120-9-08).

In the past 12 months, there have been zero (0) number of criminal and administrative findings of inmate on inmate sexual abuse at NCI.

§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)

Standard 115.41, Screening for Risk of Victimization and Abusiveness, addresses each inmate that enters/transfers to NCI. If an inmate discloses, during this screening/assessment, sexual victimization, he is offered mental health follow-up; if previously perpetrated sexual abuse is disclosed in this screening, he is offered a follow-up meeting with a mental health practitioner.

Follow-up meetings are offered within 14 days of intake.

Medical and mental health information is strictly limited.

Interviews with specialized staff in medical and mental health supports compliance of this 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)

Inmates at Noble CI receive unimpeded access to emergency medical and crisis intervention services. Medical is available 24/7. Mental health is on-call during non-business hours.

Emergency services/hospital are available via 911/local EMS.

Forensic PREA exams are done at Southeast Ohio Regional Medical Center, Cambridge, OH.

NCI Mental Health emergency on-call list was provided to the auditor outlining coverage.

Treatment services are provided to every victim without financial cost.

§115.83 – Ongoing medical and mental victims and abusers

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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Noble Correctional Institution offers medical and mental health evaluation, treatment, victim assistance, and follow up, as appropriate, to all inmates who have been victimized by sexual abuse. Treatment and services are also extended to those who are abusers.

Policy number 67-MNH-02, Mental Health Screening and Mental Health Classification, requires that a detailed mental health screening, DRC 5163, by a mental health professional be completed on all inmates within 14 calendar days of their arrival at the institution.

Protocols are outlined in Mental Health policy 67-MNH-15 titled: Mental Health Treatment. Addressed is the treatment planning process and the treatment planning for inmates preparing to re-enter the community. Victims and abusers are considered. Victims of sexual abuse are offered a test for sexually transmitted infections as medically appropriate.

Noble CI is an all-male facility.

§115.86 – Sexual abuse incident reviews

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

ODRC has established a policy 79-ISA-03 titled: Sexual Abuse Review Team, that provides for after action reviews of sexual abuse incidents. The sexual abuse review team (SART) is composed of the Deputy Warden of Operations (Chairman), Institutional Investigator, designated victim support person, Deputy Warden of Special Services, Institutional PREA Compliance Manager, and any other staff that have relevant input such as unit staff, first responders, line supervisors, medical and mental health professionals.

An incident review is conducted at the conclusion of every criminal or administrative sexual abuse investigation (unless unfounded).

In the past 12 months, excluding only unfounded incidents, there have been five (5) investigations of alleged sexual abuse followed by a sexual abuse incident review within 30 days.

The facility implements recommendations for improvements or documents its reasons for not doing so.

§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)

Data collection at ODRC is appropriate and well-organized at the Central Office level. Each institution contributes institutional data. Noble Correctional Institution data was reviewed. Data from private facilities is also collected (a copy of privately operated facilities PREA data was reviewed by the auditor). This is as outlined in policy 79-ISA-01, Prison Rape Elimination.

The Survey of Sexual Victimization (SSV) was reviewed by the auditor. This form is completed annually.

This data collected is provided to the Department of Justice (DOJ).

§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)

The Annual Internal Report on Sexual Assault Data incorporating 2012 and 2013 information for ODRC was furnished to the auditor. This report began with 1) an introduction followed by 2) data, 3) problem areas and corrective measures, 4) the conclusion and then signed by the Director of the ODRC. This document complies with the requirements of PREA standard 115.88

This information is collected annually and is available on the ODRC website.

§§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)

Incident-based aggregate data is securely retained and stored by the ODRC. The Prison Rape Elimination policy 79-ISA-01 outlines data collection and monitoring.

The Ohio Department of Rehabilitation and Correction record retention schedule provides that "records produced from within the Department of Rehabilitation and Correction that contain data routinely requested by the public and/or universally used throughout the department is retained permanently".

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.

James Curington

April 09, 2015

Auditor Signature

Date