

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 04/05/2016

Auditor Information			
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Telephone number: 352-538-2636			
Date of facility visit: March 13-18, 2016			
Facility Information			
Facility name: Southeastern Correctional Complex			
Facility physical address: 5900 B. I. S. Road, Lancaster, Ohio 43130			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 740-653-4324			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Brian Cook			
Number of staff assigned to the facility in the last 12 months: 471			
Designed facility capacity: 2112			
Current population of facility: 2039			
Facility security levels/inmate custody levels: Minimum-Medium			
Age range of the population: 18-90			
Name of PREA Compliance Manager: Charles Riley		Title: Operations Compliance Manager	
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Agency Information			
Name of agency: Ohio Department of Rehabilitation and Correction			
Governing authority or parent agency: State of Ohio			
Physical address: 770 West Broad St., Columbus, OH			
Mailing address: <i>(if different from above)</i>			
Telephone number: 614-752-1159			
Agency Chief Executive Officer			
Name: Gary C. Mohr		Title: Director	
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Agency-Wide PREA Coordinator			
Name: Andrew Albright		Title: Chief, Bureau of Agency Policy and Operational Compliance	
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AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act (PREA) Audit was scheduled for the Southeastern Correctional Complex (SCC) with its' two facilities, Lancaster and Hocking, of the Ohio Department of Rehabilitation and Correction (ODRC) March 16-18, 2016.

The PREA Audit was part of a dual audit-an American Correctional Association (ACA) Adult Correctional Institution (ACI) Accreditation Audit, scheduled for March 14-16, 2016 followed by the Department of Justice PREA Audit. The American Correctional Association, contracted with the Ohio Department of Rehabilitation and Correction scheduled both audits for the timeframes mentioned. The ACA notified the ACA Audit Team (three members) of the scheduled ACI Accreditation Audit, which included as a member, James Curington, and scheduled the PREA Audit (one member) and notified and assigned certified PREA auditor, James Curington to conduct the PREA audit.

As a member of the ACA audit team and as the PREA auditor, James Curington was afforded the opportunity to be part of the dual audits from March 13-18, 2016, thus obtaining a weeklong overview from the ACA audit assignment and the PREA Audit assignment. The auditor would like to complement the ODRC and the ACA for this weeklong process which opens the facility to a thorough review of ACA accreditation standards and the PREA standards which, in this auditor's opinion, compliments and supplements both audit processes. Additionally, there is a positive effect on the audit process when multiple reviews and assessments are made of facilities covered by statewide policies and procedures. Simply this dual assignment assisted in a more thorough, comprehensive review and better understanding of SCC.

Included in the notification process was the fact that the PREA auditor is responsible for the submission of the audit preliminarily pre-audit information, the measures/agenda, and the interim/final report which is due 30 days after completion of the site visit (listing the appropriate time frames if a corrective action plan is required). Also outlined in the ACA notification was the auditor's use of the approved Audit Tool(s) provided by the National PREA Resource Center (PRC) for the Final Report and the submission of supplemental Pre-Audit and Post-Audit information forms.

The audit process for the ODRC Southeastern Correctional Complex started with contact from the Agency PREA Coordinator and his staff. The PREA auditor was supplied with an electronic thumb drive which contained a wealth of documents, materials, information, and the PREA Audit: Pre-Audit Questionnaire Adult Prisons and Jails to assist the auditor in his review of the complex for compliance with PREA standards. Materials supplied included an electronic folder for each of the 43 PREA standards. These folders included materials supporting and defining the Pre-Audit Questionnaire and specific agency/institutional information on each of the PREA standards. This agency/facility information is the "Bureau of Agency Policy and Operational Compliance PREA Documentation List". The auditor would like to especially complement the Agency PREA Coordinator, and the Institutional PREA Manager (listed in the facility information) for this most helpful, pre-audit information.

The PREA Audit Instrument used for Adult Prisons and Jails was supplied by the National PREA Resource Center through its website. The Audit Instrument (and its seven sections, A-G) is outlined as follows: A) the Pre-Audit Questionnaire, B) the Auditor's Compliance Tool, C) the Instructions for the PREA Audit Tour, D) the Interview Protocols, E) the Auditor's Summary, F) the Process Map, and G) the Checklist of Documentation. This instrument is the basis for the auditor's assessment process. Part A, the Pre-Audit Questionnaire Adult Prisons and Jails was completed by the ODRC/SCC and contained, an enormous wealth of documentation, materials that can be electronically downloaded for review. (The auditor describes this as materials from A-Z, audit report to "zero-tolerance policy").

Following the protocols of posting notices, making contacts with the Southeastern Correctional Complex, the ACA, and the ODRC, the auditor reviewed the above noted electronic and hard copy information. In the weeks preceding, the auditor began by reviewing every item submitted on the thumb drive, opening each of the 43 folders and the background information contained for help with assessing compliance with the 43 PREA standards. Institutional and agency information was also downloaded from the Pre-Audit Questionnaire. The Pre-Audit Questionnaire addressed the 43 PREA standards and is color-coded blue for institutional specific materials that can be downloaded and red for agency materials which can be downloaded. These materials included policies, documents, forms, checklists, contracts, curricula, videos, handbooks, and additional information applicable to the 43 PREA standards and 180+/-, subsections of the standards as outlined by the Auditor's Compliance Tool. The auditor contacted the Institutional PREA Manager to set up a tour and sent an on-site agenda. The auditor also submitted a Pre-Audit Report to the PRC. This was the beginning process of the auditor's methodological/systematic review of Southeastern Correctional Complex.

The overview of the agenda is as follows:

Sunday, March 13

Evening dinner, introductions/meet and greet, (the facility staff and auditors for ACA, and PREA). Dual audit discussion emphasizing ACA audit Monday through Wednesday and the PREA audit Wednesday through Friday.

Monday, Tuesday and Wednesday morning, March 14, 15, and 16

ACA audit, including increments interview, facility tour, conditions of confinement/quality of life, the examination of records, departmental visits, shift visits, status of standards and plans of action, and ACA wrap-up including the compliance tally and the exit meeting discussion. The ACA Team at the exit interview shared that they were recommending accreditation to the ACA Commission on Accreditation based on their visit and review of the facility.

Wednesday afternoon, March 16

Discuss PREA Resource Center Audit Instrument as described previously in the narrative. Schedule interviews with staff and inmates. Follow-up tour and visits to the facility, as needed, from the ACA audit tour, noting "Instructions for PREA Audit Tour" guidelines. Interviews with staff and inmates.

Thursday, March 17

Visit and revisit institutional operational areas, and review specialty program areas. Review the 43 PREA standards for compliance with the Agency PREA Coordinator, Complex Warden, Institutional PREA Manager, and key staff. Continued interviews with staff and inmates.

Friday, March 18

Tour the main area of both compounds (Lancaster and Hocking) with the Warden. Visit with staff and inmates. Review Auditor's Summary Procedures/Interim, Final Report with key staff. Depart Southeastern Correctional Complex.

Total number of formal interviews with inmates were 37 (from each housing area of both facilities, Lancaster and Hocking), additionally many informal interviews were also conducted with the inmate population.

Total number of formal interviews with staff were 36 (16 random staff officers, and 20 specialized staff). There were also numerous and informal interviews/visits with many other staff.

After the completion of the on-site visits Friday, March 18, the auditor explained to a group of key staff that an Interim/Final Report would be completed within 30 days. This report is the Final Report. All applicable standards are/were compliant (no noncompliant standards or corrections needed). Thus, the auditor completed the on-site pre-audit review, interviews, observation, and tour portions of the audit with this completion of the auditor's final review and summary report.

This report is the final summary report, and the PREA auditor attests to compliance of applicable PREA standards, by the ODRC Southeastern Correctional Complex, Lancaster and Hocking facilities. The Facility description, including the Mission Statement, Demographics and a Summary of the Auditor Findings, including the number of Exceeds, Meets, and Not Applicable standards are all addressed following this narrative in this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Southeastern Correctional Complex (SCC, with Lancaster and Hocking facilities) is a dual/2 facility complex of the Ohio Department of Rehabilitation and Correction with the Lancaster facility in Lancaster Ohio and the Hocking facility, in Nelsonville Ohio, about 30 miles away. This is an all-male, minimum/medium security, 2112 bed capacity, two facility correctional complex.

On March 4, 2013, the Director of the Ohio Department of Rehabilitation and Correction pursuant to Section 5120.01 of the Ohio Revised Code ordered "the Hocking Correctional Facility and the Southeastern Correctional Institution will be one institution under a joint administration and will be called the Southeastern Correctional Complex, with a Lancaster Facility and a Hocking Facility". In this Executive Order 13-01, the Director of ODRC also ordered, "that these prisons shall function as a single administrative entity; and that their facilities, yards and campuses may continued to be referred to by their current individual names, but that they should be considered a single prison for all administrative, security, operational and legal purposes; and they shall be administered by a single Warden".

The history of the two facilities, Lancaster and Hocking, dates years before the above merging. Lancaster was originally in the 1850s established as the Ohio Industrial School for Boys and then in 1980, converting to an adult correctional facility. Hocking was originally built as a tuberculosis hospital and was converted into an adult correctional facility in 1983.

The Lancaster facility is the larger of the two facilities, in area and offender population. Lancaster covers over 1377 acres with 78 buildings inside and outside the compound on the prison grounds. The compound itself houses a capacity of 1613 beds (1526 in six dormitories, 78 beds segregation, and 9 beds for healthcare). The Hocking facility has five buildings within the secure perimeter (3 acres) and four buildings on 15+ acres outside the compound. Housing within the perimeter is 499 beds (480 in three dormitories, 12 beds segregation, and 7 beds for healthcare). Total capacity 2112. (Info taken from the Facility Guide Southeastern Correctional Complex, 2016 Reaccreditation Audit). Fencing for both compounds is double chain-link, 10-12 foot, supplemented with motion detection, and microwave detection, Riverbed rocks, and razor wire. There are 29 exterior cameras and 197 interior cameras supplementing security at the two facilities.

Employee coverage is 24/7 assigned to three shifts; 6 AM to 2 PM, 2 PM to 10 PM, 10 PM to 6 AM. Security Rank Structure is Captain, Lieutenant, and Officer with Sergeants assigned to Unit Management.

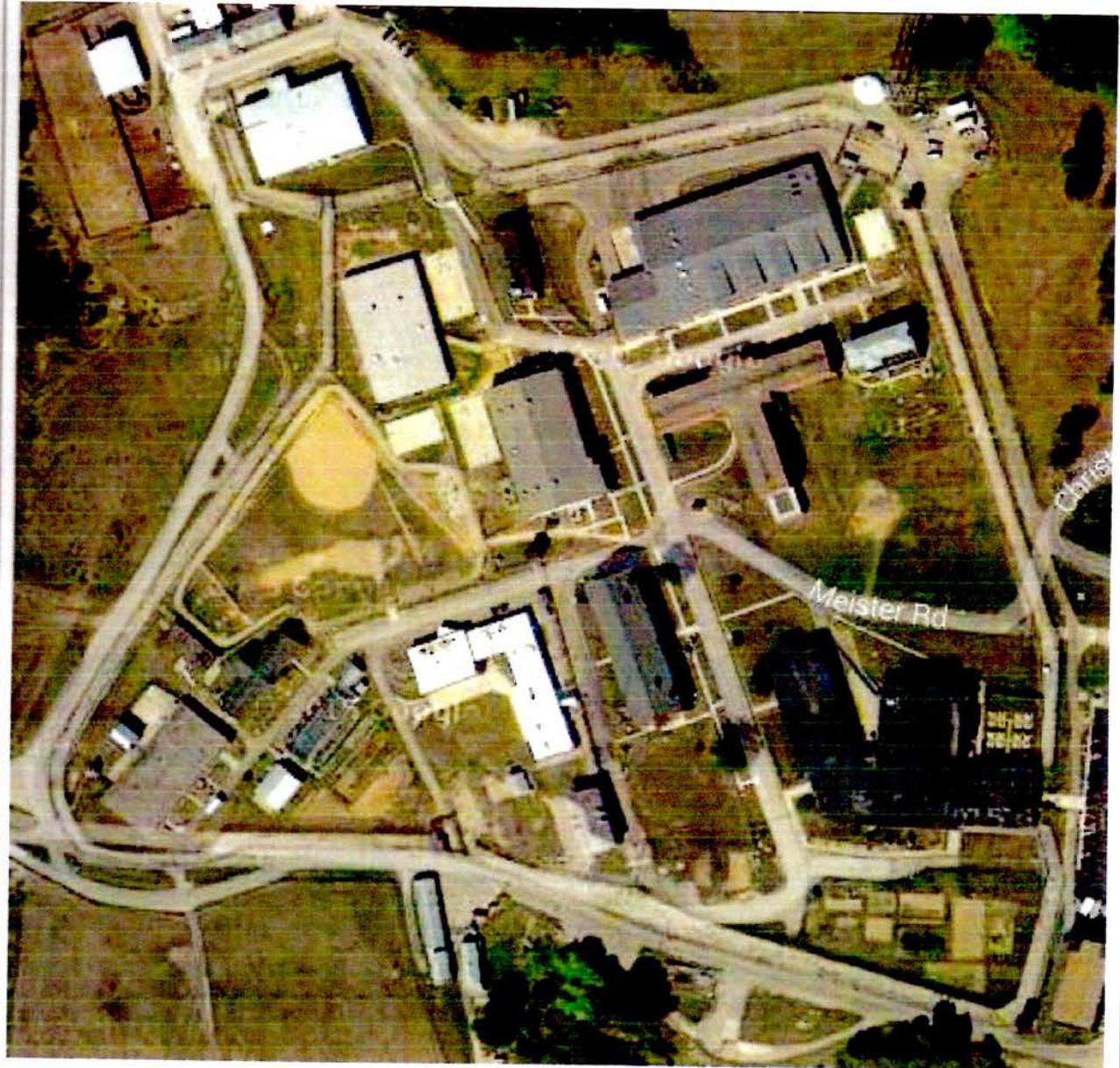
SCC has Programs, work, job, educational, vocational, and other assignments for the inmate population. These broad categories of programs and assignments include the following: general education, apprenticeships, advanced job training, college programs, reentry programs, Victim Awareness, Thinking for a Change, Cage Your Rage, Money Smart, recreation (including libraries, basketball, volleyball, billiards, arts and crafts, music, exercise, self-improvement), faith-based programs, and volunteer programs. Job assignments include food service, maintenance, recreational workers, tutors, lawn and yard workers, groundskeepers, library workers, recycling workers, clerks, barbers, animal trainers, warehouse workers, and etc.

Health care is provided 24/7 and has been assessed as comparable to local community care. The outside medical facility for forensic examinations is the Ohio State University Medical Center and its support services from the local rape crisis center, Sexual Assault Response Network of Central Ohio (SARNCO).

Please see the following pictorial overviews and schematics of the Lancaster and Hocking facilities of the SCC.

FACILITY MAP/DIAGRAM

Southeastern Correctional Complex – Lancaster Facility



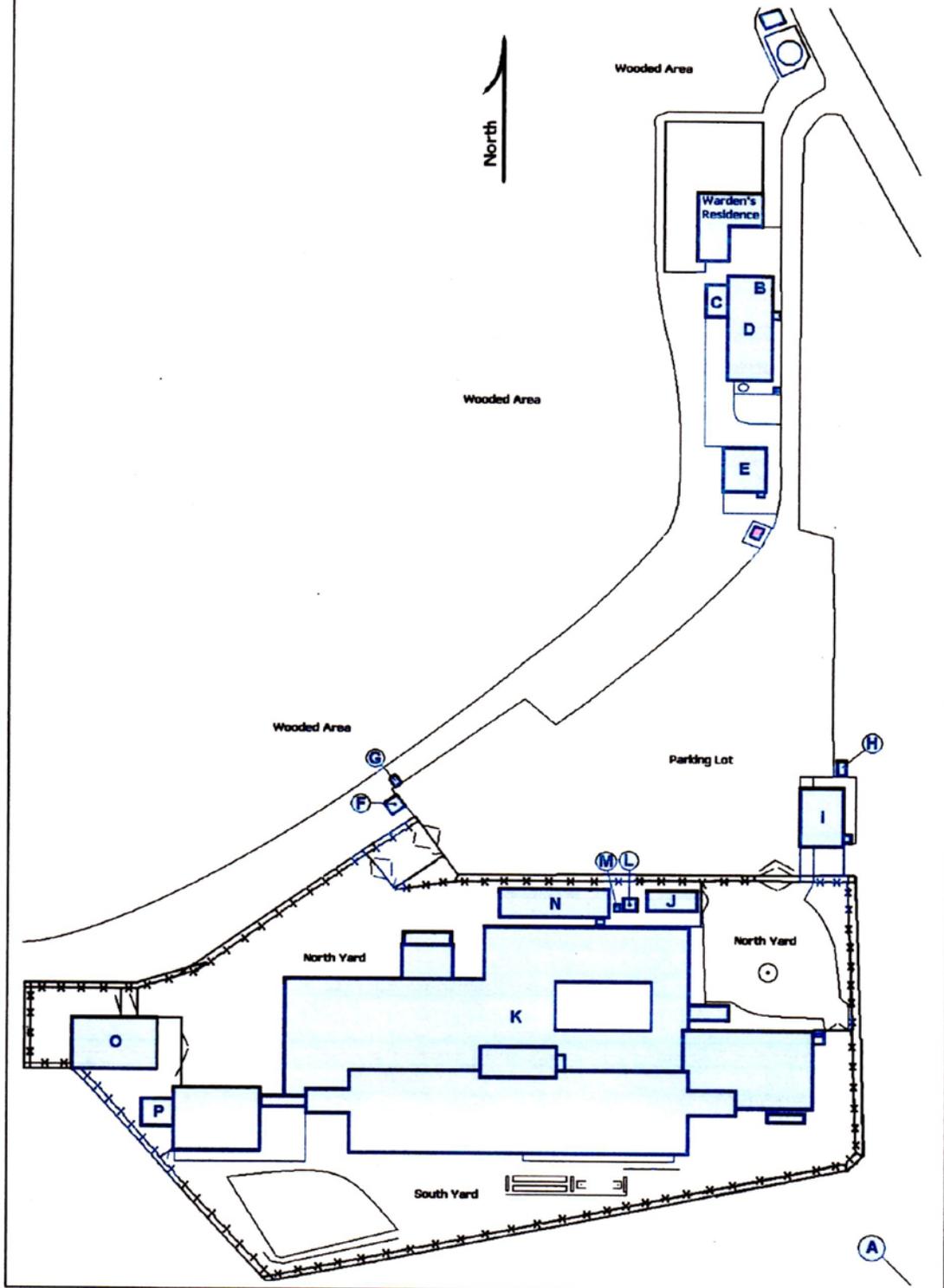
Southeastern Correctional Complex – Lancaster Facility



Southeastern Correctional Complex – Hocking Facility



Southeastern Correctional Complex – Hocking Facility



Mission and Vision:

Mission:

To rehabilitate and to reintegrate.

Vision:

To prepare offenders for long-term success.

Demographics

Designated facility capacity: 2112; Lancaster facility, 1613; Hocking facility, 499.

Current population: 2039. Average daily population, 2042.

Gender: male.

Age range of the offender population: 18 - 90 years.

Security: minimum 1132, medium, 907.

Total number of full-time staff: 292 security; 29, administrative support; 43, program staff; 86 other; 1 part-time.

SUMMARY OF AUDIT FINDINGS

The Southeastern Correctional Complex with its Lancaster and Hocking facilities is assessed as in compliance (meets compliance or better) with PREA standards, and this is a Final Report. As listed below eight standards were assessed as Exceeds Standards, 33 standards were assessed as Meets Standards, and 2 standards were assessed as Not Applicable.

Number of standards exceeded: 8 (115 - .11, .21, .22, 31, .41, .65, .71, and .88)

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 2 (115 - .14, .52)

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)

The Ohio Department of Rehabilitation and Correction has established a statewide "zero tolerance" policy for sexual abuse and sexual harassment for its state correctional institutions/facilities. Policy number 79-ISA-01 Prison Rape Elimination, clearly outlines the ODRC's commitment to following PREA law mandating zero tolerance and outlining the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy specifically states "it is the policy of the Ohio Department of Rehabilitation and Correction to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation, and tracking. The Department shall maintain a zero tolerance for sexual misconduct in its institutions and in the facilities in which it contracts for the confinement of inmates." Southeastern Correctional Complex has an institutional policy, number 03-E-01, Sexual Misconduct Zero-Tolerance Policy that reiterates and further delineates procedures for zero-tolerance.

The ODRC and the SCC are committed to eliminating rape in prison, not only evident from the policies, but by the cultural change espoused by the posters, flyers, reporting systems, and training of staff and inmates. This cultural change, advocating and supporting the inmates' right to be free from sexual abuse and sexual harassment and the inmates and employees' right to be free from retaliation for reporting sexual abuse and harassment is a commitment to break the silence, to report the misconduct, and to follow the PREA standards.

Organizational charts outlining the Institutional Structure and the Agency's Headquarters/Central Office Support, detail an upper level agency-wide PREA Coordinator, and an institutional level PREA Manager, who have the time and authority to appropriately implement and coordinate PREA standards.

The auditor has reviewed several ODRC facilities and has been very impressed with the zero-tolerance policies, training, cultural change efforts, and commitment to safety and security of staff and inmates. The auditor thus assesses an exceeds standard which is based on the auditor's interviews with staff and inmates, the policies mentioned, the Pre-Audit Questionnaire, the tour, and review of posters and information presented to inmates, staff and the general public.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

The auditor reviewed the ODRC policy 79-ISA-01 Prison Rape Elimination which states "all new or renewed contracts for Department inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contract shall provide for contract monitoring to ensure that the contractor is complying with PREA standards" and the addendums to the contracts for housing Ohio inmates with private corporations.

The two institutions that the ODRC has contracted with have been PREA certified.

Based on the fact that the facilities are PREA certified and based on the review of policy, contracts, and interviews with the Contract Administrator and the interview with the Agency PREA Compliance Coordinator, the auditor assesses compliance with this standard.

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)

The ODRC policy 79-ISA-O1 Prison Rape Elimination, directs that each institution shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and, where applicable, video monitoring to protect inmates and take the following into consideration: 1) generally accepted correctional practices, yes; 2) any judicial findings of inadequacy, no; 3) any findings of inadequacy from federal investigative agencies, no; 4) any findings of inadequacy from internal or external oversight bodies, accomplished; 5) blind spots, accomplished; 6) the composition of inmate population, accomplished; 6) the number and placement of supervisory staff, considered; 7) the number and placement of non-supervisory staff, appropriate; 8) institution programs occurring on a particular shift, considered; 9) any applicable state or local laws, regulations or standards, accomplished; 10) the prevalence of unsubstantiated or substantiated incidents of sexual abuse, considered; 11) any other relevant factors, considered; (the preceding 11 items discussed with the Warden, the Deputy Warden, and the Human Resource Manager during formal scripted interviews).

The auditor discussed, with higher level security staff and shift supervisors, monitoring (including unannounced rounds) during formal scripted interviews. The authorized staffing levels were also discussed with shift supervisors, the Warden, and the Deputy Warden. All mentioned there is appropriate supervision and if there is deviation from the staffing plan it is required that documentation be completed and appropriate reviews made. Policy 50-PAM-02 communications/weekly rounds, addresses supervisory rounds required by higher-level staff and notation in housing unit visiting logs.

The auditor's review of the Pre-Audit Questionnaire, policies mentioned above, inmate housing logs, and interviews confirm compliance with this standard.

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)
- Not Applicable

There are no youthful offender inmates under the age of 18 at the Southeastern Correctional Complex therefore, this standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

At Southeastern Correctional Complex, in the past 12 months, there have been zero (0) number of cross gender strip and cross gender visual body cavity searches. Additionally, there have been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates that did not involve exigent circumstances and/or performed by non-medical staff.

The ODRC policy 79-ISA-01 Prison Rape Elimination, and policy 310-SEC-01 Inmates and Physical Plant Searches, both address and stipulate that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances, again, there have been no such searches at SCC.

All security staff received annual training, online training, and shift briefings training. These trainings and PREA video training, scripts, and training logs were reviewed by the auditor. Security staff, as well as other staff, volunteers, and contractors have been appropriately trained.

Southeastern Correctional Complex is an all-male facility (the Lancaster facility is all-male, and the Hocking facility is all-male). ODRC policy 79-ISA-01 Prison Rape Elimination, and policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) address privacy and announcement of one's presence when entering a housing unit of the opposite gender. Specifically, female staff announced their presence when entering male housing units at the SCC. Moreover, all inmates are able to shower, perform bodily functions and change clothes without nonmedical staff of the opposite gender viewing. The LGBTI policy prohibits staff from searching or physically examining a transgender or intersex inmate for determining genital status (no such searches have occurred). PREA alarms/lights have been installed in each dorm to announce the entrance of staff of the opposite gender. Section announcements are activated by the officers' personal body alarms.

Interviews of staff and inmates, as well as the auditor's personal review confirms this "knock and announce", cross gender viewing, and search procedures as compliant.

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)

Procedures are established by the Agency and SCC to provide disabled inmates equal opportunity to participate in, and benefit from, all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

ODRC policy 64-DCM-02 Inmates with Disabilities (six pages), addresses disability needs, interpretation, and accommodations. Accommodation strategies were discussed with Unit Managers, and the Unit Manager Supervisor and were reviewed for compliance by the auditor. This review and the auditor's review of supporting policy, of contracts with Affordable Language Services, LTD, and of contracts for the deaf and hard of hearing, of inmate education videos, of staff training videos, of inmate handbooks in Spanish and English, all supported compliance with this standard.

Staff training and curriculum was reviewed and clearly outlines the agency's commitment to making sure that all staff know that disabled inmates are to be given equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Interviews with inmates and staff along with the above review of policies, handbooks, and posters, confirmed compliance.

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)

Standard 115.17 Hiring and Promotion Decisions has been reviewed by this auditor at several Ohio correctional facilities. The assessment of the Agency's hiring practices and promotion decisions is compliant with the standard. Moreover, the auditor recently reviewed, with the Warden, the Human Resource staff of the SCC and the Agency PREA Compliance Manager; the leadership of the agency through the commitment to higher employment practices and the commitment to obtain the best personnel available to become officers, staff and employees of the ODRC. The discussion here is to clearly state the Agency's belief that quality staff produces quality corrections.

The ODRC policy 31-SEM-02 Standards of Employee Conduct and the policy 34-PRO-07 Background Investigations outline policy and procedure for hiring and promotion. These policies, with civil service applications, were reviewed along with staff and potential staff disclosures/acknowledgments for thorough background checks, and law enforcement background checks.

Agency policy dictates background checks be conducted every five years for employees and contractors. Policy also states that material omissions regarding sexual abuse/harassment and material false information shall be grounds for termination. The standards of conduct for ODRC employees' requirement to self-report any criminal, sexual abuse, and/or sexual harassment behavior or activity.

The Human Resource Department at SCC coordinates with the ODRC Central Office/Support Services to accomplish PREA compliance in obtaining appropriate background information, background checks, and personal history checks required to employ staff. In the past 12 months there have been 62 persons considered for employment who have had criminal background checks. There have been 31 persons considered for contract who have had criminal background checks. A sample of these background checks was reviewed by the auditor.

Based on the Pre-Audit Questionnaire, policies above, interviews, and supporting documents, the auditor assesses compliance for this standard.

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)

The SCC has not acquired any new facilities or made any substantial expansion or modification of the existing facility since August 20, 2012. The facility has installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. These two statements taken from the Pre-Audit Questionnaire.

The auditor reviewed the video monitoring system/surveillance system of SCC (Lancaster and Hocking facilities) and discussed with the Warden and security staff how the systems help protect inmates from sexual abuse. There were 139 cameras at the Lancaster facility and 68 cameras at the Hocking facility plus 19 recently added cameras for a total of 226 for these minimum/medium security facilities. Cameras are identified as fixed or with a "pan-tilt-zoom" capability. Cameras are located throughout the facility in buildings, and on the perimeter observing areas where staff and/or inmates may gather or have access. The Warden and his security staff constantly monitor, review and utilize these systems for safety and security of inmates and staff.

Based on the tour, supporting documents relating to video monitoring and supervision, and interviews with the Warden and his security staff, the auditor assesses compliance.

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)

This standard of evidence protocol and forensic medical examinations is thoroughly and comprehensively addressed by the ODRC and in this auditor's opinion exceeded standards. The auditor's assessment that this standard substantially exceeds the requirement is outlined and based on SCC's cooperative professional association with the Ohio State Highway Patrol and its association with the Ohio State University Hospital that performs the forensic examinations, except in a dire emergency (which would then be done at the local hospitals who would assure a SAFE or SANE practitioner).

The Ohio State Highway Patrol reviews every investigation, and makes the decisions whether to begin with criminal investigations or administrative investigations. Forensic exams are again handled by the Ohio State University Medical Center, no exams are performed at the SCC (Lancaster and/or Hocking facilities).

There is a Memorandum of Understanding between the ODRC and the Ohio State Highway Patrol (OSHP). This memorandum between the Director of the ODRC and the OSHP states that there will be a uniform process for evidence collection and the investigation of PREA related incidents. The protocol is adapted from the Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examination Adult/Adolescents". This MOU, supported by policy, documents, and procedures in both agencies, coordinates and directs all investigative/evidence collection steps and more, as required and outlined in standard 115.21.

The Ohio State University Hospital is used for forensic medical examinations. Safe/SANE healthcare professionals perform the required/appropriate exams. There have been zero (0) number of exams performed in the past 12 months.

Victim support services are extended by staff at each facility and are available on each shift. SCC has a MOU with the Sexual Assault Response Network of Central Ohio (SARNCO) for supplemental and complementary victim support services. There are 17 staff at the Lancaster facility trained as the VSPs (Victim Support Persons) and seven staff at the Hocking facility trained as VSP's.

Specialty medical staff, victim support persons, OSHP troopers, investigators, random staff, and random inmates were all formerly interviewed and helped determine an exceeds compliance for this standard.

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)

Southeastern Correctional Complex and the ODRC have policies in place to ensure the referral of allegations of sexual abuse for investigation. The agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation has a checklist for security and non-security first responders. These checklists are a step-by-step action process that is thorough, detailed and comprehensive and helps ensure the appropriate referrals. Reporting proceeds through the allegation of sexual abuse flowchart, with the notification of the shift commander, medical services, the investigator, the Ohio State Patrol, the PREA Compliance Manager, and the Victim Support Person. This process is clearly followed at SCC.

The first responder's action is to follow up with an incident report on every allegation. The sexual abuse first responder checklist/appendix D, and the use of sexual abuse first responder flowchart/appendix C are the basis for staff to use in ensuring referrals. At SCC, during the past 12 months, there have been 34 allegations of sexual abuse and sexual harassment that were received. During the past 12 months there have been 34, administrative investigations and zero criminal investigations. All 34 sexual abuse allegations have been documented, referred to the OSHP (there is a state trooper's office on-site at the Lancaster facility and the Hocking facility) and PREA incident packets established on each of the allegations. The auditor reviewed the 34 incident packets and examined notifications and information contained in five of these packets. Simply, SCC does a good job in categorizing, reporting, responding, and investigating allegations.

Agency policy regarding allegations of sexual abuse or sexual harassment for a criminal investigation is published on the Agency PREA website. The Agency also documents all referrals of allegations.

Interviews with staff and inmates, and specialty interviews with the Institutional Investigator, the PREA Manager and the Agency PREA Coordinator confirmed compliance with the standard. Based on the interviews and review of the investigative files, and the OSHP's response to each of the allegations, this auditor assesses exceeds compliance.

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)

The PREA auditor for the SCC has assessed this standard, 115.31 Employee Training as exceeds. The ODRC/SCC requires testing on the PREA training (the auditor reviewed and took the test) required of each employee. A record of this testing and the scores achieved by staff, in itself, exemplifies the commitment of the ODRC to accomplishing the PREA goals and objectives. The auditor also reviewed training policies, curriculum, the e-learning program, video scripts, and had many interviews, both formal and informal with staff confirming an exceeds assessment for this standard.

Staff training is outlined in policy 79-ISA-01 Prison Rape Elimination. The following 10 bullets, listed in the training policy, detailed in the Pre-Audit Questionnaire, and outlined in standard 115.31 of the Compliance Tool, were asked during the scripted random interviews with staff:

- 1) Agency zero-tolerance policy
- 2) How to fulfill PREA responsibilities
- 3) Inmates' right to be free from sexual abuse
- 4) Right of inmates and employees to be free from retaliation
- 5) The dynamics of sexual abuse in confinement
- 6) Common reactions of sexual abuse/sexual harassment victims
- 7) How to detect and respond to signs of threatened and actual sexual abuse
- 8) How to avoid inappropriate relationships
- 9) How to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse

Again, staff were asked, during formal interviews, if they were trained and without fail all answered positively/appropriately to the interview questions.

In the past 12 months 471 staff employed by SCC were trained on the PREA requirements enumerated above, documentation, and acknowledgments of this training have been maintained and recorded.

Based on the above policies, reviews, and interviews, both formal and informal, the auditor assesses this standard as exceeds.

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)

All volunteers and contractors who have contact with inmates have been trained in their responsibilities under PREA. In the past 12 months, 31 volunteers and contractors have been trained in the Agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response. The level and type of training provided is based on the services they provide. All volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such. The Agency maintains documentation confirming that volunteers/contractors understand the training they received.

The ODRC/Southeastern Correctional Complex training acknowledgment form, signed by the contractor/volunteer details the following:

- 1) The ODRC's zero tolerance for sexual abuse
- 2) The ODRC's zero-tolerance for sexual harassment
- 3) How to report sexual abuse and sexual harassment
- 4) Sexual abuse and sexual harassment prevention
- 5) Sexual abuse and sexual harassment protection
- 6) How to respond to sexual abuse and sexual harassment
- 7) The legal prohibition on any sexual activity with inmates
- 8) The identifiers of possible sexual assault victims
- 9) Sexual assault prevention strategies.

A test is also required of volunteers and contractors regarding sexual abuse/harassment prevention, detection, and response.

Interviews with contractors and volunteers, and the above documentation confirmed compliance with this PREA standard.

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)

The Inmate Education Standard has six subsections (a-f), a) indicating that inmates are to receive information on the zero-tolerance policy during intake, b) be completely educated within 30 days of intake on their rights to be free from sexual abuse and retaliation, c) current inmates are to be educated within one year of the establishment of PREA standards, d) the Agency shall provide information to inmates who are limited in English language proficiency, or otherwise disabled, e) the Agency shall maintain documentation of this education, and f) shall continually make this education material available. The Southeastern Correctional Complex, directs the education and attests to compliance.

The auditor, during the tour, observed posters and notices addressing PREA. Especially evidenced were posters indicating "break the silence" and posters/information outlining how to report.

The auditor also reviewed Agency policy 79-ISA-01 Prison Rape Elimination addressing PREA education for inmates and outlining the following seven steps:

- 1) Oral and written information references for zero-tolerance, including prevention, self-protection, reporting, treatment and counseling
- 2) Within 30 calendar days of arrival at a reception center inmates are informed of their right to be free from sexual misconduct and free from retaliation
- 3) Oral information on sexual misconduct at parent/receiving institutions, plus PREA information in the inmate handbooks
- 4) Documentation of the inmates' participation in orientation and education (acknowledgment checklists)
- 5) The Institution PREA Compliance Manager shall ensure that information is readily available
- 6) All materials are approved by the Agency PREA Coordinator
- 7) Appropriate provisions for inmates, not fluent in English and those with disabilities, to understand and to be accommodated as appropriate for PREA training.

725 inmates were admitted during the past 12 months at the SCC and all were appropriately informed.

Based on the above policies and documents as well as interviews, both formal and informal, with inmates confirmed compliance of this standard, Inmate Education 115.33.

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)

The ODRC's policy 79-ISA-01 Prison Rape Elimination states "all investigators shall receive specialized training, which shall include, but not be limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate any case for administrative action or prosecution. This training shall be documented on the PREA training session report. The training may be received through the National Institute of Corrections (NIC). Completion of the training shall be documented with a certificate of completion". The auditor reviewed this training with the Institutional Investigator, reviewed training session reports, reviewed the Investigator's activity transcript including passing status (all passing with granting of CEUs from .75 to 40.00 credits), reviewed the training script/PowerPoint by NIC, reviewed the certificate received by the Investigator from NIC and reviewed the specialized training.

Agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation was also reviewed with the Institutional Investigator and leadership staff (Warden, Deputy Warden, and others) at the institution.

The Institutional Investigator and the Ohio State Patrol Trooper Investigators work together in the Warden's complex of offices. Oral and written communications between the two investigators appeared very positive and professional.

The Ohio State Patrol Officer is specifically trained on investigations in a confinement setting.

The auditor's review of investigative training (all are trained), the supporting documents, curriculum, and interviews with investigative staff, the leadership staff at the institution and the Agency PREA Coordinator confirm compliance.

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)

The agency policy 79-ISA-01 Prison Rape Elimination, as well as the medical/mental health curriculum, the medical/mental health training, and the contract medical/mental health training, all provide for and ensure the training of medical and mental health practitioners who work regularly in the facilities.

All medical and mental health care practitioners who work at the Southeastern Correctional Complex received training. 100% of the 42 health care practitioners/staff, who work regularly at this complex, have received training required by agency policy. PREA medical and mental health professional training includes the Agency zero-tolerance policy, how to report sexual abuse/harassment, prevention, detection, response, legal prohibition of any sexual activity with inmates, identifiers of possible sexual assault victims, and strategies for sexual assault prevention.

Agency, ODRC, staff do not conduct forensic examinations. Forensic examinations are conducted primarily at Ohio State University Hospital. Emergency medical forensic examinations concerning sexual abuse may be done by SAFE, SANE nurses at the local hospital.

Documentation is maintained showing that medical and mental health practitioners have completed the Agency's required training.

Interviews with specialized staff and review of documentation confirmed the above specialized training and compliance with the standard.

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)

The auditor reviewed the risk assessment process at Southeastern Correctional Center (inmates at the Lancaster and the Hocking facilities). Included in this review of the assessment process was the Agency Risk Assessment Tool, review of the agency's policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies, interviews with unit management staff, the agency's PREA Pre-Audit Questionnaire and supporting information, and the assessment process. In this auditor's opinion, the Unit Management staff, the medical/mental health staff, the counselors, and all involved with the assessment process know how to individually evaluate and assess inmates for risk of victimization and for abusiveness reference sexual abuse/harassment. Certainly there's no infallibility or certainty that can be obtained when it comes to assessing behavior, emotions, motivations, and etc. but best efforts, dedicated, and professional evaluations are, in this auditor's opinion, extended with the best interests of the safety and security of the inmates and staff while meeting one's responsibilities.

The ODRC policy 79-ISA-04, Risk Assessments and Accommodation Strategies outlines appropriate risk assessment for both victim and abuser. Staff is well-trained in the assessment process outlined by this policy and its appendices. It was impressive that staff interview inmates adherent to the ODRC policy 79-ISA-01, such that "all inmates shall be screened and assessed upon admission to the Department and for all subsequent intra-system transfers for the risk of being a victim of sexual abuse or their likelihood of committing sexual abuse". The ODRC has a Departmental Offender Tracking System (DOTS), which serves as the primary information system on all offenders incarcerated in the ODRC. This electronic process has numerous screens covering at a minimum, the 10 criteria outlined in standard 115.41 (d) covering the following: 1) whether the inmate has a mental, physical or developmental disability, 2) the age of the inmate, 3) the physical build of the inmate, 4) previous incarceration, 5) criminal history (nonviolent and/or violent), 6) whether the inmate has prior convictions for sex offenses, 7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, 8) whether the inmate has previously experienced sexual victimization, 9) the inmate's own perception of vulnerability, 10) whether the inmate is detained solely for civil immigration purposes (zero/no inmates are held for immigration purposes at SCC either Lancaster or Hocking facilities). Assessment and risk information is shared/maintained on a "need to know basis".

725 inmates entering the SCC within the past 12 months, 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. Additionally, the policy requires that inmates risk level be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Based on interviews with staff and inmates, interviews with specialized staff involved in intake and risk assessment, and based on the assessment tool that is used by the ODRC/SCC and the policies promulgated concerning PREA, the auditor assesses this standard, 115.41 as exceeds.

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)

Screening for risk of victimization and abusiveness is professionally accomplished by the use of the Unit Management System throughout the ODRC and specifically at the Lancaster and Hocking facilities of the Southeastern Correctional Complex.

Policies 79-ISA-01 Prison Rape Elimination, 79-ISA-03 Sexual Abuse Review Team, 79-ISA-04 Risk Assessment and Accommodation Strategies, and policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex were reviewed by the auditor and corroborated the use of screening information to make informed decisions regarding housing, bed, work, education, and program assignments with the goal of keeping inmates safe and secure.

The facility makes individualized determinations about how to insure the safety of each inmate. Assignments for a transgender or intersex inmate, by policy mentioned above, is made on a case-by-case basis.

This standard was found in compliance with PREA based on the information supplied in the policies, supporting documents, information from the Pre-Audit Questionnaire, and the interviews with specialized staff and inmates.

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)

The ODRC/SCC policy prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made. This is as directed by policy 79-ISA-04 Risk Assessment and Accommodation Strategies. If this option of involuntary segregation must be used, the policy affords the inmate a review every 30 days.

It is noted that the Southeastern Correctional Complex has only 48 segregation cells for its' total population of over 2000 inmates, thus segregation cells are used very sparingly for involuntary segregation and alternatives to segregation are carefully explored for protective custody, and other holdings that may require segregation. Simply, segregation cells are used for serious security, disciplinary, and most needed segregation cell assignments.

There have been zero (0) number of inmates at the risk of sexual victimization, who were held in involuntary segregation during the past 12 months.

The auditor found this standard to be compliant based on the policies and information detailed in the above paragraphs.

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)

The auditor used the Pre-Audit Questionnaire, the Agency policies, notes, documents, interviews, the tour, and review of this information below to confirm compliance.

The Pre-Audit Questionnaire indicated that the Agency has procedures established allowing multiple internal ways for inmates to report privately to agency officials about sexual abuse/sexual harassment, retaliation, or staff neglect/violation of responsibilities.

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation outlines the procedures (part IV. Procedures, A. Reporting of Sexual Misconduct and Retaliation) for reporting. Also the inmate handbook, posters, the inmate education video and its video script, detail ways to report. The ways to report are: 1) verbally to any staff member, 2) in writing to any staff member, 3) to the Operation Support Center, phone 614-995-3584.

The way to report sexual abuse or sexual harassment externally is as follows: 614-525-4326, Administration, Franklin County Juvenile Detention Center. Family and friends can report allegations of sexual abuse, sexual harassment, and retaliation on an inmate's behalf by calling the Chief Inspector's Office at 614-995-3584 or by emailing: DRC.ReportSexualMisconduct@ODRC.state.oh.us

Inmates, upon request, shall be given the opportunity to remain anonymous to the outside agency.

ODRC policy dictates there will be no retaliation for reporting incidences of sexual abuse or harassment (79-ISA-01 Prison Rape Elimination). Retaliation can be reported to the Institutional Inspector's Office who handles retaliation.

The Agency's policy 79-ISA-01 Prison Rape Elimination, mandates that reports of sexual abuse/harassment can be made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports.

Staff can privately report sexual abuse/harassment of inmates by filling out an incident report and taking it to the PREA Compliance Manager or sending it to the Agency PREA Coordinator. Staff is trained in the above procedures.

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)
- Not Applicable

The Ohio Department of Rehabilitation and Correction does not use an inmate grievance process for reports of allegations of sexual abuse or sexual harassment. A Memo from the Agency PREA Coordinator detailing the process for reporting and timeframes required, compliant with PREA was made part of the file. This standard is assessed not applicable.

Standard 115.53 Inmate access to outside confidential support services

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

The Southeastern Correctional Complex, Lancaster and Hocking facilities, provides access to both specially trained staff and/or specially trained outside advocates for emotional support services for sexual abuse victims as outlined in the ODRC policy 79-ISA-01 Prison Rape Elimination.

SCC has a Memorandum of Understanding (MOU) with the Sexual Assault Response Network of Central Ohio (SARNCO) located in Columbus Ohio. This MOU addresses the following:

- 1) Accompanying and supporting the victim through the forensic examination process
- 2) Accompanying and supporting the victim through the investigatory interviews at the hospital
- 3) Providing emotional support
- 4) Providing crisis intervention services
- 5) Providing options for resources
- 6) Providing for follow-up services
- 7) Providing to the institution an address and phone number for inmates (Columbus, Ohio, 614-267-7020)

Copies of agreements are maintained by both parties. The facility informs inmates, prior to giving them access to outside support services, the extent to which communications will be monitored. The facility also maintains a Victim Support Person list (VSPs) which details 17 VSPs at the Lancaster facility with at least one on each shift and seven VSP's at the Hocking facility one on each shift.

Interviews with inmates and staff confirm knowledge and access to these outside confidential support services. The auditor has also made contact previously with SARNCO. The auditor assesses compliance.

Standard 115.54 Third-party reporting

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

The Southeastern Correctional Complex provides posters at entrances to each facility and in the inmate's visiting parks for the general public and for visitors explaining that third-party reports alleging sexual abuse/harassment referencing inmate(s) may be made by calling 614-995-3584 or emailing the ODRC website, www.drc.ohio.gov/web/prea.htm. The auditor observed these posters at the entrances and at the visiting parks.

The auditor formally and informally interviewed inmates, visitors, and staff, and most were aware of these posters. Based on the auditor's own observation and interviews mentioned, this standard was assessed in compliance with PREA.

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)

The ODRC/SCC requires all staff to report immediately and according to policy 79-ISA-02, Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at the facility. The report must be made immediately. Further, this policy stipulates that retaliation and third-party and anonymous reports shall be reviewed, forwarded to the Institutional Investigator (again, the Institutional Investigator is responsible for monitoring retaliation and working with the OSHP on all allegations of sexual abuse). As outlined by the policy, there is a checklist/form titled, "Sexual Abuse-First Responder Checklist", this is for security and non-security staff who are made aware of sexual abuse. This checklist requires the completion of an incident report which ensures follow-up of each staff member's "duty to report".

Random staff interviews included the question, does the Agency "require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility?". This question was asked of each random staff member who was formally interviewed and without fail, all responded affirmatively. Staff training, the curriculum for training, and online training scripts, confirmed that this staff's responsibility and duty to report sexual abuse was being taught. Documentation is maintained of all staff training.

Based on the above paragraphs this standard is assessed as meeting standards.

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)

The ODRC/SCC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation states how to handle reports of substantial risk of imminent sexual abuse (section F, page 13). All reports require immediate action to protect the inmate. It is noted that it takes some time to assess and implement appropriate protective measures without unreasonable delay. The policy outlines the following:

- 1) All reports shall immediately be forwarded to the Investigator, Unit Management Chief, and Shift Supervisor
- 2) When considering the protection of staff or inmates, staff shall consider housing changes, transfers, and/or removal of alleged staff or abusers
- 3) Risk of imminent sexual abuse shall be investigated by a staff member assigned by the managing officer
- 4) Inmates shall not be placed in involuntary segregation unless there is no alternative
- 5) Appropriate paperwork will be completed
- 6) The managing officer's designee shall provide a documented response within 48 hours
- 7) A documented final decision shall be made within five calendar days
- 8) A copy of the Imminent Risk of Sexual Abuse Form will be sent to Unit Management for special screening in the PREA risk assessment system (DOTS).

In the past 12 months there have been zero (0) number of times SCC has determined that an inmate was subject to substantial risk of imminent sexual abuse.

The auditor assesses compliance based on the policy and the zero findings of substantial risk of imminent sexual abuse.

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)

The ODRC/SCC requires by policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head (managing officer/designee) of the receiving facility must notify the head of the facility or appropriate office of the agency/facility where the sexual abuse is alleged to have occurred.

This notification mentioned above is to be made as soon as possible, but no longer than 72 hours after receiving the allegation. This is also outlined in the above policy 79-ISA-02.

In the past 12 months there have been nine allegations that the facility has received that an inmate was abused while confined at another facility. These nine allegations were all referred to the facility where the abuse was alleged to have occurred. The auditor reviewed the process, and notifications initiated by SCC.

SCC has received zero number of allegations of sexual abuse from other institutions that an inmate(s) was abused while at SCC.

Upon review of the policy, procedures, notifications, and statistics supplied in the Pre-Audit Questionnaire, the standard is assessed as compliant.

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)

First responder duties for ODRC/SCC staff are outlined in the policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation. This policy is comprehensive and thorough and has flowcharts, appendices and forms. Specifically, the policy directs the following:

- 1) The first responder; if non-security; separate the victim and abuser, advise the victim not to destroy evidence, and complete the incident report (notification).
- 2) The first responder; if security; separate victim and abuser, preserve and protect the crime scene, review time periods, contact medical services, notify Investigator/OSHP, notify PREA Manager, notify victim support, and complete the initial report. (This covers the four, part a-1 standard requirements for security listed in this standard 115.64.)

In the past 12 months there have been 16 allegations that an inmate was sexually abused. Of these allegations, the first responder security staff member separated the alleged victim and abuser 16 times. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was seven. Of these allegations that were timely, the first security staff member preserved evidence, requested that the victim not destroy evidence, and ensured the alleged abuser did not take any actions that could destroy physical evidence in all seven timely incidents.

In the past 12 months, the number of allegations, reported to a non-security staff first responder, that an inmate was sexually

abused was nine times. Of these nine times, the non-security staff member requested the alleged victim not take any action that could destroy physical evidence, and notified security staff.

All staff who have contact with inmates have been trained in these procedures and acted accordingly. Non-security and security checklists were reviewed by the auditor.

Based on policy and procedure, and interviews with staff and inmates confirm 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)

Southeastern Correctional Complex has its own 10 page Sexual Abuse Coordinated Response Plan 03-E-02, Sexual Abuse Coordinated Response. This, in addition to the Agency's 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, direct a coordinated response.

These plans direct a review of allegations, the completion of incident reports, the procedures staff are to follow, and steps to be followed in addressing sexual abuse and sexual harassment. The policies also included the Agency's form, Sexual Abuse-First Responder Checklist. The checklist assists by outlining, for the first responder, steps to be taken when a security or non-security member is made aware of sexual abuse.

The SCC Sexual Abuse Coordinated Response Plan, specifically directs first responders, medical and mental health practitioners, investigators, the PREA Manager, and facility leadership to take a team/coordinated action in addressing sexual abuse.

Interviews with the Warden, with specialized staff, with the Incident Review Team members, and with random staff all indicated a team approach. It was (is) clear from these policies and by the leadership at the facility that there was (is) a coordinated/team effort. The auditor assesses this standard as exceeds.

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)

The Ohio Department of Rehabilitation and Correction has entered into a new or renewed collective bargaining agreement since August 20, 2012. Effective July 1, 2015, the educators union OEA/NEA, the civil service employees union OCSEA/AFSCME, and the service employees in health care and social services union SEIU/1199, have entered into a new collective bargaining agreement with the Ohio Department of Rehabilitation and Correction.

The auditor reviewed the agreements and discussed them with the Warden, the Agency PREA Coordinator and the Complex PREA Manager and all agree that these contracts, as outlined in management rights section of the contract, preserve the agency/management's ability to protect inmates from sexual abuse.

The auditor assesses this standard as compliant (meets standards).

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)

Protection against retaliation is directed by ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation. This 14 page ODRC policy was submitted with the Pre-Audit Questionnaire and highlighted for applicability and compliance to each of the subsections of standard 115.67 a, b, c, d, e, and f. This highlighting and application of policy to each subsection of every standard of PREA, has been one of the strengths of the ODRC audits. Compliance is directly established and shared with each auditor by the Agency PREA Coordinator, and the Facility PREA Managers.

The above mentioned policy details procedures and directs protection to all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The policy also designates that the Institutional Investigator is responsible for prevention of retaliation by inmates or staff. The Investigator is also instructed to ensure 30, 60 and 90 day status checks of suspected retaliation (this is more often than a 90 day review required by PREA). The agency also continues monitoring beyond 90 days, if warranted.

The ODRC/SCC acts promptly to remedy any retaliation.

There are zero (0) number of times an incident of retaliation has occurred in the past 12 months at Southeastern Correctional Complex.

The auditor's interviews with the Warden, Investigator, specialized staff, and random staff and inmates, plus review of the allegations, and investigations confirmed compliance.

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)

The ODRC has an agency policy 79-ISA-04 Risk Assessment and Accommodation Strategies that addresses protective custody. Involuntary segregation is used only as a last resort for the protection of inmates who have alleged and suffered sexual abuse.

The Unit Management Teams assist in placing inmates at high risk of victimization, into safe circumstances. Moreover, Unit Management Teams individually assess risk assessment of the inmates at SCC and appropriately screen all inmates to ensure safety, custody, and care. Each inmate is afforded an assessment screen and if any inmate is placed in involuntary segregation, the appropriate alternative steps are taken prior to such placement in involuntary segregation. There are limited segregation cells at both facilities, Lancaster and Hocking, of SCC thus very smart and careful use is made of these segregation cells.

In the past 12 months there have been zero (0) number of inmates who have suffered sexual abuse that were held in involuntary segregated housing for any time frame.

This standard is assessed as "Meets Standard".

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)

Investigations within the ODRC/SCC concerning sexual abuse/sexual harassment are thorough, comprehensive, and professional. These investigations are directed, as outlined in ODRC policies 79-ISA-01 Prison Paper Elimination and 79-I SA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation. As directed by these policies, investigations are coordinated with the Ohio State Highway Patrol.

These policies address this particular standard's 12 sub-standards (a-l) on the Auditor's Compliance Tool, supplemented by the policy of the OSHP, the laws of the state of Ohio, and the Memorandum of Understanding between the ODRC and the OSHP to collaboratively provide a uniform process for evidence collection and the investigation of PREA related incidents.

The OSHP has offices at the SCC (Lancaster and Hocking facilities). There is a professional and expert collaboration as evidenced by interviews with investigators, the Warden, and review of the MOU which details the following:

- 1) PREA incident investigations
- 2) Victims of sexual abuse forensic medical examinations
- 3) Victim advocate/rape crisis center assistance
- 4) Specialized training
- 5) Investigator evidence collection
- 6) Investigator interviews
- 7) Credibility of victims, witnesses
- 8) Documentation
- 9) Substantiated allegation referral
- 10) The departure of victim or abuser from employment or control of the facility

Substantiated allegations that appear to be criminal are referred for prosecution. At this minimum, medium security facility, SCC, there were zero (0) number of sustained allegations that were referred for prosecution since August 20, 2012.

The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment, according to the State Record Retention Schedule. Special investigative case files must be retained for 10 years after an inmate has reached final release (expiration of sentence, death) and/or 10 years after an employee is no longer employed by the agency. The OSHP requires that records are held indefinitely for all criminal investigations. Interviews with the Warden and specialized staff and review of policies support an exceeds assessment of this standard.

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)

As defined in the ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, the Agency "imposes a standard no higher than a preponderance of the evidence for administrative investigations".

The policy and interviews with the Institutional Investigator and Warden support compliance for this evidentiary standard.

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)

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requires that when an inmate makes an allegation that he or she suffered sexual abuse in an agency facility, they are informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. SCC follows this policy as evidenced by the fact that in the past 12 months there have been 16 criminal and/or administrative investigations of alleged inmate sexual abuse and of these 16 investigations, all 16 allegations were addressed and the inmate(s) notified.

Based on policy, and the notifications reported to the inmates, this standard is assessed as meets standard.

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)

Pursuant the Ohio Revised Code, (Employees Limitation of Authority) "sexual conduct with an inmate or anyone under the supervision of the ODRC is considered criminal. The ODRC will refer and pursue all cases for criminal prosecution."

The ODRC policy 79-ISA-01 Prison Rape Elimination and Personnel Policy 31-SEM-02, Standards of Employee Conduct stipulate that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policy.

In the past 12 months there have been zero (0) number of staff from the facility that have violated agency sexual abuse or sexual harassment policy. There have been zero (0) number of staff that have been terminated, and there have been zero (0) number of staff disciplined short of termination for violation of such policies. There have also been zero (0) number of staff that have been reported to law enforcement or licensing boards for violating ODRC/SCC policy.

Based on the state law, policies, and supported by interviews with staff and inmates, this standard is assessed as compliant.

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)

The ODRC/SCC's adherence to standard 115.77 Corrective Action for Contractors and Volunteers through its policies and procedures, specifically, policy 79-ISA-01 Prison Rape Elimination and policy 71-SOC-01 Recruitment, Training, and Supervision

of Volunteers, Standards of Conduct for Contractors, Volunteers and Interns, and the Ohio State Code requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing boards unless the activity was clearly not criminal.

As with Employee Standards of Conduct, the ODRC, through its' Standards of Conduct for Contractors, Volunteers and Interns sets a high standard for those working with inmates in the state prison system. All volunteers and contractors are trained and acknowledge that they have been trained and understand relevant policies, procedures, and PREA.

In the past 12 months there have been zero (0) number of contractors or volunteers who have been involved in sexual abuse with inmates and zero (0) who have been reported to law enforcement agencies or licensing boards for engaging in sexual abuse with inmates.

Based on the auditors review, policy and procedures, and interviews with volunteers and inmates, this standard is assessed as compliant.

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)

Inmate Rules of Conduct 5120-9-06, ODRC Administrative Code, Rules Violations/Disciplinary Violations, addresses disciplinary sanctions for inmates and moreover, addresses the formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Further, Administrative Codes 5120-9-07 and 5120-9-08 define and list the Disposition for Rule Violation. This information is available through the inmate handbooks, handouts, and the electronic kiosk machines.

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding. Criminal findings are, of course, handled through the judicial system.

In the past 12 months there have been zero (0) administrative findings of inmate on inmate sexual abuse that occurred at SCC.

In the past 12 months there have been zero (0) criminal findings of inmate on inmate sexual abuse that occurred at SCC.

Based on the auditor's review, policy and procedures, and interviews with staff and inmates, this standard is found compliant.

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)

All inmates in the SCC who have disclosed any prior sexual victimization during screening pursuant standard 115.41 are offered a follow-up meeting with a medical or mental health practitioner. Additionally, prison inmates who have previously perpetrated abuse as indicated in standard 115.41 during screening are offered a follow-up meeting with a mental health practitioner. This is directed by ODRC policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies.

These follow-up meetings for the victim or for the abuser are offered within 14 days of intake screening.

In the past 12 months 100% of the inmates who disclosed prior victimization were offered a follow-up meeting with a medical or mental health practitioner. Additionally, in the past 12 months 100% of the inmates who disclosed prior abusiveness were offered a follow-up meeting with a medical or mental health practitioner.

As mentioned earlier in the report, the assessment process used by the ODRC is thorough and comprehensive and a team effort is practiced by intake staff, assessment staff, security staff, Unit Management, and medical and mental health staff.

Information related to sexual victimization or abusiveness is strictly limited. Appropriate informed consents are obtained by the medical/mental health staff. Professional judgment, in the interest of security and safety of the inmate, is used to only share appropriate and needed information for treatment, housing, bed, and institutional assignments.

Based on policy review, risk assessments, interviews with specialized staff, inmate interviews, and the medical/mental health follow-ups, this standard is assessed as compliant.

Standard 115.82 Access to emergency medical and mental health services

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

Inmates receive unimpeded access to medical and mental health treatment and crisis intervention at Southeastern Correctional Complex. There are 24/7 medical services, and daily/on-call mental health services at the SCC and for extreme emergencies and emergency transportation 911 services are available through the local communities of Lancaster and Nelsonville (for the Hocking facility) via 911.

Forensic Healthcare Services are available at the Ohio State University Hospital in neighboring Columbus, Ohio.

Support services for sexual abuse victims are available through the Sexual Assault Response Network of Central Ohio (SARNCO) or through trained institutional Victim Support Persons (VSPs).

Treatment services are provided for every victim of sexual abuse without financial cost. Inmates of sexual abuse are provided timely information about transmitted infections prophylaxis, in accordance with professionally accepted standards for care, where medically appropriate.

The following policies and supporting documents were reviewed by the auditor: 67-MNH-09, Suicide Prevention; 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; Medical Protocol B-11. Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse; Abuse Incident Report; Medical Follow-up and Medical Exam Report; Mental Health on-call list; and the medical staff schedule. Additionally, interviews were held with randomly selected inmates, specialized and randomly selected staff, and all confirmed compliance with this standard.

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)

SCC as directed by agency policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, and by the medical protocols, offers medical and mental health evaluation as appropriate, to all inmates who have been victimized by sexual abuse in any prison, jail, etc.

Ongoing medical and mental health care for those victimized by sexual abuse is outlined in the agency policies, mental health directives, and health care protocols. Specifically, policy 79-ISA-02 mentioned above; mental health policies, 67-MNH-02, Mental Health Screening and Mental Health Classification, 67-MNH-04, Transfer and Discharge of the Mental Health Caseload, 67-MNH-15, Mental Health Treatment; and medical protocol B-11, Medical Guidelines for Sexual Conduct or Recent Sexual Abuse.

The auditor's review of these policies and documents and interviews with staff confirmed an assessment of compliance with the standard.

Standard 115.86 Sexual abuse incident reviews

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

The ODRC policy 79-ISA-03 Sexual Abuse Review Team, requires the complex, through its Sexual Abuse Review Team (SART), to review all sexual abuse incidents, unless determined to be unfounded, within 30 days of the conclusion of the investigation.

Policy 79-ISA-03 Sexual Abuse Review Team, also directs that the managing officer will establish a team that includes, at a minimum, the following:

- 1) Deputy Warden of Operations, Chair
- 2) Institutional Investigator
- 3) Victim Support Person
- 4) Deputy Warden of Special Services
- 5) Institutional PREA Compliance Manager
- 6) Other staff that may have relevant input, Unit Management, medical and mental health staff, line supervisors

The SART uses a Sexual Abuse Case Review Form DRC-1183 to address checklist issues such as the inmate's concern, committee considerations (change in policy or procedure, motivation, physical barriers, inadequate staffing, and monitoring technology), committee recommendations, committee referrals, committee signatures, committee recommendations approved, and the Warden's comments/actions ordered. This form/review by the SART is very comprehensive and thorough.

In the past 12 months there have been 11 administrative (zero criminal) investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only unfounded incidents. Some of these reviews were examined by the auditor and were found to be professional and followed policy/forms and appropriate review by the Warden.

Interviews with SART members, specialized staff, the Warden, review of policy and forms, and review of checklists all confirmed compliance with PREA.

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)

The ODRC/SCC collects uniform data. The data collected answers questions from the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The Agency aggregates data annually (incident-based samples were reviewed by the auditor).

The ODRC maintains, reviews, and collects data from all its facilities, including the Southeastern Correctional Complex.

The Agency also obtains incident-based/aggregate data from private facilities with which it contracts.

The auditor reviewed the ODRC policy 79-ISA-01 Prison Rape Elimination, section F, Data Collection and Monitoring. Also reviewed was the SSV 2013 report, the privately operated facilities report, and the ODRC Institutional Aggregate Report. Based on these reviews and interviews with the Warden and the Agency PREA Coordinator, a "Meets Standard" is assessed.

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)

The Annual Internal Report on Sexual Assault Data (annual report) and/or the information for 2013, 2014, and 2015 prepared by the ODRC Agency PREA Coordinator was reviewed and discussed with the PREA auditor. Annual report/aggregate data contains information for the Survey of Sexual Victimization (SSV) reports required by the federal government. The institutional information and reports contain uniform data for every allegation of sexual abuse.

The Annual Report outlines its purpose, which is to make use of this information to identify problem areas and formulate corrective measures. This report, information, and insights compiled by the ODRC and its compliance office is impressive.

The report itself was divided into four areas:

- 1) An introduction
- 2) Data/information
- 3) Problem area identification and corrective measures
- 4) Conclusion (with an attachment/spreadsheet individually addressing each ODRC institution and detailing staff on inmate contact, sexual assault and inmate on inmate confirmed sexual assault)

The report is signed by the Agency PREA Coordinator and approved by the ODRC Agency Director.

Agency information and the annual report is available through the public website, <http://www.drc.ohio.gov/web/prea.htm>.

Based on the above, as outlined, this auditor assesses exceeds compliance.

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)

The ODRC policy, 79-ISA-01, Prison Rape Elimination, outlines and directs in its' section F, Data Collection and Monitoring, that all documents will be securely retained in accordance with the ODRC Records and Retention Schedule. This retention is at least 10 years.

The Agency, ODRC, makes this information available through its public website <http://www.drc.ohio.gov/web/prea.htm>.

The Agency redacts or removes all personal identifiers before making information public.

Based on the auditor's review of the above policy, retention schedule, and public website, he assesses compliance with the standard.

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.

James Curington

Auditor Signature

April 05, 2016

Date