**PREA AUDIT REPORT**  ☒ Final  ☐ Interim  
**ADULT PRISONS & JAILS**  

**Date of report:** April 27 – 29, 2016

### Auditor Information
- **Auditor name:** A. F. Beeler
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- **Email:** alfjab@aol.com
- **Telephone number:** 919-986-9155
- **Date of facility visit:** April 27-29, 2016

### Facility Information
- **Facility name:** Ohio State Penitentiary
- **Facility physical address:** 878 Coitsville-Hubbard Road, Youngstown, Ohio 44505
- **Facility mailing address:** (if different from above) Click here to enter text.
- **Facility telephone number:** 330-743-0700

#### The facility is:
- ☐ Federal
- ☒ State
- ☐ County
- ☐ Military
- ☐ Municipal
- ☐ Private for profit
- ☐ Private not for profit

#### Facility type:
- ☒ Prison
- ☐ Jail

- **Name of facility’s Chief Executive Officer:** Edward T. Shelton

#### Number of staff assigned to the facility in the last 12 months:
- 347

#### Designed facility capacity:
- 504

#### Current population of facility:
- 418

**Facility security levels/inmate custody levels:** Levels 1, 4, and 5 (Min workers and camp, and high and supermax)

#### Age range of the population:
- 19-63

### Name of PREA Compliance Manager:
- Thomas Horton

**Title:** Operational Compliance Manager

**Email address:** Thomas.Horton@odrc.state.oh.us

**Telephone number:** 330-743-0700 x 2172

### Agency Information
- **Name of agency:** Ohio Department of Rehabilitation and Correction

#### Governing authority or parent agency: (if applicable) Click here to enter text.

- **Physical address:** 770 West Broad Street, Columbus, Ohio

#### Mailing address: (if different from above) Click here to enter text.

- **Telephone number:** 614-752-1164

### Agency Chief Executive Officer
- **Name:** Gary C. Mohr

**Title:** Director

**Email address:** Gary.Mohr@odrc.state.oh.us

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### Agency-Wide PREA Coordinator
- **Name:** Andrew Albright

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AUDIT FINDINGS

NARRATIVE

The Ohio State Penitentiary in Youngstown, Ohio is the highest security facility in the state. Other than a small cadre of workers, offenders housed at OSP are maintained under close supervision and control. Although OSP functions as the Supermax for Ohio, many other jurisdictions could benefit from study of their work in maintaining programming for this very dangerous population. This level of programming is evidenced by educational, counseling and religious programs offered to the population. A needs assessment for the facility is provided as an attachment to this report and illustrates the efforts provided by staff at OSP to provide relevant, evidenced based programs. Programming is provided through CCTV as well as secure program cells.
It is clear that PREA has become part of the culture of the Ohio Department of Rehabilitation and Correction. In reviewing the policy and procedure developed, the agency has internal audits conducted both by the institution and the agency which measures compliance with PREA. Additionally, the agency has developed outcome measures to ensure that policy and procedure which is developed is implemented to become part of the routine for the institution and agency. This is a significant step all agencies should follow to make the law and standards a relevant part of institutional culture. As all who have studied culture know to have something become part of the formal culture of an organization generally takes many years. The strategy the ODRC has taken has cut that process time significantly. It is clear that ODRC had a planned strategy to become PREA compliant at all of its facilities. As issues have arisen, the leadership of ODRC has taken immediate steps to correct problems. As is part of the organizational sinew of any organization, the informal culture is much more difficult to change and ascertain, but at the OSP, with a couple of notable exceptions, the informal culture appears to be in tune with PREA.

Moreover, at the OSP, PREA has become a part of the organizational culture. This too is a tribute to all who are working in Ohio, as it has been my experience over the course of years staff at higher security facilities are the least malleable and the most resistant to change. Perhaps because of the educational level of the correctional staff at OSP, this did not appear to be the case at Youngstown. While DOJ probably will object to this auditor’s inclusion in the report, a large part of the credit for the deliberate strategy to embrace PREA goes to Director Mohr and Compliance Manager Albright. Having audited many Ohio facilities over the years, it is clear their imprint is at each facility.

One of those notable exceptions where the institution is having heartburn is the requirement that female staff announce themselves when they enter a male living unit at OSP. Given the nature of the institution all of the cells are single and all the doors are generally secured. During interviews with female staff everyone I spoke with objected to the requirement they be required to announce themselves before entering the unit. When questioned, the staff indicated that since they had begun announcing themselves, there was a significant increase in the number of offender’s masturbating when the women were making their rounds. In the vernacular of the institution, the inmates were “gunning” for them. While I have heard this objection before during audits, I had not heard it with such intensity as I heard it at OSP. Because of this, I conducted a quick study of the incidence of misconduct reports related to masturbation. Using 2015, prior to annunciators being employed to announce entry into a living unit an average of 36 misconduct reports were being generated monthly for masturbation. In the two months immediately prior to the installation of the annunciators, the number of misconduct reports averaged 37. However, in the two months post installation the number of misconduct reports jumped to 144 per month. This represents almost a 400% increase in the frequency of misconduct reports prepared for offenders masturbating in the open. And while these are the numbers found, it is opined they may be under-represented as many of the female officers indicated they had stopped writing reports. I encouraged them to continue as the incidence of this behavior needed to be documented. While this study needs to be replicated over time, it is clear the incidence of errant masturbation by offenders designed to insult the sensitivities of female staff has been an unintended consequence of this standard.
I fully understand the process of rules making and the Administrative Procedures Act, but I would suggest at the first opportunity this standard be reviewed to determine its veracity at facilities like the Ohio State Penitentiary. It should be noted I did not find evidence that the announcements were not made by the female staff, which was borne out by inmate interviews. So although they disagree with the requirement to announce, they do so. It should be noted all except one male staff member interviewed addressed the same issue.

As part of due diligence in preparing for this audit, review was had of the many different Correctional Institution Inspector Committee (CIIC) reports completed for the OSP and in the aggregate for the ODRC. These reports are not completed by ODRC staff. The staffs completing these reports were created to be the eye of the public and legislature regarding correctional facilities. There were many positive comments about PREA and the direction of the Governor to meet its mandates. In the biannual report of the CIIC, the Executive Director made comment about how staff/inmate interactions remained challenging, especially for the “LGBTI” population. Because of this comment, special emphasis was given regarding the placement of those who are of “different sexual orientations.” While the institution has not had a declared transgendered or transsexual offender, they have developed policies to address the needs of this population. Additionally, training has been included in the E learning course every staff member must take and pass regarding sexual identity and searching of offenders taking the desires of the offender into consideration. The one self-identified homosexual at the facility declined to speak to me presumably because he was watching his favorite television show, “Empire.” Intellectually, staff at the facility understands the issue of sexual identity and the changes concerning work and housing of such offenders not being made exclusively on the genitalia of the offender. Viscerally, the staff are wrestling with the issues of sexual identify in a correctional environment. It is recommended that during the next annual training cycle additional training be given, not on the factual issues of gender identity, but on how to emotionally grasp and develop strategies to provide safe cultures for these offenders. It is not believed this is unique to staff at OSP.

Interviews were had with both inmates and staff. A significant number of offenders chosen at random declined to speak with me. This was not unusual given the nature of the facility. While many declined to meet with me, not an offender was disrespectful. We continued to interview offenders until the requisite number was reached. The interviews went well with the offenders indicating they were safe, that they had been in the words of one offender, “PREAed to death,” and that they had been educated concerning PREA from their arrival at the institution. Not surprisingly, almost all of the offenders indicated that if they were subject to a sexual assault themselves they would take care of the situation themselves and would not report the incident to staff or the public. Although most indicated they would manage any assault or harassment on their own, every one of the offenders spoken with could quote chapter and verse how to report, who could report and how to do so with anonymity. In the aggregate they were well aware of their opportunity to meet with staff other than those employed with ODRC. A test call was made to the 1-800 number provided to offenders satisfactorily. The agency receiving the call reported back to the institution a person identifying themselves as a PREA auditor had made the call. Inmates are able to make this call at no cost and without identification.

Interviews with staff went as well. Except for staff very concerned about female officers being subjected to increasing incidents of masturbation by offenders, it appears most have at least behaviorally bought into the concepts of PREA and most were able to detail this
was not just about offenders, it was too about the safety of staff. A significant number of staff both during formal interviews and informal conversations articulated how sexual safety increased the safety of the facility. A number of the staff had concerns about the camp and this different atmosphere these offenders could create. Most staff did not know about the presence of a “language” line available if they needed to speak to a non-English speaking offender. The PREA coordinator sent a message to all staff outlining the presence of this language line during the review. It is recommended that at the next annual training cycle there be a segment devoted to this. Many staff had difficulty with the concept of gender identity and offenders having an ability to have a say in the gender of staff who would provide visual and patdown searches. Some of the staff indicated if they were told to shake down a male to female transgendered offender who had male genitalia, they would ask to be excused.

Interviews with the agency Director, Human Resource Administrator, PREA Coordinator and Contract Administrator were conducted on February 29, 2016, by PREA Auditor Thomas Eisenschmidt and have been incorporated into this report. Interviews with the OSP administrative staff reveal a dedicated professional staff who have diligently worked hard over the past three years to make sure PREA is as much a part of the culture of the institution as are counts, key control and staff accountability.

A review of all of the significant incidents at the facility over the course of the last three years revealed no incident of sexual assault. Usually, this would raise suspicion, but in the case of OSP where all offenders are housed in single cells and under constant supervision, this was not deemed unusual. With the reopening of the Camp facility adjacent to the main institution during the same time the audit was occurring, this may change and staff working at the camp may need refresher training on how to work in an “open” environment. During the site tour it was revealed that those monitoring the cameras at the Camp (female staff) could view offenders in their living areas. Consistent with guidance provided in a Frequently Asked Question on March 17, 2016, the cameras were repositioned to view the offender from a security perspective. Additionally verbiage was changed in the inmate handbook to indicate that at no time could an offender be nude in their living area. There were no cameras monitoring toilets or shower areas. With the change in language to the Camp inmates to, “There will be no complete disrobing (nudity) in the sleeping area. At a minimum, inmates must have on underwear at all times,” it is believed the standard regarding cross gender viewing is met at the Camp.

Staff training at the facility was deemed excellent with the training officer maintaining excellent records on state staff, contractors, and even volunteers though he is not required to do so. All staff completes the training and has posttests scores demonstrating an understanding of PREA at the time of training. Contractors take the same training as staff and have to maintain the same level of proficiency. Volunteer training is not as extensive, but far exceeds what is required. There was only one incident during the review where a mental health staff member indicated he did not know specifically his role in providing counseling for a person who had been identified as a victim or in the case of a person identified as a perpetrator. A check with the training coordinator revealed this staff member had undergone PREA training to include specialized training on three separate occasions. Remedial education has been provided to this staff member.

Posters and information regarding sexual safety proliferate throughout the facility in both English and Spanish. It is clear that information is presented to every inmate regarding PREA and the ability to communicate privately or through a third party about any concern. The 800 number listed was tried and the call was reported to the institution. There are memos on file from the local Rape Crisis Center as well as the local SANE documenting that they would be available to provide services to the population at OSP. At this time, neither reported any involvement with a claim of sexual assault from a victim’s perspective or the necessity to have a forensic examination completed. Both were able to provide sound verbalizations of what would happen if an OSP offender claimed sexual assault or was subject to a forensic examination. There is clear information posted in the visiting area documenting how families or third parties could report incidents of sexual assault or harassment. Information is also included in the Visitor’s Handbook and the Inmate Handbook. This same handbook provides instruction on how offenders who believe they are suffering retaliation may report. The information in the inmate handbook is significant, includes medical and mental health information as well as how to preserve evidence should they be subject to an assault. It also provides behavioral clues on how to avoid sexual conflict. This handbook is published both in English and Spanish. Additionally, I heard from many offenders everything regarding PREA is on Channel 8, which is the closed circuit television system provided to each offender for programming and religious opportunities. A screen shot from Channel 8 has been included in this report.
Because of the uniqueness of OSP I reviewed the initial screening of offenders in Receiving and Discharge where initial intake is accomplished. There a staff member provides them their handbook, PREA information as well as shows them the educational video. From there the offenders are taken to medical where a Registered Nurse conducts the first of two stages of a PREA assessment. The nurse which conducted the PREA assessment during my review was very professional and sensitive to the offender. Again, while this is an expectation, because of the nature of the offender, outsiders may not think it would occur. The offender who allowed me to observe could have been a Level 1 offender save the restraints. The assigned case manager completes the second portion of the assessment with the unit manager and the unit manager administrator reviewing. It was clear all of these processes had been inculcated into the psyche of the facility. It was found the initial intake form where the offender signs for his orientation handbook has not been translated into Spanish. It is recommended
Each of the four units, A-D, are very controlled with staff assigned to monitor the units from second story observation posts as well as officers patrolling the units providing direct supervision. Showers for these units were not in the individual cells. While the institution had painted part of the window looking into the showers, there still was an ability to view the entire inmate to include genitalia. Not wanting to diminish the security needed given the offenders, a curtain which provided coverage of the genitals of the offender was installed during the audit in all 168 showers. A photograph of the curtain is included as part of the report. The officers on the second floor could observe the main floor of the units; however, they had no ability to look into individual cells.

Although they have not had the need to do so, both medical and mental health staff has been trained and are ready to provide counseling to the offender. I was impressed that the health services administrator had created a packet which was available to any staff member required to conduct an assessment post sexual assault. A review of the packet designed was easily understood, covered all of the points and discussed the need for prophylactic treatment with medications to prevent sexually transmitted disease. The HSA has conducted scenario training with his staff regarding what is necessary if there is a need to provide medical assessment and or treatment to offenders. This level of preparedness is viewed as unique and noteworthy.

Mental health leadership as well had spent significant time ensuring that staff was aware of their responsibilities to counsel offenders who had reported sexual assault or harassment. While the mental health staff had both the education and training to provide appropriate counseling to include trauma counseling for offenders, it is recommended that in addition to the mental health assessment form which is completed a checklist be prepared to assist the mental health staff remember all of the issues they would be required to discuss with the offender should it become necessary to do so.

From an audit standpoint, OSP is easily audited. Virtually no inmates are allowed to work in the facility. The only inmate workers in the main penitentiary are a few Level 1 offenders who provide housekeeping. Inmates do not work in food service or in mechanical services. Inmates do clean the commissary; however, they are not allowed to fill orders and are under continual observation. All orders are individually delivered to cells by staff. All food service is provided through satellite feeding. Food delivery is accomplished by staff. As a side note, the kitchen was as clean as any industrial food service operation ever witnessed in prison or in the community.

When touring the support services building on the outside of the facility, which includes the laundry, garage and maintenance shops included bathrooms which allowed the ability to see offenders toilet. The bathrooms so affected (3) were corrected during the audit.

The ODRC has developed incentives for many of its restrictive housing and Level 5 offenders. Many of these offenders demonstrate risk
which is prohibitive of their release to general populations without significant care. Some of the behavioral incentives being introduced for this population include increased socialization activities as well as enhanced access to courts and counsel. Behavioral enhancements will include graduated property limits to allow those who exhibit appropriate behavior to maintain additional books, to have a higher commissary spending limit, to possibly being able to work on an in-cell craft project or to possess a JP5 computer tablet. It is emphasized that all of these incentives are behaviorally based. Additionally, for this who are compliant with their behavioral plan the stay for Level 5 offenders may be cut in half from 36 to 18 months. Specifics can be gleaned from policy memorandum and documents being generated by ODRC, but this action on the part of the agency deserve comment.

With all of its growing pains, PREA is working. There is an offender at the OSP who is facing criminal charges for sexual assault. Although this offender is already serving a significant sentence, he is being prosecuted for the sexual assault which mirrored a similar assault committed by him in 2008. During that time there was no prosecution and the institution handled the case through administrative disciplinary action. Because of the increased sensitivity toward sexual safety in institutions, the newer case has been investigated (at a facility other than OSP), the offender transferred to Level 5 security and prosecution is pending. This is testimony that all involved, institution, investigatory agency (OSP) and the prosecutorial agent views this behavior as something which cannot be tolerated. Congratulations to ODRC for developing those relationships with others to make this happen. PREA notwithstanding, it is the relationships developed which allow for this collaboration.
**DESCRIPTION OF FACILITY CHARACTERISTICS**

The Ohio State Penitentiary is a Level 4 & 5 institution, maintaining custody of those who present the most risk to the system and the public. The construction of this facility was completed in April 1998 with the first offenders arriving in May of the same year. OSP was designed to house the most violent and predatory adult male inmates. The facility housed Ohio’s Death Row from 2005 to 2012. The institution was constructed at a cost of $65 million.

The Ohio State Penitentiary Correctional Camp originally received its first minimum security offenders in February 1998. The camp was closed in 2012, and was reopened in March, 2016, as a short-term treatment readiness unit preparing non-violent substance abusers for release to the community via residential reentry centers. At the time of the audit, the camp had approximately 40 offenders. Inmates selected to participate in this program must agree to intensive substance abuse programming. The unit is designed to keep non-violent drug offenders out of Ohio’s prisons.

The penitentiary complex consists of three buildings. The largest is the main penitentiary, which is totally enclosed encompassing approximately 340,000 square feet. Currently a single no-climb fence equipped with microwave detection and perimeter detection surrounds the penitentiary. The penitentiary has a total of four housing units, each comprising of 126 single cells, equaling 504 cells to include 16 handicap accessible cells.

The design of the institution provides for the challenge of managing the state’s most dangerous inmates with direct supervision. All housing units are equipped with computerized control panels and many security cameras. Other security measures include extremely restrictive inmate movement with staff escort(s), single cells, a man down system and cameras which allow staff to monitor virtually all areas of the institution.

The second building is the camp which can house approximately 180 offenders is dormitory style housing suitable for Level 1 offenders.

The third building is a support building housing the warehouse, maintenance, laundry and the garage. The facility has about 240 acres. Its perimeter is patrolled 24 hours a day, seven days a week.

Cameras are located throughout the facility. Supervisors are able to monitor cameras at a variety of locations throughout the facility. For example, Camp supervisors are able to monitor cameras at their location. In addition to the unit based monitoring there are sites in the facility where cameras may be monitored by administrative and custodial staff. Many of the cameras in place have monitoring capabilities. While a listing of cameras and their monitoring capabilities has been reviewed, it is not being included as part of this public report for security reasons. Should there be a need for the listing of cameras and their monitoring capabilities to be reviewed by any party, they may contact the Warden at the OSP for clearance.

The design of the facility provides very secure housing for a small number of offenders requiring its security and control. It is noted that while the design capacity of the facility is 504, the population of the entire facility during the time of the review was about 400.
SUMMARY OF AUDIT FINDINGS

The Ohio State Penitentiary has worked diligently over the course of the last three years to become PREA compliant. As the system reviews PREA from a system-wide as well as institutional perspective, OSP has had the benefit of gathering best practices from its fellow institutions. The uniqueness of the OSP created a situation were many of the standards were found in compliance but not exceeding compliance because there was no practice to document. From the data and material I did review, I am certain if there was evidence, many of the standards notated as meets may have been exceeds.

There were four recommendations during the audit. They all have been completed or are underway of being completed as recommended at the audit.

1. The intake form where offenders sign for material received be translated into Spanish.
2. That a mental health checklist be developed so that any practitioner called to provide mental health services to a victim have a reminder of all that is required. The mental health assessment form does a good job of this, but because of the rarity of completing mental health assessments for PREA, it is seen as another check and balance.
3. During the next training cycle, the institution develop additional training concerning sexual identity. The entire concept of developing behaviors in regards to transgendered offenders and their housing, work and programming is new and uncomfortable to a lot of staff. The need to have open and frank discussions of the professional correctional workers role and responsibility of managing the safe and secure confinement of transgendered offenders will continue to be a factor for several years. I want to make clear I found no evidence that any institutional staff entered into name calling or inappropriate behavior in relation to any sexual orientation; however, many of the staff were understandably uncomfortable. This is not unique to OSP, in fact, I found in many respects the staff at OSP more open to the issues than others.
4. During the next training cycle, the institution develop additional training regarding the use of the training line for those who do not speak English. This training had started before I departed on April 29th.

In addition to these four recommendations which I required closure before forwarding the report, there are several suggestions provided. None of the suggestions would impact a standard not being found in compliance; however, they are provided from an experiential perspective to be considered.

Four further comments need to be made.

1. The facility did an awesome job in installing 168 privacy curtains in three days concerning my finding that partial paint on the windows on the shower did not meet the requirement for cross gender viewing.
2. Because of the closed single cell nature of OSP, the standard requiring announcement of opposite sex into the living units has caused an unintended consequence of female staff being harassed by a recalcitrant population who have made a game of publically masturbating (gunning) in clear sight of these female staff. This should not be a consequence of employment for these dedicated and professional female staff. This is not viewed as an institution or agency issue but rather an issue regarding the inflexibility of the standards.
3. Although not directly related to PREA but related to safety and thus PREA the vast amount of work which has been accomplished to provide meaningful evidenced-based programming to this population. Although not directly related to PREA, I have included the programming needs assessment for the institution as an appendix to this report.
4. The commitment to everything involving PREA compliance by the agency and the institution. While everyone may not agree with all of the standards or sub-standards, I did not find one staff member simply going through the motions. To find this level of commitment in this few of years speaks volumes to any person who has the priviledge of auditing an Ohio institution.

Number of standards exceeded: 4

Number of standards met: 37

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 State Penitentiary has a zero tolerance for sexual abuse and harassment on the part of staff and inmates. The high security nature of the facility with its single cells precludes an ability of offenders to actually abuse others. There have been no incidents of sexual harassment or abuse at a reopened camp (March 2016), although staff will need to be cognizant of the special considerations this Level 1 (Minimum Security) population presents. The agency employs a PREA Coordinator and the institution employs a PREA Compliance Manager. Policy exists: 79-ISA-01, 79-ISA-02 and OSP Zero Tolerance Policy along with the Ohio Operational Support Table of Organization as well as the Institution Table of Organization to demonstrate compliance with this standard. The policies provide for sanctions for both staff and inmates for violations of this standard. Interviews with agency staff, institutional staff and inmates demonstrate the institution has a zero tolerance of the type of assault and harassment envisioned by the authors of the PREA standards.

The only reason this standard was not rated an exceeds is that female staff at the facility should not have to deal with offenders who have taken it upon themselves behind their secure cell doors to masturbate in front of these staff members. While not sexual abuse as envisioned by PREA, it is at least sexual harassment of these staff. It is opined this has occurred because of the nature of the offender at OSP as well as the secure locked cells. This is an unintended consequence of the PREA standard for announcement of an opposite staff member entering a housing unit. Because of the high security nature of the offender population, it is not believed increased disciplinary penalty against the offender would have much affect.

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.

The Ohio Department of Rehabilitation and Correction has two institutions where it contracts for the confinement of offenders. These two institutions: Lake Erie Correctional Institution and North Central Correctional Complex are the only two facilities where the agency has contracted for the confinement of offenders. There have been no contracts for confinement of offenders negotiated since 2012. Both of these facilities are to adopt and comply with PREA and the agency monitors the contractor’s compliance with PREA.

Standard 115.13 Supervision and monitoring

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

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

The Ohio Department of Rehabilitation and Correction has developed a staffing plan policy and matrix which takes into consideration PREA at all of its institutions. This process is deliberate and is monitored during compliance reviews. The plan is reviewed at the Central Office. The staffing plan has to be completed annually even if there have been no changes at the facility. Significant policy exists to provide guidance to the institution in the completion of the plan to include 79-ISA-01, the actual staffing plan, shift rosters, and the facility overall staffing plan. To demonstrate the seriousness of how Ohio views PREA and its requirements, they completed a new staffing plan with the reopening of the Camp. Because of this analysis, additional staff have been allotted to OSP and in discussion with the Warden, consideration is underway to provide for more staff after the analysis was completed. It is believed that other jurisdictions might benefit from review of Ohio’s policy and staffing matrix for PREA.

A review of logs and interviews with supervisory staff demonstrate that unannounced rounds are conducted on a daily basis throughout the facility. These unannounced rounds begin with Lieutenants and continue through the Warden. Unannounced rounds are documented. There is a policy 50-PAM-02 which addresses unannounced rounds. Additionally, there is policy which prohibits staff from alerting other staff of such rounding. Unannounced rounding occurs on all shifts by supervisory personnel.

**Standard 115.14 Youthful inmates**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

This Standard is not applicable as the Ohio State Penitentiary does not house anyone who is under the age of 18.

**Standard 115.15 Limits to cross-gender viewing and searches**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy exists regarding cross-gender viewing and searches of offenders. These include 79-ISA-01, 79-ISA-05 as well as All Staff Pat-Down Search Video, Cross-gender Pat-Down Video, and Training Curriculum for all staff pat-down search training. In interviewing staff several
questions regarding cross gender viewing and pat downs were asked. All staff interviewed had a good understanding of the policies and procedures concerning cross gender viewing and searches.

The OSP has taken steps to limit cross-gender viewing of offenders. Upon arrival, it was determined by this auditor that the efforts taken by the institution to limit the cross gender viewing of male offenders in the living units was not sufficient to meet the intent of the standard. In the three days at OSP, the institution installed 168 curtains to obstruct the view of males taking showers. The facility had made a good faith effort to meet this standard by painting the bottom portion of the window allowing visual review of the showers. Because one could still view the male genitals of offenders and because female staff work the units, this was not deemed sufficient. The placement of the curtains (see narrative) more than meets the standard. While it is in the discretion of the institution, from a security perspective it is hoped the paint previously applied is removed. Additionally, there were three bathrooms in the support building where toileting could be observed. These three areas were addressed and ameliorated during the review. At the camp which had just opened, the cameras were monitored by female supervisory staff. The cameras looked into the open living areas provided at the camp. During the review, the cameras were readjusted to provide for a usual view which did not visualize the genital area of offenders. Additionally, the inmate rules were amended to disallow any total nudity of offenders in their living areas. These changes were made in concert with guidance provided in FAQ dated March 17, 2016. The showers in the camp did not provide for cross gender observation.

One hundred percent of staff have been trained on how to conduct cross gender searches if necessary. The only time policy allows for cross gender searches is if an exigent situation exists. There have been no instances of a cross gender visual search of an offender. One hundred percent of staff have been trained on cross gender pat down searches as well as searches of transgendered and intersex offenders. OSP reports they have not had a known transgendered offender nor an intersex offender. There is policy in place on how to search transgendered and intersex offenders. According to policy the searches are not to be conducted only to determine the genital status of the offender. There is policy in place that a transgendered offender will have an opportunity to state their preference in what gender of staff would provide searches when indicated.

As indicated in the narrative, staff are having some difficulty with transgendered searching not determined solely by genitalia. Continued sensitivity training will assist staff in making these procedural changes.

### 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.**

The OSP has employed a host of ways to provide information to those who are disabled or with limited in English proficiency to be able to participate in discussions regarding their sexual safety and the sexual safety of others. Policies include 79-ISA-01 and 64 DCM-02 with Appendix, as well as the inmate educational video which is sub-titled. Instructions provided to the population on PREA and sexual safety and shown on CCTV Channel 8 are published both in Spanish and English (See narrative). The institution only allows staff to interpret for offenders. If there is not staff available to interpret, the institution has procured the services of a Language Line to assist. The institution has also contracted with services to assist the deaf. There is a TDD phone available for use. This technology is quickly becoming passe and the system will need to look for other ways to accommodate deaf offenders to communicate with loved ones. Some systems are using email and others are using video computer systems.

During the past 12 months there have been no reported instances where inmate interpreters have been used. Given the nature of the institution’s population, it would not be correctionally prudent to have inmate interpretation even if PREA did not exist.

Many of the staff did not know about the contracted language line already exists. It is recommended that renewed emphasis be provided to staff about how to access the service if needed during the next annual training cycle. In the meantime the Institution PREA Compliance Manager forwarded an email to all staff concerning how to access. The Lieutenant’s were instructed to make this a roll call issue until they were comfortable staff knew of the service.
Additionally, the initial intake form was not available to the population in Spanish. This has been corrected so Spanish speaking offenders can read that they are signing for PREA instructions and the institutional handbook in their native language.

**Standard 115.17 Hiring and promotion decisions**

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

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

The Ohio Department of Rehabilitation and Correction has a plethora of policy and procedure to safeguard hiring and promotion practices. These include: 34-PRO-07, background checks and procedures, 79-ISA-01 and 31-SEM-02. Also included are operational reviews to ensure that cases have not slipped through the case. All contractors receive the same background check as employees. Volunteers are cleared via a law enforcement check. Outcome measures also review this to ensure that no one has slipped through the cracks. All employees and contractors sign for an annual PREA acknowledgement. There has been a spreadsheet developed for employees, contractors and volunteers to assist in ensuring that PREA acknowledgement is completed. An interview with the human resources manager provided assurance that no one is hired without appropriate checks. The interviewed also assured that all persons on a list of eligible for promotion were cross checked before their names was presented to the person making the selection. There have been no documented cases of staff sexual assault since 2012. Discussion with the human resource manager also reveals if there is any sustained case of sexual harassment they would be reviewed on a case by case basis. The deciding official would be provided information concerning the harassment and its scope. There have been no documented cases of sexual assault perpetrated by staff or sexual harassment cases sustained.

**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)

**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 staffing plan as well as camera listing documents the technology upgrades since 2012. There have been many cameras added to a preexisting number of cameras throughout the facility given its high security nature. Cameras do not look into bathroom or changing areas. A review of cameras in the receiving and discharge area do not reveal that they are available where offenders change. The receiving and discharge area consist of several holding cells designed to hold only one offender each. During the review, I observed intake of five offenders and there was consistency in the management of this process without observation of necessary visual search by technology. A review of camera in the units demonstrated review into common areas, but there was not review into individual cells. The suicide watch area located in health services did have cameras in their cells, which is totally appropriate given the nature of that process. Additionally, low tech observation was provided through the use of many mirrors added throughout the facility. Two areas which have had mirrors added to enhance supervision include the support building and the commissary. It is noted that procedural changes to the cameras located in the newly opened camp were made to prohibit offenders to become nude while in the living area.
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)

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 State Penitentiary has worked diligently to ensure that all processes are completed to conduct forensic medical examinations and complete evidence protocol if necessary. Since the implementation of the audit steps in 2012, OSP has not implemented them. Therefore practice is not being measured and accordingly, the institution is being rated as a meets, although all the processes and checks and balances in place would probably merit an exceeds. We can hope they always will receive a meets.

There is a lot of policy and procedure which has been reviewed as part of this standard. These include: 79-ISA-02, 68-MED-15, Medical Protocol B-11. Incident Report DRC 1000, DRC 5192 Emergency Assessment Form, Referal to Mental Health Services DRC 5265, DRC 5251 Medical Exam Note, January 7, 2014 memo from St. Elizabeth’s Health Center that they would provide care to patients who report sexual assault through the use of specially trained Sexual Assault Nurse Examiners. At the time of the letter, St. Elizabeth’s employed 13 SANE’s which covered all shifts. Additionally, the MOU with St. Elizabeth (Mercy) was also reviewed. If a SANE is necessary, it will only be conducted at St. Elizabeth’s Health Center or another health care facility with SANE capability.

The Ohio State Police indicated if there was a case which required SANE evaluation they would send an agent to the hospital to make certain evidence was maintained accordingly. Both the institution investigator and the OSP agent can conduct investigations. Generally, if the investigation is administrative, the institution takes the lead; if criminal, the agent takes the lead.

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.

Each institution investigator in the ODRC has the authority to complete administrative investigations involving staff and inmates. The Ohio State Patrol conducts all criminal investigations. While there have been no PREA investigations at OSP since August 2012, it is clear that both investigators have been trained and have a very good understanding of the processes involved. I reviewed a couple of investigatory files not relative to PREA and it is clear the institutional investigator has good investigatory skills. He has a knowledge of Garrity and provides those being investigated the opportunity of representation. The Ohio State Police agent assigned to the facility has an outstanding relationship with the institution investigator. Both indicated a trust of each other and it was clear the state police investigatory had on more than one occasion provided authorization for the institution agent to continue in an investigation. It is also clear that the institution has a unique and significant relationship with the local District Attorney’s office. According to the Warden, the local District Attorney would typically prosecute issues other offices were reluctant to do such as “spitting on staff.” In regards to PREA, both the institution investigator and the Ohio State Police agent have completed investigatory training provided by the National Institute of Corrections.
While there have not been any cases alleging sexual assault, there have been instances where claims of sexual harassment have been made. It is noted that even with these cases there have been conversations between the institution and Ohio State Police.

Policies reviewed to demonstrate compliance included 79-ISA-02, PREA Incident Packet as formulated by ODRC, the ODRC Evidence Protocol and the OSHP Evidence Protocol. Information concerning allegations of sexual abuse and harassment are found at: [http://www.drc.ohio.gov/web/prea.htm](http://www.drc.ohio.gov/web/prea.htm).

**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)

**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 training provided to staff at the facility is outstanding. There are no instances found where staff requiring training have not been trained. In fact training often goes beyond what is required. The training coordinator has master files demonstrating compliance above and beyond what is required by policy. For example when a mental health provider indicated he had not received specialty training, the training coordinator was able to show me in a systems of record the mental health provider had received the training on three separate occasions. Additionally, the lesson plans for the various trainings were more than adequate. The coordinator provided a copy of the e-learning interactive templates. Additionally, there were times when specialized (other than what is required) training has been offered. The lesson plans for these training, generally dealing with attitudes or with new responsibilities, have been complete and well thought out. This auditor recommended that training be provided in the next training cycle regarding dealing with transgenderism from an emotional standpoint. It is also recommended that training be provided to staff on the use of the Language Line. Finally, it was suggested that a review be determined to see if training needs to be provided to staff working the camp. In regards to PREA, the training coordinator had already agreed to make sure additional training on transgenderism and on how to employ the Language Line was to be implemented.

In the last year, there have been 347 staff trained on PREA. Staff acknowledge their training. In addition to the didactic training provided, there is on the job training. There were several policies reviewed dealing with training: 79-ISA-01, 39-TRN-10. Staff Training Rosters, Staff Training Rosters on the Supervision of LGBTI offenders. Additionally staff are taught concerning how to access the PREA Information Center and the PREA Resource Center to get additional information. Staff are encourage to know about the FAQ and know how to access this information.

While every Ohio institution I have visited does a more than satisfactory job in the area of staff training, the Training Coordinator at OSP goes above and beyond to make sure everyone has access to training and have successfully mastered the PREA training test. He continues to work with all staff who have difficulty with the PREA training test until they have mastered with a score of 80% or above.

**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.

In the last year, 45 volunteers have been trained or re-trained regarding PREA. Review of the volunteer/contractor training curriculum reveals all volunteers have been trained on how to manage an incident of sexual abuse. In questioning a volunteer working for the religious services department, he was able to provide how he would manage a sexual assault situation.

Contactors are all trained as if they are staff. The food service operations as well as some medical personnel provide services on a contract basis. The training coordinator has records for all contractors. The contractors are all required to pass the PREA test.

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)

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

As you can imagine, inmate education is completed in other than traditional “classroom” sessions. The first illusion to this is the fact that offenders assigned to OSP receive basic information and watch the PREA video before they ever leave Receiving and Discharge. The inspector for the institution generally takes the lead in providing this initial interaction. As indicated the form which the inmates sign for PREA information was only in English; therefore, it was recommended this form also be translated into Spanish as there is a requirement the offender signs for the form. The inspector clearly asked each individual in person if they had any questions regarding PREA or the video. The next step was to review how the medical personnel educated the offender and at the same time provided their assessment. The Registered Nurse who conducted this part of the assessment and education was very through, but more importantly, he was very patient. Although all of the inmates reviewed that day were being moved from other facilities and had the information before, he took his time and provided the information to the offenders as if this was their first time. Additionally, during inmate interviews they validated that the video was continually shown through the institution’s CCTV system on Channel 8. Both the offender’s case manager and unit manager ensured there were no questions. While this was not a question being asked of offenders, on a couple of occasions, they volunteered that their case manager and unit manager asked them questions about PREA subsequent to intake.

The inmate handbooks provided at intake has an exhaustive PREA section and it is completed in English and Spanish. In the past year 274 offenders had received PREA information and education. No inmates did not receive the training and education past the thirty day requirement. Posters proliferate all the living units, by the phones generally. These posters not only provided information regarding how to contact a third-party, they provided significant information regarding the right to be free from sexual abuse.

The institution has ensured that PREA education is available to offenders who have limited English proficiency, deaf offenders, those with visual impairment and those who have limited reading skills or comprehension skills. It was impressive how one unit manager went out of his way to ensure that those with developmental disabilities were educated. While this was only viewed on one occasion, it is extrapolated the Unit Management Chief has made this a requirement.

Standard 115.34 Specialized training: Investigations

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

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

Both the institutional investigator and the Ohio State Highway Patrol agent assigned to the facility have completed the PREA Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections. In addition to this specialized training, both of these staff members have many years of experience. A review of a non-PREA related issue demonstrated good skill on the part of the institutional investigator.

The following information was reviewed in helping to find this standard in compliance: 79-ISA-01: Investigator Training Curriculum, NIC PREA Learning Center Training; and Training Certificates for Institution Investigator and OSHP agent.

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.

All medical and mental health staff have had multiple instances of specialized training if they had been at the facility for more than a year. Notwithstanding the one mental health staff member who could not answer specific training questions, but was found to have specialized training on three separate occasions, staff universally were able to answer questions about their role and responsibilities in providing immediate and necessary care. The Mental Health Chief had a clear and complete understanding of the role of mental health and trauma amelioration in providing counseling for those who might be affected. The medical staff understood the necessity of a complete health care assessment. The Health Systems Administrator had developed a grab and go medical assessment packet for any provider who was required to do an assessment after an alleged sexual assault. This grab and go packet included an algorithm of what had to be accomplished from keeping the two offenders involved separated, to notification of a victim support staff member or member in the community to contact with the hospital and the rape crisis center if necessary. It was very impressive how the Health Systems Administrator took this issue and developed this packet for any staff member who needed to be involved. When he was asked why he did this, he simply stated our staff are not routinely involved in this type of assessment. It is too critical not to do it right. I wanted to make sure there was guidance anyone qualified to do an assessment could follow. Both the mental health staff and medical staff are state employees.

The policy documents reviewed included the medical mental health training slides and curriculum, Policy 79-ISA-01, the MOU with the forensic site, and the packet of material put together by the Health Systems Administrator.

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.

Besides staff training, I do not know of any issue Ohio has spent more time and energy on that appropriate risk assessment. While Ohio will tell you they have a two-stage process as is required under the standard, they actually have a three-stage process at OSP. The first stage is in Receiving and Discharge where the inmate receives PREA information and watches the educational video of Just Detention. But as important as these educational components are the person who is providing this information is providing an evaluation of the issues facing the offender.

From there the inmate arriving at the institution goes through Stage one of the PREA assessment as completed by qualified medical staff. This Part 1 of the Risk Assessment is a mixture of subjective but more actuarial data gathered regarding the offender which might lead to victimization. Some of the questions on the assessment include: the height and build of the offender. How old is the offender, is there a history of previous victimization. The clinician I observed conducting this portion of the risk assessment was not prefunetary, he was patient and made certain the offender understood each of the questions. The second part of the assessment is conducted by the case manager goes through a list of actuarial questions which are evidence based and linked to victimization. The Unit Manager typically reviews the assessment before it goes to the Unit Management Chief making any comments which he or she desires before the UMC, reviews and with or without committee members develops an accommodation strategy which involve housing, work, education and programs. Ohio has developed an algorithm on how each data point is used in providing guidance. However, this guidance does not override the professional judgment of the UMC.

In meeting the need of those offenders who may be transgendered, the system has developed a PREA Risk Assessment Past. There has to be several members of the staff serving as committee members when the committee reviews. These include generally an associate warden, a medical staff member, a mental health staff member and the Unit Management Chief.

Although OSP is a locked down facility, the impressive thing was that all of the staff involved in assessments took their roles very seriously. Since everyone is locked down and under close supervision with they are outside their cell, staff assigned to complete assessment duties could have been passive concerning this assignment. Nothing was seen further from the truth. In addition to the compliance reviews conducted by the institution and the department, there is a weekly electronic PREA assessment. This is automated from the data entered from Part 1 and Part 2 of the assessment, but it is an outstanding tool to make sure offender’s requiring reviews do not fall through the cracks.

Some of the documentation reviewed included the risk assessment, specialized risk assessment, 30-day review, the transfer list and policy 79-ISA-04;

**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.*

Given the nature of the facility, there have not been many instances where the PREA Risk Assessment Stategy Plan has had to be implemented. With the camp coming on board, there may be opportunities where the risk assessment will have to be used to determine housing, programming and work. From what I saw in relation to the time spent on completing the process, I have no doubt staff will be able to use the screening information appropriately. Currently there are no identified transgendered or intersex offenders at OSP. Again with the camp, this may change and the staff will need to make decisions. Many of these issues have been codified such as offering separate shower times and allowing the inmate input on who would provide search. It will be interesting to monitor how staff actually perform when the occasion arises. The PREA compliance manager has spent a lot of time discussing these issues with staff and providing one on one and group discussion. As I am finding at a number of locations, the clinical part of transgenderism is generally understood; however, there continues to be work accomplished on developing emotionality allowing those different from others to not only be sexually safe but to feel as if staff stands ready to protect their rights in this regard.
The department and the institution have a PREA classification report which is monitored continually. There is a departmental and institutional strategy plan on how to manager transgendered offenders and there are policies to address the issues. These include policies: 79-ISA-05 and 79-ISA 04. It is of note as the issue of sexual identity has become more significant along the way the ODRC proactively developed polices to address the issues. There is a lot of learning and culture changing which will go on for the next several years, but I am convinced the staff at OSP will make the adjustment. It is of note of all the Ohio insitutions I have visited and audited, OSP appears to have more men and women who have post secondary education. I was told there were many criminal justice/sociology/public administration programs close to Youngstown and that many staff had their degree or were working on their degree.

**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 standard has been marked meets; however, given the nature of the facility, it could have as well been marked not applicable. As of this writing, there have been no persons placed in protective custody because of their risk screening. Although the state and facility has policy regarding the use of involuntary segregation, having everyone placed in cells which are locked down negates the use of protective custody. If the institution begins to look at increasing the number of people who can recreate or be on the flats at any given time, there may be more instances of where involuntary segregation may need to be considered. At this point in time that is not the case. There have been no persons placed in involuntary segregation because of their sexual orientation. Policy 79-ISA-04 covers this issue.

**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.**

There are a whole host of ways offenders at OSP may report sexual abuse or harassment. The offenders and staff both could recite chapter and verse the methods this was to be accomplished. They knew about being able to tell any staff member, they knew about the third-party ability of reporting, they knew a member in the community or their loved ones could report. They pointed to the informational posters which provided information about reporting. The orientation material provided to each offender provided information on how to report. The offenders and staff knew the offender could report verbally or in writing. And the list could go on. As you would imagine the offenders I spoke to, except for one, indicated if they were sexually assaulted, they would take care of the incident themselves and would not report; although they knew how to report. The one person who indicated they would report would do so without giving their name to an outside party.

Such response was not seen as unusual given the high security nature of this inmate population. As people from Donald Clemmer (1933), The Prison Community, on have cited on numerous occasions, the inmate subculture does not allow for one inmate to tell on another, even if they are the victim. This part of the culture has in my experience lessened in the past twenty years, but it is still prevalent at high security...
facilities. My experience has also shown that often what an offender says and what they do are two different things. This is a case by case issue and while all the mechanisms are available to report many would not.

Policy and other documents to demonstrate the plethora of ways to report include: Verbal Notification to staff; a kite (inmate request to staff signed or unsigned; staff training curriculum; verbal notification to staff notification; MOU with third party agencies; posters; educational video; information posted on CCTV; inmate handbook; and policy 79-ISA-02 among others. The institution has developed a mail pick up system where offenders placing information in the mail about sexual safety are protected in so far as their anonymity is concerned.

**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.

This standard is deemed not applicable. The agency does not have a process where administrative remedies need to be filed to address a sexual safety issue. It is of interest to note the Institutional Inspector did say that if an offender gave him a grievance dealing with sexual safety it would be handled as a confidential matter.

**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.

Every inmate and staff member were able to articulate the manner in which they could obtain confidential support services. Again, all of the information is presented in numerous ways to include posters, informational memorandum, CCTV information, and the 1-800 phone but to name a few. There is an MOU with the local rape crisis center (Compass Family Support). I received permission to contact the rape crisis center via the 800 number. I identified myself as an auditor checking the veracity of the process. Everything worked according to plan and offenders are able to make this call without identification. One issue which needs to be checked from an inmate comment on the last day which I did not get an opportunity to check, does the phone to the third party agent work if the offender has met or exceeded their minutes. I am satisfied the call is without identification, but I am not certain about the offender being able to do so if they have exceeded their minutes. I was told by staff that the minutes an offender had on account should play no role in being able to call; but, I was not able to check this before my departure. I thought it unique and imaginative how the institution used transparencies to allow for the placement of information on glass next to the phones (see narrative).

Again, this information is loated on posters, the inmate handbook, and in policy 79-ISA-01.

**Standard 115.54 Third-party reporting**

PREA Audit Report
☐ 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 Rehabilitiation and Correction maintains a website at [http://www.drc.ohio.gov/web/prea/htm](http://www.drc.ohio.gov/web/prea/htm) where anyone may make comments or allegations regarding sexual misconduct. Additionally there are posters in the visiting room instructing visitors on how they could make a claim of sexual misconduct for an offender. This poster was located in the sallyport area where visitors had to enter the visiting room. I thought I had a picture of this notification, but I do not but it is in a spot anyone who desires information could obtain it.

**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.**

As has been mentioned on several occasions the Ohio Department of Rehabilitation and Correction has taken every aspect of PREA and the PREA standards seriously. Every staff member I talked with both informally and formally knew their responsibilities in regards to PREA. Every contractor I spoke with formally and informally knew the same. Even the volunteer I spoke with knew their duty to report. Again, given the nature of the facility at the time of this report, there have been very few if any instances to report, but I was impressed that staff knew how to report and indicated they would. I met no one I believed felt they would have to report anonymously, but at the same time, all knew how. Staff also knew to whom to report should they believe they were being retaliated against for reporting. This is a standard I am reviewing without practice as there have been no reported instatances where staff felt the need to report.

In addition to all of the other training staff have received, they have received training on how to determine of potential or imminent risk of abuse existed. Behavioral cues were studied. Staff did report that while not specific to PREA, they had used the training on picking up on behavioral cues to report differences in offender behavior.

The policy which addresses this standard is 79-ISA-02. Staff are also trained on informed consent, how to file an agency incident report, and how to make a third-party anonymous report. This certainly will be more of a need for the camp than the penitentiary.

**Standard 115.62 Agency protection duties**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency and the institution take their affirmative responsibility to comply with PREA standards very seriously. All one has to do to see how seriously this is taken is to review the interviews completed by the Director and others in the headquarters. But having seen this agency in action over the course of the past few years, I think what tells me of the commitment more than anything is they are proactive in addressing any concern raised. As an auditor of now four Ohio facilities they have on occasion convinced me that they were meeting a standard when I did not believe they might be, but not once have they dismissed my concerns. They have addressed each concern. The inmates and staff both indicated that Ohio took PREA seriously. Even these very recalcitrant offenders indicated in concept that PREA was good as it provided for a safer environment. The inmate culture will not change overnight at an institution such as OSP; but, I was surprised on how much the offenders were willing to talk about the issues. A lot of this conversation did not occur in formal interviews but informal conversations. One offender made a complaint about a Lieutenant who allegedly said something inappropriate to him as he was cutting him down from attempting suicide. The institution took this information and acted on it within a couple of hours. This has occurred at another facility were an offender was not moved away from someone he believed was going to sexually assault him. In neither of these cases was any veracity found to the claims, but the agency demonstrated in both cases how fast they took action to determine veracity. In the case of the offender who felt someone might try to assault him, he was immediately moved.

Policy with covers this standard is 79-ISA-02 and there is also a list of inmates who are at imminent risk.

**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.

There have been no instances where the institution has to report on an offender indicating they had been sexually assaulted at another facility. The long-term nature of the population and their security level, along with the subculture of not telling on another would keep this at a minimum. The only time this would probably be used if it were against a staff member. This has not occurred; however, the staff knows of their responsibility. The Warden who has recently served at an institution where they were subject to PREA knows of the responsibility.

There are several policies and procedures concerning the notification to another facility when an offender claims sexual abuse and/or harassment. These include Notification to Another Facility; Incident Received from Another Facility; and, Policy 79-ISA-02. In the last 12 months there have no incidents of informing another facility. There has been one incident of allegation of sexual abuse OSP received from 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.

The OSP uses and has on file the Sexual Abuse- First Responder Checklist. In addition institutions in Ohio have provided staff something they call a PREA card. This provides any first responder a list of steps to take if confronting someone who has been sexually abused. This provides the list of things to accomplish to include separating the victim and the abuser; preserving the evidence; protecting forensic evidence from oral sex if within 24 hours and vaginal or anal sexual abuse within 96 hours. This checklist also clearly calls for contacting medical services, the institution investigator, and the designated victim support person. Translated from this checklist, a PREA card provides much the same information.

While there have been no incidents where first responses had to respond to an incident. The policy covering this policy is 79-ISA-02 and the OSP First Responder Policy. Additionally, there is a statement of status prepared if there is an incident. The form was reviewed; however, this is another incident of process and policy with no practice to demonstrate compliance.

**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.

The OSP First Responder policy documents a coordinated response for anyone who alleges sexual abuse. The plan has not been tested as there have been no incidents. From a policy and procedure and scenario standpoint, the coordinated response is deemed sufficient. The added test is many other institutions in the OH system have had to exersize their first responder policy. OSP’s first responder policy is modeled from others, or others are modeled from OSP as there is a uniquely centralized process of incorporating those things which work well system-wide. The central coordination of PREA activities has enabled this to occur without silos being established. The leadership of ODRC is to be commended in using this coordinated response.

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

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

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

There have been three contractual agreements signed since the 2012. Each of these three have been reviewed: State Council of Professional Educators (OEA); OCSEA – Ohio Civil Service Employee Association and the Service Employees International Union for Health Care and Social Services. In none of these contracts is there any language which would “protect” a staff member found to have committed an
administrative or criminal act involving the sexual abuse of another.

**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.**

Generally, in completing a PREA review I do not reiterate policy as anyone desiring can read. But, the policy on retaliation is well written. It demonstrates a well thought out process. Of course as with many other standards OSP has not had anyone they have had to protect as there have not been any documented cases. What is unique about this policy is it dictates whom and when people who have made allegations of sexual abuse will be checked for retaliation. The process continues for as long as the staff reviewing believe it is necessary but for at least 90 days. The institution investigator is charged with the implementation of these checks. The policy which outlines his responsibilities is 79-ISA-02.

**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.**

Because of the unique population as well as housing of offenders at OSP, there is factually no protective custody. If there were an inmate in a unit who demonstrates difficulty is moved to another lock down cell. However, there is no speciality cells for protection. The policy which covers the practice of involuntary segregation is 79-ISA-04.

**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.

As indicated both the institutional investigator as well as the Ohio Highway Patrol agent have completed investigator’s training for cases of sexual abuse. It is clear that both gentlemen understand the relevance of their respective positions in the process. But instead of saying this is mine and this is yours, the symbiosis of these two gentlemen revealed a team approach of managing cases. Both were interviewed independently and both commented on the outstanding working relationship.

The following documents were reviewed in regards to this standard: 79-ISA-02; PREA Incident Packet; and PREA Statement of Status. Additionally the MOU between the ODRC and Ohio State Highway Patrol was reviewed.

**Standard 115.72 Evidentiary standard for administrative investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

For administrative actions, the ODRC uses preponderance to sustain a finding of sexual misconduct regarding staff. While I know the audit is primarily interested in staff for this response, the disciplinary process for inmates must have some evidence. For criminal misconduct, which would be managed by the highway patrol and the district attorney the factual basis is beyond a reasonable doubt.

Policy 79-ISA-02 as well as the PREA Statement of Status was reviewed to demonstrate procedural compliance.

**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.**

There are many documents to demonstrate compliance for this standard. They include: PREA Incident Packet – Allegation of Abuse; Statement of Status – OSHP Investigation; Policy 79-ISA-02; Statement of Status – Staff on Inmate Abuse Case; Staff on Inmate Abuse Case. While OSP has not had a PREA case since the initiation of the standards in 2012, they have had to inform offenders of the outcome of investigations. I reviewed these few documents as maintained by the Institution Investigator. He informs the offender in writing concerning the case being unfounded, unsubstantiated or sustained. The OSP calls this notification an Outcome Notification to Inmate. Just like many other portions of PREA, this process is reviewed as part of the outcome measures they have implemented. (see attachment for outcome measures).
**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.**

Documentation reveals there have been zero staff disciplined for sexual harassment or sexual abuse over the preceeding twelve-month period. I interviewed at length the Human Resource manager to ensure all steps were taken to maintain the integrity of the investigatory process subsequent to a finding that an issue had been sustained. I further discussed the level of evidence which must be present in an administrative investigation to sustain a finding of discipline. While the standard does not call for it, we discuss the Douglas factors which needed to be reviewed in making discipline determinations. We further discussed the zero tolerance of inappropriate inmate/staff contact. Throughout the process it was clear that OSP would take any finding of sexual misconduct and/or sexual harassment very seriously. The Human Resource Manager has a clear understanding of her role in the process while understanding she also has to make sure any case which goes forward for discipline meets the requisite requirements for proof and that the investigation as conducted was not deemed as biased.

There are many documents which were reviewed in finding that this standard was in compliance. They included: Policies 79-ISA-01, 31-SEM-02 and the PREA Statement of Status.

**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.**

Virtually the same standards exist for contractors or volunteers as staff. If there is a contractor or volunteer who is administratively found to have committed sexual misconduct or participated in sexual harassment, essentially after a sustained investigation the employee would in case of the volunteer not be able to return and in the case of the contractor, the agency would be asked not to allow the person to return to the institution. Since one food service contractor provides services for all OH institutions the contracting agency would be asked not to allow the person committing the behavior to be assigned to any ODRC facility. The Contractor and Volunteer Standards of Conduct clearly states the responsibilities of all contractors and volunteers and the consequences of not following the code of conduct up to and including termination and/or referral to the Ohio State Highway Patrol for possible criminal prosecution.

The policies reviewed in discussing this standard included: 79-ISA-01; 71-SOC-01; Contractor or Volunteer Inmate Abuse Report; and Contractor and Volunteer Standards of Conduct which must be signed for by the person providing service before they begin duty.

**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.**

There has only been one unsubstantiated case concerning an inmate on inmate allegation of sexual abuse. Since the matter was unsubstantiated, the matter did not receive referral to the RIP (misconduct hearing process). This formal inmate hearing process is fashioned after the findings of Wolff v. McDonnell, 418 US 539 (1974). A review of the disciplinary process revealed good compliance with the process. It also revealed a very robust process of determining if a person with a mental health diagnosis could be held responsible and/or competent. Representation for mentally ill or developmentally disabled offenders is required. The ODRC prohibits all sexual activity between inmates.

**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.**

As indicated in the health care training standard, the Health Systems Administrator has developed a very good algorithm which is present any time an allegation is made. This grab and go packet of information provides any qualified clinician the tools to ensure that an adequate and accurate health screening is completed. During the audit it was recommended that a similar type of checklist be developed for the mental health practitioner. The reason is that because of the nature of the OSP it may be months between allegations. This may change with the Camp, but unless medical and/or mental health staff rotate between the two institutions, it still may be months between allegations. All staff knew the requirements of the standard insofar as medical examination and forensic examination is concerned. All medical staff knew they were required to make a formal referral to mental health. Everyone knew that if a person alleges previous sexual assault they were to be afforded a follow-up meeting with medical and/or mental health staff within 14 days. Again, there is little to review in scope of practice. For the one inmate who claimed sexual abuse which was unsubstantiated, there was evidence of a medical evaluation of the offender. It is suggested that OSP review to determine if anytime an allegation occurs no matter the finding a formal medical evaluation occur.

The institution staff both medical and mental health know that since this is a prison and not other type of correctional facility they are required to provide the opportunity of follow up not only with the victim, but the alleged abuser. This is to be accomplished in 14 days intake screening.

The following information was reviewed: Policy 79-ISA-04, PREA Risk Assessment with Mental Health Follow-Up, Mental Health Referral Form, Mental Health Follow Up for Abuser, Policy 79-ISA-02, List of PREA Classified Inmates (different that those who alleged have been abused or participated as an abuser), Informed Consent policy, Statement of Status – Informed Consent.

Medical staff are available 24/7 with at least one staff member qualified to complete assessments on each shift. Mental health staff are present during business hours and available on call the rest of the time.

**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.**

It is clear that any person who requires medical or mental health attention and care receives it whether or not there is an allegation of sexual abuse or harassment. Prior to the PREA review, there was a review of institutional standards under the American Correctional Association for medical care at OSP. There were several suggestions made to improve efficiency and effectiveness of health care but no ACA standard violations were found. These standards are performance based and focus not only on the provision of care but access to care.

The medical protocol dictates how an offender who has alleged immediate sexual abuse is to be managed to include when they are to be referred to a community provider for SANE. Additionally the protocol provides for laboratory tests as well as seriology to be completed. STDs are to be considered with prophylactic care provided. All of this is at not cost to the offender. Because there have been no incidents of immediate sexual assault reported, it is clear that the Health Systems Administrator’s action in completing a “grab and go” packet which includes the steps to be take are all the more relevant.

There is documentation regarding mental health coverage and emergency contacts and Policies 79-ISA-02 and 67-MNH-09. For those who were on board in December 2013, there was a very through medial leadership quarterly meeting training exercise on PREA which outlined all policy and process requirements for medical and mental health.

**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.**

This standard is also being reviewed in regards to policy and procedure and not practice as there have not been documented evidence of immediate sexual abuse having occurred. Many of the same documents relative to emergent care were reviewed in making a determination of compliance for this standard. In addition to those documents the mental health screening and classification policy was reviewed as well as the transfer and discharge of mental health caseload. There was one documented case where an abuser was identified during the screening process as outlined in 115.41. This offender was seen and declined services.

It appears there is interdisciplinary discussion among all relevant parties concerning the medical and mental health care for offenders. In addition to medical protocol and polices relevant to mental health care, it is clear that thought has been given to ensuring through compliance measures the information flow is documented.

**Standard 115.86 Sexual abuse incident reviews**

☐ Exceeds Standard (substantially exceeds requirement of standard)
There was one sexual abuse incident review included in the documentation reviewed for this audit. An alleged incident occurred in 2011 when an offender was at OSP before. He claims another offender who is at the facility sexually assaulted him. This report was made in 2015. The sexual assault team consisting of five people to include the PREA compliance manager, the UMC, the institution’s investigator and a Deputy Warden reviewed the case. The case was found unsubstantiated from 2011. The report did note significant changes in policy and process of dealing with sexual assault and harassment had occurred since 2011. In addition many cameras had been added across the facility since 2011.

Documents reviewed included the policy, 79-ISA-03, the Sexual Assault review completed by the institution’s investigator, the Sexual Assault Review teams findings and deliberations along with the Sexual Assault Incident Review. It is suggested in the future when reviews are conducted the printed name and title of the review teams membership be included on the signatory form.

**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.**

This is much more of an agency standard than an institutional standard. ODRC has automated much of its data collection from forms requiring information completion. Although it is not commented upon in the documentation provided at the institutional level, it is assumed this data is stored in a aggregate data base and is able to be retrieved through some data retrieval protocol. The only reports which were not completed in this matter was the report from the two privatized facilities in OH. The annual PREA report of the agency was reviewed along with the policy 79-ISA-01 with definitions, as was the private facility report, the annual SSV report to be forwarded to BJA, DOJ.

**Standard 115.88 Data review for corrective action**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**
The ODRC takes very seriously corrective action of issues before they become problems. This is across the board and not just with PREA. There are both institutional and agency compliance reviews in many areas to include PREA. For many organizations, the only external review received for any process is ACA. What is particularly noteworthy in the case of PREA is the development of compliance checklists and worksheets, an outcome measures reviewed from quantifiable data, an institutional review conducted on an annualized basis as well as an agency review. The reports put together at the Central Office demonstrate the information is being analyzed for continuous improvement. All too often data is collected without any real sense of analysis. This is not the case for PREA and Ohio. As more information becomes automated and secured into a data collection, historical trends and trouble spots will be easily identified. The only issue then becomes one of data storage at the Central Office and how institutions can retrieve the information germane to their facility.

The 2014 ODRC Annual PREA report was reviewed along with policy as well as the PREA website.

**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.**

As with most jurisdictions, the State of OH has record retention standards. These retention and disposal standards were reviewed and meet all requirements of PREA. This information is included in Policy 79-ISA-01. Also reviewed was the PREA website which includes a data permanence on the Internet. It is clear information is being maintained as required by state law.

**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.

A. F. Beeler ________________________________  May 26, 2016 __________

Auditor Signature  Date
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<th>Standard</th>
<th>Outcome Measure</th>
<th>Descriptive</th>
<th>Resource</th>
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<th>Feb</th>
<th>Mar</th>
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<td>In the past 12 months, the number of cross-gender strip and visual body cavity searches of inmates</td>
<td>Major</td>
<td>0</td>
<td>0</td>
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<td>In the past 12 months, the number on instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties 115.64, or the investigation of the resident’s allegations</td>
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<tr>
<td>115.21</td>
<td>c</td>
<td>Number of exams performed by SAFE/SANE during past 12 months</td>
<td>MED</td>
<td>0</td>
<td>0</td>
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<tr>
<td>115.21</td>
<td>c</td>
<td>Number of exams performed by qualified medical practitioner during past 12 months</td>
<td>MED</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>115.21</td>
<td>a</td>
<td>During the past 12 months, number of allegations of sexual abuse and sexual harassment that were received</td>
<td>INVEST</td>
<td>0</td>
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<tr>
<td>115.21</td>
<td>a</td>
<td>Number of allegations resulting in an administrative investigation</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>115.31</td>
<td>c</td>
<td>In the past 12 months, the number of employees assigned to the facility who were trained or retrained on the PREA requirements</td>
<td>Training</td>
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<tr>
<td>115.31</td>
<td>c</td>
<td>Since the last audit, the number of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements</td>
<td>Training</td>
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<tr>
<td>115.32</td>
<td>a</td>
<td>In the past 12 months, number of volunteers and individual contractors who have been trained in agency policy and procedures regarding sexual abuse/harassment prevention, detection and response</td>
<td>PCM</td>
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<tr>
<td>115.31</td>
<td>a</td>
<td>Number of inmates admitted during past 12 months who were given this information at intake. (Handbook)</td>
<td>UMC</td>
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<tr>
<td>115.33</td>
<td>b</td>
<td>Number of those inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policy and procedures for responding to such incidents within 30 days of Intake. (Orientation)</td>
<td>UMC</td>
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<tr>
<td>115.33</td>
<td>c</td>
<td>Number of inmates in the facility on date of audit who were admitted to the facility prior to August 20, 2012; who were so educated (as stated in 115.33b by August 20, 2013.)</td>
<td>OSC</td>
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<tr>
<td>115.33</td>
<td>a</td>
<td>Number of all medical and mental health care practitioners who work regularly at the facility and received the training required by agency policy (including Contractors)</td>
<td>Training</td>
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<tr>
<td>115.41</td>
<td>a</td>
<td>Percent of all medical and mental health care practitioners who work regularly at the facility and received the training required by agency policy (including Contractors)</td>
<td>Training</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>115.41</td>
<td>b</td>
<td>Number of inmates entering the facility (intake or transfer) within the past 12 months (whose length of stay was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility</td>
<td>UMC</td>
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<tr>
<td>115.41 f</td>
<td></td>
<td>Number of inmates entering the facility (intake or transfer) within the past 12 months (whose length of stay was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.</td>
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<tr>
<td>115.43 a</td>
<td></td>
<td>Number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for 24 hours awaiting completion of assessment.</td>
<td>PCM</td>
<td>0</td>
<td>0</td>
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<td>Number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.</td>
<td>PCM</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate’s safety, and (b) the reason or reasons why a ternative means of separation could not be arranged:</td>
<td>PCM</td>
<td>0</td>
<td>0</td>
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<tr>
<td>115.62 a</td>
<td></td>
<td>In the past 12 months, the number of times the facility has determined that an inmate was subject to substantial risk of imminent sexual abuse.</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
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<td></td>
<td></td>
<td>If the facility made such determinations in the past 12 months, the average amount of time that passed before taking action.</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Outcome Measure</td>
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<tr>
<td>115.62</td>
<td>a</td>
<td>Longest amount of time before taking action if not immediate (i.e., without delay), please explain:</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>115.61</td>
<td>a</td>
<td>During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
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<td>d</td>
<td>In the past 12 months, number of allegations of sexual abuse the facility received from another facility</td>
<td>INVEST</td>
<td>0</td>
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<tr>
<td>115.64</td>
<td>a</td>
<td>In the past 12 months, number of allegations that an inmate was sexually abused</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>a</td>
<td>Number of times the first security staff member to respond to the report separated the alleged victim and abuser</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>a</td>
<td>Number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>a</td>
<td>Number of times the first security staff member to respond to the report - (1) Preserved and protected the crime scene, (2) Requested that the alleged victim not take any actions that could destroy evidence, (3) Ensured the alleged abuser did not take any actions that could destroy physical evidence.</td>
<td>INVEST</td>
<td>0</td>
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<td>b</td>
<td>Number of times a non-security staff member was first responder</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>a</td>
<td>Number of times non-security first responder - (1) requested that the alleged victim not take any actions that could destroy physical evidence (2) Notified Security Staff</td>
<td>INVEST</td>
<td>0</td>
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<tr>
<td>115.67</td>
<td>c</td>
<td>Number of times an incident of retaliation occurred in the past 12 months</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
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<tr>
<td>115.63</td>
<td>a</td>
<td>The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment:</td>
<td>INVEST</td>
<td>0</td>
<td>0</td>
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<tr>
<td>115.63</td>
<td>a</td>
<td>The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement:</td>
<td>INVEST</td>
<td>0</td>
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<tr>
<td></td>
<td>a</td>
<td>From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility’s concern for the inmate’s safety, and (b) the reason or reasons why alternative means of separation could not be arranged:</td>
<td>INVEST</td>
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<tr>
<td>115.71</td>
<td>h</td>
<td>Number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012 or since the last PREA audit, whichever is later:</td>
<td>INVEST</td>
<td>0</td>
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<tr>
<td>115.71</td>
<td>a</td>
<td>The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months:</td>
<td>INVEST</td>
<td>0</td>
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<tr>
<td>115.71</td>
<td>a</td>
<td>Number of inmates who were notified of, verbally or in writing, of the results of the investigation</td>
<td>INVEST</td>
<td>0</td>
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</tr>
<tr>
<td>115.71</td>
<td>b</td>
<td>The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months:</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td></td>
<td>b</td>
<td>Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation:</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>Of those notifications made in the past 12 months, number that were documented:</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>115.76</td>
<td>b</td>
<td>In the past 12 months, number of staff from the facility that have violated agency sexual abuse or sexual harassment policies:</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<td>0</td>
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<tr>
<td></td>
<td>b</td>
<td>In the past 12 months, number of staff that have been terminated (or resigned prior to termination) for violating agency sexual abuse or harassment policies</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>In the past 12 months, number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>In the past 12 months, number of staff that have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating sexual abuse or harassment policies</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td>Standard</td>
<td>Outcome Measure</td>
<td>Descriptive</td>
<td>Resource</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Totals</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
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<td>-----</td>
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</tr>
<tr>
<td>115.77</td>
<td>a</td>
<td>In the past 12 months, number of contractors or volunteers who have been reported to law enforcement agencies or licensing body for engaging in sexual abuse of inmates</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td>115.78</td>
<td>a</td>
<td>In the past 12 months, number of administrative findings of inmate-on-inmate sexual abuse that occurred at the facility</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>115.81</td>
<td>a</td>
<td>In the past 12 months, the percent of inmates who disclosed prior victimization during the screening who were offered a follow-up meeting with a medical or mental health practitioner</td>
<td>PCM</td>
<td>0%</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>115.86</td>
<td>a</td>
<td>Excluding only &quot;unfounded&quot; incidents, the past 12 months the number of administrative investigations of alleged sexual abuse completed at facility</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Excluding only &quot;unfounded&quot; incidents, in the past 12 months the number of administrative investigations of alleged sexual abuse completed at facility that were followed by a sexual abuse incident review within 30 days</td>
<td>NVEST</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

INSTITUTION: Ohio State Penitentiary
Reporting Period: January 2016 - December 2016
2016 Annual Needs and Staffing Assessment

For Social Services Programs

Ohio State Penitentiary

Christopher LaRose, Warden
Betty McDonough, Unit Management Chief

January 12, 2016

WARDEN CHRISTOPHER LAROSE DATE
INSTITUTION MISSION STATEMENT: Through the integrity and dedication of each employee, the Ohio State Penitentiary Protects and supports the citizens of Ohio by managing High risk inmates in a safe, humane and secure environment. This is accomplished through the behavior driven programming, which facilitates their reintegration in to less secure environment.

OPERATION MISSION STATEMENT: Together Unit Management and Security will be responsive to the concerns of staff and the needs of inmates.

INSTITUTIONAL INFORMATION: The Ohio State Penitentiary (OSP) is a 504 bed, adult male correctional facility classified as a Restrictive Housing Control Prison within the ODRC three tier prison system, housing Level 5, Level 4 inmates, and level 1 cadre inmates. Facility design has four (4) blocks, each divided into eight (8) pods.

INSTITUTION POPULATION SUMMARY:
Average Population count in 2015
Institutional population statistics 2015

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>AWL</th>
<th>OTC</th>
<th>1</th>
<th>4A/4AT</th>
<th>4B</th>
<th>5A</th>
<th>5B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>444</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>56</td>
<td>241</td>
<td>88</td>
<td>45</td>
</tr>
<tr>
<td>Current</td>
<td>432</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>64</td>
<td>258</td>
<td>82</td>
<td>18</td>
</tr>
</tbody>
</table>

Death row Inmate 6 with 4 being 5A long term
Life Sentences Inmates 98 with 21 being life without parole.

Race: Black 273 63.20%
White 151 35.00%
Other 8 2.00%
Asian 0 0%

Ethnicity:
Hispanic 20 Increase from 8 in 2014
Aliens: Mexican 2 Decrease from 8 in 2014

Average Length of Stay 8.04 Years
Average Sentence 13.89 Years
* OSP average sentence is longer than any other institutions in the state. Consistent with 2014

Total releases 2015 69 Average 6 per month

Age Breakdown total # % of Population
Under 30 (19 to 29) 214 50%
(30 to 39) 126 29%
(40 to 50) 55 13%
Under 21 16 4%
Over 50 41 9%
Largest group, age 35 at Age 24 8.10%
Youngest 5 at Age 19 1.16%
Oldest 3 at Age 63 & up .68%
OSP 2016 Annual Needs Assessment Continued:

Security Threat Group (STG) affiliation
267 profiled STG members of our 434 population which is 62% of our population.

137 are level 1 (passive) 51% of the STG population
61 are level 2 (active) 23% of the STG population
69 are level 3 (disruptive) 25% of the STG population

Largest STG group is the Heartless Felons with 84 members
19% of the total population and 31% of the total STG population.

Veterans incarcerated at OSP Totals 7 1.6% of OSP population

Currently Incarcerated Highest Committing Counties

<table>
<thead>
<tr>
<th>County</th>
<th>OSP total</th>
<th>OSP</th>
<th>County Total</th>
<th>Percent of county total at OSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuyahoga</td>
<td>118</td>
<td>27%</td>
<td>379</td>
<td>31%</td>
</tr>
<tr>
<td>Franklin</td>
<td>61</td>
<td>14%</td>
<td>180</td>
<td>34%</td>
</tr>
<tr>
<td>Warren</td>
<td>43</td>
<td>10%</td>
<td>51</td>
<td>84%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>37</td>
<td>9%</td>
<td>94</td>
<td>39%</td>
</tr>
<tr>
<td>Lorain</td>
<td>24</td>
<td>6%</td>
<td>93</td>
<td>26%</td>
</tr>
</tbody>
</table>

Total Offenses 1654 per 432 population. Average number of offenses per inmate 3.83

Types of Offences

- Murder/Aggravated Murder 159
- Manslaughter Vol. & invol. 24
- Assault Felony, Agg., Veh. 225
- Kidnapping/Abduction 104
- Rape 41
- Robbery/Aggravated Robbery 425
- Burglary/B&E 210
- Escape 20
- Drug related 99
- Weapons charges 109
- All other offenses 398

Offenders with Sexually Oriented Offences 44 10% of population

LGBTI Inmates: 2 LGB, No TI
Total 8 inmates with PREA classification.
- PA Potential Abuser 1
- A Abuser 3
- PV Potential Victim 4

Religious Preferences:

<table>
<thead>
<tr>
<th>信仰</th>
<th>人数</th>
<th>百分比</th>
<th>代表</th>
<th>人数</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other/No comment</td>
<td>144</td>
<td>33.32%</td>
<td>Jewish</td>
<td>10</td>
</tr>
<tr>
<td>Protestant/Christian</td>
<td>125</td>
<td>28.69%</td>
<td>Native American</td>
<td>8</td>
</tr>
<tr>
<td>Islam</td>
<td>77</td>
<td>17.81%</td>
<td>Wicca</td>
<td>3</td>
</tr>
<tr>
<td>Catholic</td>
<td>36</td>
<td>8.33%</td>
<td>Jehovah Witness</td>
<td>3</td>
</tr>
<tr>
<td>Rastafarian</td>
<td>25</td>
<td>5.79%</td>
<td>Buddhist</td>
<td>1</td>
</tr>
</tbody>
</table>
OSP 2016 Annual Needs Assessment Continued:

SOCIAL SERVICES STAFFING:
Unit Management: OSP maintains a unit management concept in accordance with the Ohio Plan, whereby unit staff is assigned to a housing unit and accept collective responsibility for managing that unit’s inmates, to include assistance with delivery of effective, evidence-based programming that addresses criminogenic needs of the offenders. For unit management purposes, two (2) blocks make up one management team.

Unit Management positions:
OSP coordinates and networks with the various disciplines and departments at OSP to provide services. Memorandums of Understanding (MOU) are in place with Foodservices, Business Office & Cashier, DMV, Mental Health, Medical, Recovery Services, Education, Mail & Package room, Recreation, Commissary, Maintenance, Quartermaster, Vault, Visiting, Segregation, Warehouse and Laundry who provided services directly to the units. Additionally we maintain various contacts in the local community such as the Adult Parole Authority, Social Security Administration, the Veterans Administration, Ohio Benefits Bank, and community liaisons.

Unit Management Chief 1
   Unit Managers 2
   Case Managers 2
   Correctional Counselors ( Sergeants) 2
   Unit Secretary 1

<table>
<thead>
<tr>
<th>Unit Management Base Schedule 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>A&amp;B  UM 1/month</td>
</tr>
<tr>
<td>Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday</td>
</tr>
<tr>
<td>8:00-4:00  8:00-4:00  8:00-4:00  12-8  8:00-4:00</td>
</tr>
<tr>
<td>CM  7:00-3:00  12-8  7:00-3:00  7:00-3:00  7:00-3:00  1/4 weeks</td>
</tr>
<tr>
<td>Sgt  7:00-3:00  7:00-3:00  7:00-3:00  7:00-3:00  7:00-3:00  1/4 weeks</td>
</tr>
<tr>
<td>C&amp;D  UM 1/month</td>
</tr>
<tr>
<td>Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday</td>
</tr>
<tr>
<td>7:3  12-8  7:3  7:3  7:3  7:3</td>
</tr>
<tr>
<td>CM  7:3  7:3  7:3  7:3  7:3  1/4 weeks</td>
</tr>
<tr>
<td>Sgt  7:3  7:3  7:3  7:3  7:3  1/4 weeks</td>
</tr>
<tr>
<td>Recreation</td>
</tr>
<tr>
<td>7:30-3:30  7:30-3:30  7:30-3:30  7:30-3:30  7:30-3:30</td>
</tr>
<tr>
<td>Unit Secretary</td>
</tr>
<tr>
<td>8-4  8-4  8-4  8-4  8-4</td>
</tr>
<tr>
<td>14 hours of coverage</td>
</tr>
<tr>
<td>7am to 8pm  7am to 8pm  7am to 8pm  7am to 8pm  7am to 8pm</td>
</tr>
<tr>
<td>13  13  13  13  9hrs  8</td>
</tr>
</tbody>
</table>

Weekly Total 69 hours
Case Managers and Sergeants each work one late night per week, rotating Saturdays every 4 weeks. Unit Managers work one late night per week and one Sunday per month.

Block Lieutenants along with Correctional Officers are also part of the unit team.

Recovery Services:
Regional Behavior Healthcare provider 1 each work one late night
Correctional Program Coordinator 2 works two late nights flex 40

Religious Services: works late nights
Chaplain 1 works two late nights flex 40

Mental Health: work late nights
Psychology Supervisor, Psychologist 1 Each work one late night
Licensed Independent Social Workers 2 works one late night
LPCC 1 (TCI and OSP)
Psychological Assistant 1 works one late night
Physician Administrator 2 Psychiatrist 1 (TCI and OSP)
Regional Psychiatrist 1
OSP 2016 Annual Needs Assessment Continued:

Education:
- Regional Principal 1
- Regional Assistant Principal 1
- Teachers 2
- Regional Special Education 1

Recreation:
- General Activity Therapist 2 1

Library:
- Librarian 1 works one late night
- Assistant Librarian 1 works one late night

PROGRAMMING AND MEANINGFUL ACTIVITIES:
OSP works to assure programs provided are not duplicative in content, or are otherwise, nonproductive to the population needs of the institution and are consistent with the needs of the inmates participating in the programs. OSP does not have programming space such as a classroom, chapel, or a gymnasium for sports & physical wellness programming. OSP is limited to program booths in the units which allow up to six inmates at a time to participate that have been screened for separations do to security risk. Programming also is offered in cell, utilizing the institutional television channels, and door side service, and visitation group secure desks.
OSP had 14 Reentry approved programs covering all domains along with discretionary programs. As of November there are 12 Reentry approved programs with Anger: Creating New Choices, and Cage your Rage being removed.

Reentry Approved and Discretionary Programs
Approved Reentry Programs

| Associates, Social Interaction, Attitude, Community Functioning, Personal and Emotional: |  |
| Thinking for a Change | Any Level | Program Booth |
| Victim Awareness | Any level | Program Booth |
| Anger: Creating New Choices | Any level | Program Booth |
| Cage your Rage | Any Level | Program Booth |

Community Functioning:
- Money Smart | Any level | Door side |

Education, Employment:
- ARE Literacy | Any level | Program booth, group only |
- GED Instruction and Work Study | Any level | Program booth, group only |
- Pre-GED Instructions | Any level | Program booth, group only |
- High School Option | Any level | Program booth, group only |

Marital/Family Relations:
- Responsible Family Life Skills | Any level | Program Booth |
- Inside Out Dads | Any level | Program Booth |

Substance Abuse:
- AOD Education & Orientation | Level 4B & 5 | Program booth or TV |
- MET & Orientation (OSP) | Level 4B & 5 | Program Booth |
- STEPS Success through Each Powerful Step (Christian 12 STEPS) | Level 4B and 5 | Program booth or TV |

TOTAL: 12

Discretionary Programs: Discretionary Programs may change as needed.

Education Apprenticeship
- Janitorial & Tailor Level 1

Mental Health:
- Rational Emotive Therapy RET Level 4 & 5 TV |
- Anger Management Level 4 & 5 TV |
- Stress Management Level 4 & 5 Program Booth |
OSP 2016 Annual Needs Assessment Continued:

Coping with Stress Level 4 & 5 TV
Commitment to Change Level 4 & 5 TV
Six Proven Life Skills Level 4 & 5 In cell and Booth
Rage recovery and recidivism Level 4 & 5 TV

Recovery Services
Houses of Healing Level 4A TV or Program Booth
Accepting Responsibility Level 4B & 5 TV
The Anger Trigger Level 4C & 5 TV
Relapse Prevention Level 4 & 5 Program Booth
Transitioning to Community T2C Level 4 & 5 Programming booths and Visitation
Family Orientation Day

Miscellaneous:
OSP Wellness Level 4 & 5 TV and in cell programming

Other Activities
Recreation:
Arts and crafts
Aerobics/positive Changes

Religious Services:
Worship Services, Christian, Muslim, Catholic
Bible Studies
Hope Center Mentoring
Community Service
Food Sale Fund Raisers

Reentry Accountability Plan review:

Dynamic Assessment snapshot: (Current programming needs levels)

<table>
<thead>
<tr>
<th>Domains:</th>
<th>I. Education</th>
<th>II. Marital Family</th>
<th>III. Social Interaction</th>
<th>III. Substance Abuse</th>
<th>IV. Community Function</th>
<th>V. Personal/Emotion</th>
<th>VII. Attitude</th>
<th>VIII. Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Asset to Community</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>34</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2=No need for improvement</td>
<td>120</td>
<td>209</td>
<td>161</td>
<td>72</td>
<td>173</td>
<td>95</td>
<td>48</td>
<td>197</td>
</tr>
<tr>
<td>3=Some Need</td>
<td>87</td>
<td>16</td>
<td>60</td>
<td>57</td>
<td>44</td>
<td>129</td>
<td>175</td>
<td>25</td>
</tr>
<tr>
<td>4=Considerable need</td>
<td>16</td>
<td>1</td>
<td>1</td>
<td>63</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Combined Need 3 &amp; 4 totals</td>
<td>103</td>
<td>17</td>
<td>61</td>
<td>120</td>
<td>45</td>
<td>131</td>
<td>177</td>
<td>27</td>
</tr>
</tbody>
</table>

Note: Attitude has highest overall need and Substance Abuse has highest Considerable need, no change.

OSP Program tracking system for completed Programs shows 2015 Program Services trends and patterns. (See Attached) OSP looks at location, level of inmate, who was providing the programming, number enrolled, actual number completed, method in which program was provided, and the use of volunteers or interns.
OSP 2016 Annual Needs Assessment Continued:

2015 review:
- Completion rates have improved over last year however the same issues that interfere with programming continue:
  - Inmate movement from unit to unit as their security level, or privilege increases or reduces. Where possible with unit movement, the inmate is brought back to the original unit to complete a program.
  - Small class size.
  - The length of reentry programs being twenty two (22) weeks or thirteen weeks in length impacts completion rate.
  - Logistics for escorting and scheduling slots remains a primary obstacle in providing programming.
  - Any incident in the blocks, UOF etc., continues to disruptive programming and services.
  - Staff in all departments, need to focus more on reentry approved programming vs. discretionary or meaningful activity program.

**PROGRAM SERVICES - TRENDS & PATTERNS 2015:**

**APPROVED REENTRY PROGRAMS**

<table>
<thead>
<tr>
<th>Unit</th>
<th># of Original Participants</th>
<th># of Participants Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking for a Change</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Victim Awareness</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Inside Out Dads</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Money Smart</td>
<td>99</td>
<td>87</td>
</tr>
<tr>
<td>Responsible Family Life Skills</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Recovery Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AOD Education 636</td>
<td>79</td>
<td>39</td>
</tr>
<tr>
<td>STEPS 633</td>
<td>40</td>
<td>16</td>
</tr>
<tr>
<td>MET 638</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>

**Education (Classes on going)** Avg. 120 students ongoing

ABLE
Pre-GED
GED

**High School Option**

**DISCRETIONARY PROGRAMS --- MEANINGFUL ACTIVITIES**

<table>
<thead>
<tr>
<th>Unit</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carey Guides</td>
<td>690</td>
</tr>
<tr>
<td>Child Support</td>
<td>55</td>
</tr>
<tr>
<td>T2C Basic Computer</td>
<td>24</td>
</tr>
<tr>
<td>T2C Drivers Education</td>
<td>35</td>
</tr>
<tr>
<td>T2C Resume Writing</td>
<td>32</td>
</tr>
<tr>
<td>Recreational &amp; special events</td>
<td>571</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Commitment to Change TV</td>
<td>33</td>
</tr>
<tr>
<td>Anger Management TV</td>
<td>33</td>
</tr>
<tr>
<td>Stress Management</td>
<td>18</td>
</tr>
<tr>
<td>As Free as an Eagle</td>
<td>2</td>
</tr>
</tbody>
</table>

3 Passed
OSP 2016 Annual Needs Assessment Continued:

<table>
<thead>
<tr>
<th>Depression Angrer Group</th>
<th>6</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger all the time</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Accepting Responsibility</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Epictetus Club</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Chance to Change</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Rage Recover Recidivism RRR</td>
<td>32</td>
<td>8</td>
</tr>
<tr>
<td>Beyond Anger</td>
<td>38</td>
<td>18</td>
</tr>
<tr>
<td>Rational Emotive Therapy RET</td>
<td>38</td>
<td>13</td>
</tr>
<tr>
<td>Six Proven Life Skills</td>
<td>24</td>
<td>17</td>
</tr>
</tbody>
</table>

**Recovery**

<table>
<thead>
<tr>
<th>Transition to Community</th>
<th>21</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relapse Prevention</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

**Unit, Mental Health, Medical, Recovery Services, Recreation**

| Wellness Program         | 21| 14 |

**Religious Services**

<table>
<thead>
<tr>
<th>Various Bible Study Groups</th>
<th>180</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Mass</td>
<td>20</td>
</tr>
<tr>
<td>Catechism</td>
<td>127</td>
</tr>
<tr>
<td>Devine Mercy Class</td>
<td>39</td>
</tr>
<tr>
<td>Special Ministry</td>
<td>29</td>
</tr>
<tr>
<td>Taleem</td>
<td>44</td>
</tr>
</tbody>
</table>

**Education:** Review of the 2016 Education Annual needs assessment, completed by Regional Principal Kent Litzenberger showed OSP inmates pleased with both education and library services.

Inmate Educational Levels completed:

<table>
<thead>
<tr>
<th>High School Graduate</th>
<th>35</th>
<th>GED equivalent</th>
<th>184</th>
</tr>
</thead>
</table>

CASAS

| Reading Average score 234 equals 8.6th grade level |
| Math Average score 227 equals 9.2th grade level |

Waiting List:

| ABE | GED Readiness Test | 53 |
| GED | GED Test           | 6  |
| Pre-GED |                | 20 |

**Volunteers:** Effectiveness of volunteers is impacted by OSP being a control prison requiring volunteers to be escort to and from the blocks and chaperoned by the department staff utilizing them. Volunteers are well received by inmate with few inmate conduct issues.

Current active volunteers: 34 Unescorted 5

Current active volunteer levels:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Recovery Services</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Recreation</td>
<td>1</td>
</tr>
<tr>
<td>Religious Services</td>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

| Black | Female | 4 | 11 |
| Native American | Male | 0 | 23 |
| Other |       | 0 |    |
| White |       | 30 | 8 |
**OSP 2016 Annual Needs Assessment Continued:**

**Community Service:** Level 4 and 5 inmates are restricted as to what is appropriate to have in their housing units. OSP has increased its community service hours over 2015 and has plans to implement additional projects in 2016. OSP acquired 19,620 hours of community service in 2015. With the open of the camp in 2016 it is expected there will be more opportunity for community service.

**Inmates Jobs:** Inmate jobs are limited at OSP utilizing level 4A inmates as porter in blocks and level 4 & 5 in pod porter jobs. Level 1 Seven (6) porters, 1 barber and 1 tailor.

**OSP 2016 Annual Needs Assessment Continued:**

**Inmate Access to Staff:** Inmates are being provided adequate access to staff through Kites, Informal Complaints, weekly staff rounds, Administrative Duty Officer rounds daily, Town Hall meetings and focus groups.

**SUMMARY:**
An annual needs assessment meeting was conducted with Unit Management staff, and departments providing current programs, and meaningful activities.

- Programs being offered are appropriate for the population. Inmates are encouraged to reduce their security level to get additional opportunity for programming or activities not appropriate to OSP.
- Computer Technology evaluation updates: Education introduced the computer tablet GED testing in 2015.
- Mental Health only provides programming to inmates on the mental health caseload. It is not to be entered into Dots Portal or ORAS, but is being tracked.
- Congregate programming security issues impact access to programming.
- Family involvement has increased at OSP in 2015

**Waiting/Recommended list findings for OSP Reentry approved Programs**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Awareness</td>
<td>238</td>
<td>109</td>
<td>129</td>
</tr>
<tr>
<td>MET</td>
<td>192</td>
<td>195</td>
<td>193</td>
</tr>
<tr>
<td>AOD</td>
<td>147</td>
<td>222</td>
<td>210</td>
</tr>
<tr>
<td>STEPS</td>
<td>141</td>
<td>159</td>
<td>140</td>
</tr>
<tr>
<td>Thinking for a Change</td>
<td>113</td>
<td>114</td>
<td>77</td>
</tr>
<tr>
<td>Money Smart</td>
<td>65</td>
<td>61</td>
<td>51</td>
</tr>
<tr>
<td>GED</td>
<td>58</td>
<td>40</td>
<td>33</td>
</tr>
<tr>
<td>Pre GED</td>
<td>26</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>ABLE</td>
<td>16</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Responsible Family Life Skills</td>
<td>10</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Inside out Dads</td>
<td>10</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>High School option</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1138</strong></td>
<td><strong>1038</strong></td>
<td><strong>883</strong></td>
</tr>
</tbody>
</table>

Population 458 432

**Carey Guides** 90
**OSP Wellness** 56  OSP started doing the program twice per year in 2015
OSP 2016 Annual Needs Assessment Continued:

Needs Improvement:
- Program completion tracking continually being improved.
- Making better use of time in scheduling
- Increase number of Reentry Approved programs being offered.
- Increase Community Service programming

Major change anticipated in 2016 will be the opening of the Ohio State Penitentiary camp.

INMATE SURVEYS:
Inmate: 10% of the inmate population, 44 inmates had the opportunity for input into the services provided. Of those receiving surveys 64% (28 Inmates) responded. This is an increase from the 43% who responded last year. Custody Level of those who responded: 5A: (4), 4B: (18), 4A: (1), 4AT: (2)

Inmate perceived overall department and quality performance in meeting their needs:

<table>
<thead>
<tr>
<th>Department</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Did not Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Services</td>
<td>29%</td>
<td>18%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>39%</td>
<td>25%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Education</td>
<td>32%</td>
<td>14%</td>
<td>7%</td>
<td>32%</td>
</tr>
<tr>
<td>Religious Services</td>
<td>29%</td>
<td>57%</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Unit Management</td>
<td>36%</td>
<td>36%</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>Recreation</td>
<td>18%</td>
<td>32%</td>
<td>32%</td>
<td>0%</td>
</tr>
<tr>
<td>Library</td>
<td>82%</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Visitation</td>
<td>36%</td>
<td>32%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Paralegal</td>
<td>36%</td>
<td>25%</td>
<td>14%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Inmate Comments:
- General:
  - Can’t get anything you request.... Lazy
  - Need to have programs available to everyone not just those going home in six months,
  - Need to clean booths more.
- Visitation:
  - Family is 4 hours away, need access to kiosk to keep family ties.
  - Wants semi contact visits at 4B
- Recreation:
  - We need jump ropes
  - Need more equipment
- Unit:
  - I don’t know who my Unit manager is.
  - Case manager provides excellent help.
- Education:
  - Would like College classes
  - Teachers really helping students to earn GED.
- Mental Health:
  - They only let their case load inmates in programming no matter how long you been waiting.
OSP 2016 Annual Needs Assessment Continued:

- Religious Services:
  - Have been on the waiting list for months
  - Waiting list to get into religious programs, only 6 booths

- Recovery Services:
  - They only help people going home.
  - They took our range recreation.

OSP Staff Survey
17% response 54 responses returned from 324 total staffing

1. Are you familiar with the Operations Mission: “Together Unit Management and Security will be responsive to the concerns of staff and the needs of inmates”?
   Yes 51 94.44% No 3 5.56%

2. Are you aware there are legal requirements for providing inmates programming such as education?
   Yes 52 96.3% No 2 3.7%

3. Are you aware of the benefits of offering inmates constructive programming? i.e. Transition to Community, Cage your Rage.
   Yes 51 94.44% No 3 5.56%

4. Do you find inmate programming to be beneficial in helping the staff manage inmates?
   Yes 31 59.62% No 21 40.38% Skipped 2%

5. Are you currently involved in the Reentry Initiative, or providing programming to inmates to reduce recidivism?
   Yes 11 20.37% No 43 79.63%

6. Would you be willing to attend training in order to provide programs to inmates?
   Yes 22 41.51% No 31 58.49%

7. Do you have skills you feel could be useful to providing programming to inmates? List skills applicable.
   Yes 23 45.1% No 28 54.9%

8. Do you find volunteer programming to be beneficial to the inmate population?
   Yes 39 75.00% No 13 25.00%

9. Should additional volunteer programming be offered?
   Yes 21 43.75% No 23 47.92% Skipped 6

10. Would you as an employee, like to volunteer in a certain area or skill set?
    Yes 7 12.46% No 41 78.85%

Issue: Officers trained to conduct programming continue to be a problem. The difficulty is getting relieved to do programming routinely. There is not relief for instructing programming.
OSP 2016 Annual Needs Assessment Continued:

Volunteer Survey:

<table>
<thead>
<tr>
<th>RATE</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Environment</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Experience with Staff</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overall Experience</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Experience with Offenders</td>
<td>12</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Would you participate again?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals made</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Volunteers for Programs</td>
<td>4</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:
- Staff and Inmates talking loudly during services beneath us. If they could be quieter during service, it would be appreciated.
- It would be nice to do a larger service once a quarter in the visitation area or with the honor Inmates.
- Desire to see the Camp reopen and do services there.
- Training of Officers would be helpful in the following areas:
  1. Relations with volunteers (attitudes, courtesy, etc.).
  3. Informing Inmates of Religious Services and giving the Inmates the opportunity to attend when their names were on the list.
- Better communications with the Officers and Religious Services group. Many times Officers do not check the schedule for Religious Services.
- Continued education of Officers as to the role and access of Religious Services contractors.
- Keep up the good work.

Visitor Survey:
1. Does institution web site answer all visitation questions?
   YES: 1
   NO: 1
2. Is it easy to schedule a visit?
   YES: 2
3. How easy/difficult for you and your family to access the institution?
   VERY EASY: 1
   N/A: 1