

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Southern Ohio Correctional Facility	
Physical address: 1724 State Route 728, Lucasville, Ohio 45648	
Date report submitted: May 15, 2015	
Auditor Information James Curington	
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Date of facility visit: April 13-17, 2015	
Facility Information	
Facility mailing address: <i>(if different from above)</i>	
Telephone number: 740-259-5544	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Name of PREA Compliance Manager: Charles Smith	Title: Operational Compliance Manager
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Agency Information	
Name of agency: Ohio Department of Rehabilitation and Correction	
Governing authority or parent agency: <i>(if applicable)</i> State of Ohio	
Physical address: 770 West Broad Street, Columbus, Ohio	
Mailing address: <i>(if different from above)</i>	

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Agency Chief Executive Officer			
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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

A Prison Rape Elimination Act (PREA) audit was scheduled for Southern Ohio Correctional Facility (SOCF) of the Ohio Department of Correction and Rehabilitation (ODRC) on April 15 -17, 2015.

James Curington, certified PREA auditor was notified that he would be the lead PREA auditor, and Mr. Paul Perry, certified PREA auditor was notified he would be a member of this two-person audit team that would conduct a PREA audit of the SOCF. This notification came from the American Correctional Association (ACA) Standards and Accreditation section. ACA has contracted with the ODRC to audit the agency's adult correctional facilities, both ACA audits and PREA audits. Included in the notification was the fact that the auditor(s) is responsible for the submission of audit preliminary measures/agenda and that an interim/final report is due 30 days after completion of the site visit (listing the appropriate time frames if a corrective action plan is required). Also outlined was, the auditor(s) is to use the approved audit tool(s) provided by the National PREA Resource Center (PRC) for the final report and is to submit the supplemental Pre-audit and Post-audit information forms.

This was one of several audits in which a combined audit process was being used. The combined audit process consists of an ACA audit, the first part of the week and a PREA audit the last part of the week. Specifically, the first part of the week, the PREA auditors would be involved in the ACA audit meeting with staff on Sunday, April 12; touring the facility and visiting shifts on Monday; reviewing files and revisiting areas of the facility on Tuesday; and finalizing file review and documentation for closeout on Wednesday. After the Wednesday closeout, PREA auditors planned to spend Wednesday evening and Thursday and Friday assessing compliance with PREA law.

The audit process began with contacts between the auditors, ACA, SOCF, and ODRC. It was during this pre-audit period that travel information, pre-audit information, and schedules were reviewed. A PREA pre-audit reporting form was completed by the auditors and sent to the PREA Resource Center via email: auditreporting@prearesourcecenter.org. Notices were posted (observed by the auditors during the tour) and the process began.

Facility and agency information was supplied by the agency PREA Coordinator, Mr. Andrew Albright and the institutional PREA Compliance Manager. ODRC is especially expert at supplying pre-audit information. The information is contained on the thumb/flash drives, the ODRC website, and through supplemental materials such as the PREA Documentation List 2015.

Information on the thumb/flash drive was divided into several sections, including the PREA audit: Pre-Audit Questionnaire Adult Prisons and Jails dated 3/26/2015; the ODRC agency interviews, and the SOCF Pre-audit Questionnaire documentation. This documentation consisted of 43 folders, a folder addressing each of the 43 PREA standards; a second part containing the American Correctional Association audit report 2012; 26 pages of facility video technology placement and locations; and 37 pages of population reports for SOCF. This information was thorough, comprehensive and indicative of the commitment of ODRC to be PREA compliant. The ODRC/SOCF team completing and forwarding this wealth of information was talented and professional, and of course, made the auditors' job much easier. All these materials were reviewed as part of the pre-audit process.

The first part was the 19 pages of the Questionnaire which addressed each of the 43 PREA standards and most of the subsections (approximately 140 of the 180 subsections). The Questionnaire is color-coded with opportunities for uploading/downloading, review, and includes policy, documents, forms, processes, lists, checklists, contracts, curricula, videos, handbooks, and more. These materials, as well as the 11 section topic divisions: 1) Agency Information, 2) Facility Information, 3) Prevention Planning, 4) Responsive Planning, 5) Training and Education, 6) Screening for Risk of Victimization and Abusiveness, 7) Reporting, 8) Official Response Following an Inmate Report, 9) Investigations, 10) Discipline, and 11) Medical and Mental Health were thoroughly reviewed by the PREA auditors.

The second part of the information provided was a large section of folders addressing each of the 43 PREA standards. Also included in this second part was the previous ACA audit report from April 2012 indicating 100% compliance with the Mandatory Standards and 99.5% of compliance with the Non-mandatory Standards; the camera layout for the facility and video monitoring system information; and the inmate population reports addressing housing, segregation, limited privilege housing, and transfer/movement. This material was also reviewed by the PREA auditors. All of this material supplied by the ODRC and the SOCF was again, thorough and comprehensive and much appreciated by the audit team.

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

Following these initial steps of the audit; posting of notices, making contacts, scheduling, agenda, and a methodical/systematic approach to, and review of, the above-mentioned documents, materials, and tools, the pre-audit review was accomplished by the audit team.

As part of the combined ACA audit and PREA audit, the review teams met April 12 in Portsmouth, Ohio to informally meet and discuss the dual audit with the Warden and some of his key staff.

Monday, April 13, 2015 began the first day of the audit with a visual drive-around tour of SOCF. The audit team was driven around the 1.3 mile perimeter road and had an opportunity to observe and view the facility. Also on this first morning there was with a meeting in the Warden's executive area with key staff and staff from throughout the institution that was available. The auditors introduced themselves and then started the tour of SOCF.

Included on the tour were:

Donald Morgan	Warden
William Cool	Deputy Warden of Operations
Anthony Cadogan	Deputy Warden of Special Services
David Warren	Major
Chuck Smith	PREA Compliance Manager
Gregory Holdren	Health, Safety Officer
Penny Wilkerson	Officer
Carrie Bracken	Administrative Professional
Fred Denney	Officer
Edwin Voorhies	Managing Director of Operations
Andrew Albright	Agency PREA Coordinator
Liann Bower	PREA Compliance Administrator

The tour itself included all areas of the facility with particular emphasis on intake, housing units, segregated housing units, healthcare areas, recreation and dining areas. During this tour the auditors were able to ask questions specific to each of the areas, look for signs referencing PREA, observe privacy issues, listen for opposite gender announcement and assess the safety and security of staff and inmates. It was noted that the facility was very clean and orderly and appeared ready for both the ACA and PREA audits.

The audit tour of 4/13/2015 included the following areas:

Entrance/Gate Building A

Administration

Infirmery/Medical/Dental

Veterans Corridor

Laundry

Inmate Property/Recycling/Commissary/Storage

Receiving

Dining Hall

Kitchen

Security Offices

Commissary

Offender Barbershop

Library/Education/Vocational/Learning Center

Chapel

Inmate Housing, 22 Cellblocks, (4 Special Housing Units)

Recreation

Armory

After the tour, the auditors began document/file folder reviews for the accreditation portion of the audit. This also gave the PREA auditors who were involved in the process, the opportunity to discuss strengths and weaknesses of the facility, its operations and ACA standards compliance and its effect on the PREA review. The reviews of Monday continued until 11 p.m. that evening.

Tuesday 4/14/2015, the second day of the auditors visit to SOCF continued with follow-up visits to areas that may have been missed the first day and revisits to areas of special interest. The auditors were able to get a good overview of operations by attending disciplinary hearings, visiting programs, visiting maintenance, and observing day-to-day operations and movement. It was during this time that auditors were clearly able to see how the maximum-security was extended to affect the custody, care and control of Ohio's most difficult prisoners. It will be noted throughout the report that the auditors were impressed with the commitment of the staff to make this place as safe as possible for both inmates and staff.

Wednesday 4/15/2015 continued with a closeout/exit for the ACA audit. Of special note: the audit resulted in 100% compliance with the Mandatory Standards that were applicable and 99+ % compliance with the Non-mandatory Standards that were applicable. After completing the exit for ACA, the PREA auditors continued with their review. Specifically, they interviewed staff and inmates (following the formal, scripted protocols). The auditors continued to interview until after 10 p.m. visiting with staff on each of the shifts, and formally and informally talking to inmates.

Interviewing is essential to the assessment process. At SOCF some of the inmate interviews were difficult due to some inmates' uncooperativeness, but even at that, interviews contributed to an understanding of the PREA assessment process. Generally speaking, every formal interview contributed insight into whether or not PREA compliance was being accomplished. The formal interviews and the questions used address almost all of the PREA standards. There are really no right or wrong answers just insights that help the auditors to determine compliance or not.

Staff interviews were also very enlightening with many opinions expressed in a variety of answers to the scripted formal questions. Staff generally were very professional and exhibited a high degree of knowledge about PREA and the institution's goal of meeting PREA compliance.

Thursday, April 16, the auditors continued interviews and revisited areas of the facility including; checking/observing staff and inmate interaction, supervision and monitoring, and overall operations. Additionally, Thursday afternoon the audit team reviewed the policies, documents, and each of the 43 PREA standards with the Warden, the Agency PREA Coordinator, the Agency PREA Administrator, and the SOCF PREA Manager.

Friday, April 17, the auditors met with the Warden and key staff, continued interviews and did a “walkaround/looksee” tour. Additionally, a final tally of formal interviews was taken by the audit team. There were 34 staff who were formally interviewed according to script for either random or specialized staff interviews. There were 40 inmates who were formally interviewed by script for inmates. According to protocol, this included random inmates from each housing unit and other identified inmates. It should also be noted that in addition to the formal interviews, the auditors talked to approximately another 35 inmates and another 40 staff.

After this, the audit team met with the Warden for a short exit review period. This included thanking the Warden and his key staff for their help and cooperation and sharing with them the procedures to follow these pre-audit and audit sections. It was indicated at this time that there were no decided/decisive Non-compliance Standards and that issues noted by the auditors had been handled, addressed, or corrected. Also, it was indicated that notes, materials, comments, documentation and interviews would be further reviewed by the two auditors for the interim summary report. This auditors’ interim summary report would become the final report if all applicable standards met PREA compliance. The final report would then be submitted to the PRC with the Post-Audit Report.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Southern Ohio Correctional Facility (SCOF) is located on state road 728, Lucasville, Ohio. Lucasville is a village community of about 3000 people situated in southern rural Ohio, an agricultural/woody/foothills area, about 20 miles north of Portsmouth, Ohio.

The prison itself is the main maximum-security correctional institution and the execution facility for the Ohio Department of Rehabilitation and Correction (ODRC). SOCF opened in 1972 and is currently a 1638 single cell, maximum security, male institution with an average population of about 1200 inmates, of which 98% plus are classified as maximum.

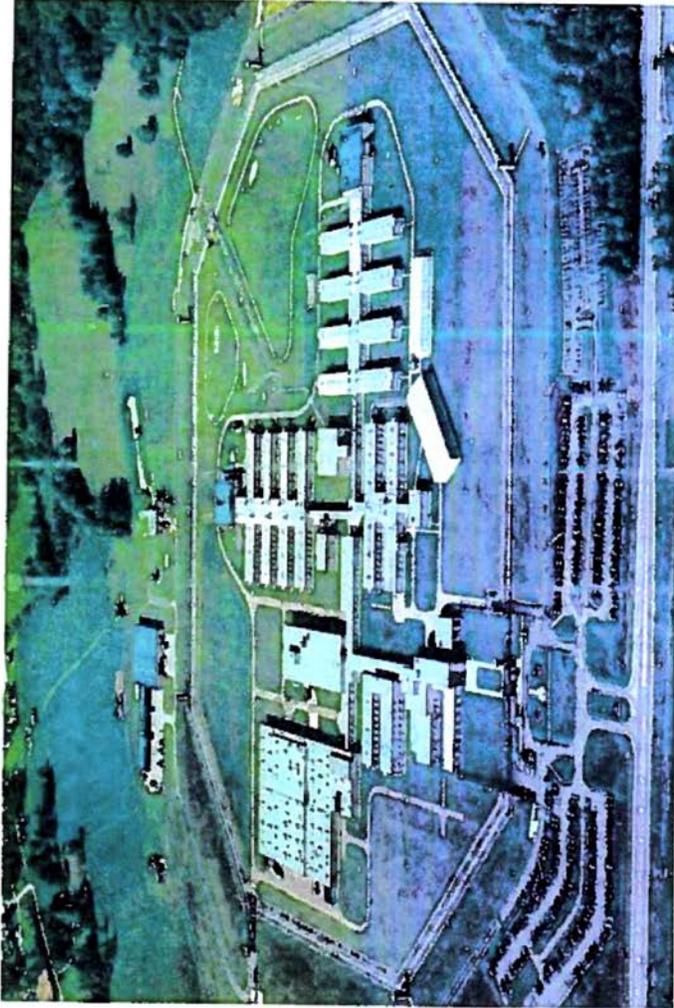
When the PREA audit team first drove up to the main prison they could not help but notice the High School across the street, the surrounding neighborhoods and the community that had grown up around the prison. It was obvious that since its opening in 1972, Southern Ohio Correctional Facility was a source of jobs and employment to the surrounding area. Thus, the community/neighborhood growth.

The SOCF is physically located on 1625 acres of land with a 66 acre oval-shaped compound surrounded by a 1.3 mile perimeter road. The prison is enclosed by the armed/fenced security perimeter and is essentially one large system of interconnecting buildings under one roof. The prison style is a “telephone pole” layout, i.e., cell housing wings off of a main hallway/corridor. Originally, this oval fenced perimeter was guarded by six towers. The towers are still there, but only the front North tower is used 24/7, the East Tower is used during administrative hours, and the Southwest Tower is used during recreation times. The other towers are not routinely used.

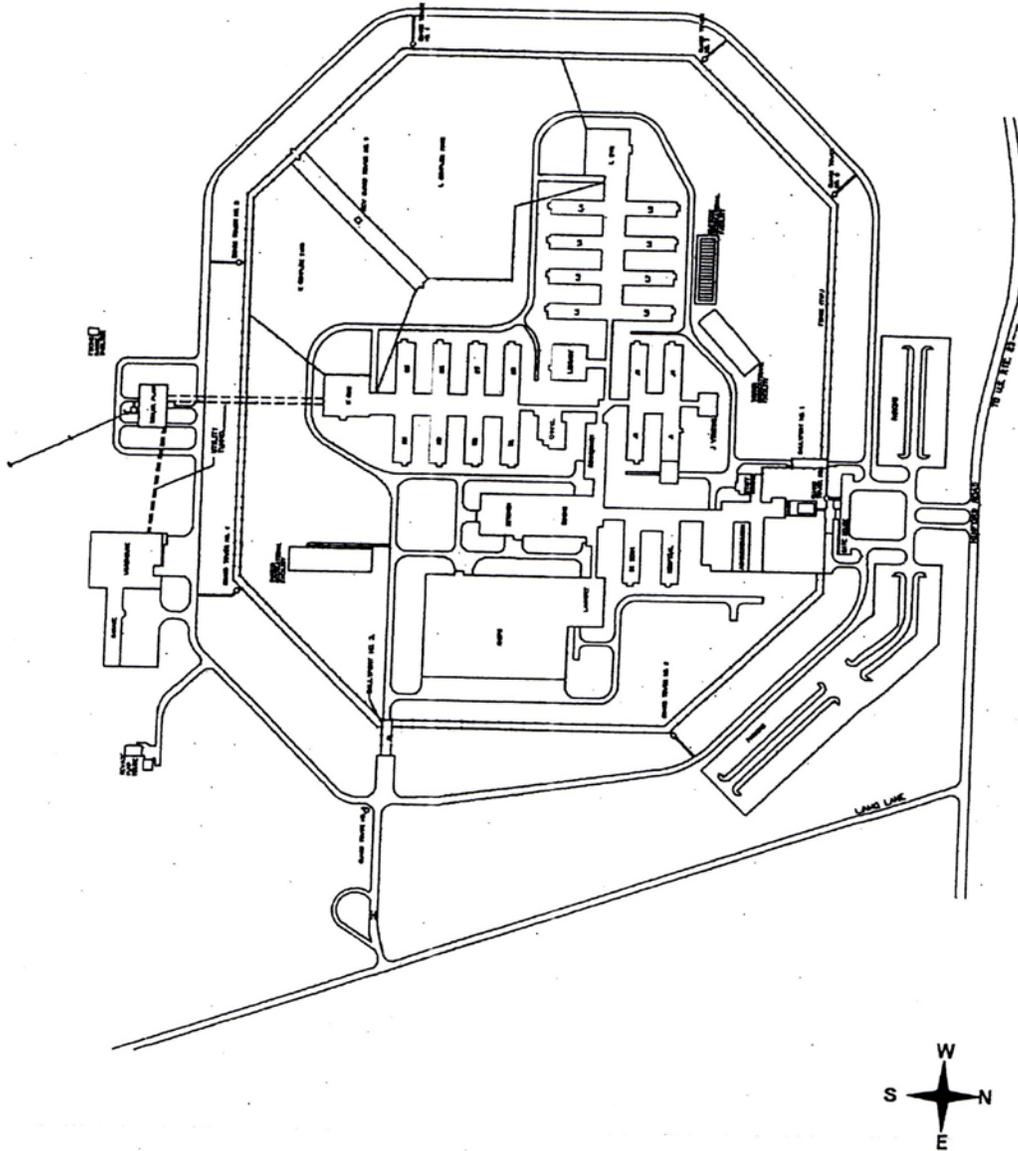
As one enters the facility, one must go through the front entrance of a security building (Building A) located on the north side of the perimeter. This entrance is the main entrance for pedestrian traffic into the institution Building A and its tower is manned 24/7. Continuing after entry one enters the secured/gate entry into the enormous main complex building. This building essentially includes everything under one roof, excepting outdoor/indoor recreation. (Please note the institutional overview photograph and schematic following.)

Ohio Department of Rehabilitation and Correction
Southern Ohio Correctional Facility

Lucasville, Ohio



LAYOUT OF INSTITUTION:



Entering into the main building, one comes to the administrative area which used to include an officer's dining room, but is now a Conference/Assembly Room with a second floor of administrative offices where the Warden is located. To the left of the executive area are additional offices and our corridor to the main control room. Once one passes through main control, the Health Services/Medical/Dental/Infirmary area is encountered. Staying to the left, or East side of the building, one goes past two cellblocks and then through the Veterans Corridor encountering the Laundry, Recycling, Storage, Inmate Property, Recycling, Commissary, Maintenance, and then on to Receiving.

The Dining Hall and the Kitchen is located somewhat in the center of this complex of corridors. Moving along the main telephone pole corridor; Security Offices, the Commissary, the Barbershop, the Library/Educational/Vocational/Learning Center and Chapel are all encountered. Also off this main route are two wings of eight cellblocks each and a third disciplinary/special housing wing of four cellblocks for a total of 20 cellblocks in this maximum-security styled facility. There are 22 cellblocks which are all single celled, one inmate. This is the foundation of maximum-security, maximum control, one inmate per cell, 327 cameras inside, 26 cameras outside, controlled movement, no more than 20 inmates in a group and sufficient and professional staff.

The program at SOCF has been described as "they worked their way up to a single cell, maximum-security, limited privileged facility". Under this closely monitored closely supervised operation, there is one underlying commitment and that is safety of those that work and live there. The audit team was impressed with the custody, care, and control exhibited at this professionally operated facility.

Southern Ohio Correctional Facility Mission Statement:

"It is the mission of the Southern Ohio Correctional Facility to efficiently provide a safe and secure environment for inmates, employees, and the community; and, to promote the incarcerated offenders' positive adjustment, behavior, and ability to return to a lower level security facility."

Facility Demographics:

Rated Capacity: 1638

Actual Population: 1281

Average Daily Population for the last 12 months: 1187

Average Length of Stay: 6.58 years

Security/Custody Level: maximum/level 4 (3/30/2015, 1265 max, 15 less than max)

Age Range of Offenders: 18.8 - 67.7 years, (none under 18 years of age)

Gender: male

Full-time Staff: 619; Part-time Staff 2; Total 621

75 Administrative/Support, 49 Program, 475 Security, 20 Other, 2 Part-time; Total 621

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

Non-applicable: 2

§115.11 - Zero tolerance of sexual abuse and coordinator

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

The auditors' review of standard 115.11, sections, a,b,c for compliance, included: 1) review and examination of the questionnaire; 2) review of policies 79-ISA-01, Prison Rape Elimination, 79-ISA-02, SOCF local Zero Tolerance Policy, and the Tables of Organization for the ODRC and SOCF.

Both PREA auditors were impressed with the accuracy of the questionnaire (submitted ahead of time), the thoroughness of the policies addressing zero tolerance, the supplemental documentation and the interviews from the agency head to random staff selections. Simply, there was a commitment to "zero tolerance" of rape in prison and as such assessed Ohio's policies and their commitment as substantially exceeding the requirement of this standard.

The Prison Rape Elimination policy number 79-ISA-01, 10 pages, details and directs a comprehensive and thorough stance against prison sexual misconduct, a "zero tolerance". This zero tolerance is supported by the cultural change exhibited on posters throughout this facility, indicating "Break the Silence" and report sexual abuse.

Interviews were conducted telephonically with the agency head, and person-to-person with the Warden, Agency PREA Coordinator, PREA Manager, and many staff and inmates. Those interviews, the appointment of a talented and insightful Agency PREA Coordinator, with PREA Managers in each facility, and the written policy documentation support makes for an exceeds assessment by the audit team.

§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 auditors reviewed policy Prison Rape Elimination 79-ISA-01, and the addendums to the contracts for housing Ohio inmates with the Corrections Corporation of America and Management Training Corporation outlining that these two private companies would adopt and comply with PREA national standards to prevent, detect and respond to prison rape. Additionally, ODRC monitor these two companies to ensure that they meet their responsibilities under ODRC policies on sexual abuse and sexual harassment prevention, detection, and response.

The PREA auditor telephonically interviewed the contract administrator and the interview supports compliance with the 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 auditors reviewed:

Policies 50-PAM-02 Inmate Communications/Weekly Rounds, 79-ISA-01, Prison Rape Elimination

SOCF documents for deviation from staffing plan form, if necessary

SOCF shift rosters

SOCF shift segregation staffing

SOCF staffing plan for the facility

Housing Unit Visiting Record logs (verifying supervision, communication, and involvement including the Warden, Deputy Warden, and duty officers rounds)

ODRC directs that staffing plans for the adult correctional facilities use the 11 items from, 1) generally accepted detention and correctional practices through 11) and other relevant factors, to develop and ensure adequate staffing.

At least once every year the facility, in collaboration with the agency PREA Coordinator, reviews its staffing plan. Interviews with the Warden, the Agency PREA Coordinator, and the facility PREA Manager confirmed this.

Finally, concerning this standard; Supervision and Monitoring, the auditors are clearly impressed with the custody, care and control of inmates this maximum-security facility exercises. SOCF describes itself as taking inmates “that no one else can handle”. The supervision and monitoring is professional, expert, and has made for a safe and secure staff and inmate population, as far as possible, within the parameters of this maximum-security population.

§115.14 – Youthful Inmates

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

Not Applicable

No inmates under the age of 18.

§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)

The Pre-audit Questionnaire, policies, documents (staff training records), interviews, notes by the auditors, the facility tour, and reviews during the audit visit were all used in determining whether or not the facility met this standard and the standard's subsections: a – f (as applicable).

Of first note, there have been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates at this facility. The security policy on Inmate and Physical Plant Searches requires that cross gender strip searches and cross gender visual body cavity searches be documented. It also outlines the fact that the institution shall not conduct such searches, except in exigent circumstances.

There are no female inmates at SOCF.

Staff (female) at SOCF announce themselves when entering an inmate housing unit. PREA notice alarms/lights have been installed, but not completely activated, in each wing of the facility for female staff. At the time of the audit, finalization was not complete but should be accomplished shortly. This alert will take the place of announcements.

Inmates can perform bodily functions, shower, and change clothing without staff of the opposite gender viewing them.

Policy dictates that transgender or intersex inmates shall not be searched or physically examined to determine their genital status.

100% of all security staff have received training on conducting cross gender patdown searches and searches of transgender and intersex inmates in a professional manner.

As mentioned in the first line, interviews of staff and inmates, as well as the facility tour verifies standard compliance.

§115.16 – Inmates with Disabilities and Inmates English Proficient

who a

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

ODRC/SOCF has established procedures to provide disabled inmates with 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.

The auditors reviewed contracts (Affordable Language Services LTD) for the deaf and hard of hearing, contracts for language interpretation, inmate education videos, sign language, and the inmate handbooks in Spanish and English for compliance.

Staff training, and its 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 comply with PREA.

The auditors, through their review of policy and other documents, as well as through their interviews with disabled inmates, randomly selected inmates, and interviews with staff confirmed compliance with this PREA 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)

Ohio's policy on Prison Rape Elimination 79-ISA-01 outlines the use of thorough background checks, including a checklist addressing employment information, fingerprints, education, training, law enforcement employment, personal references, and the background investigator's review. In the past 12 months, there have been 39 persons hired who may have contact with inmates who have had criminal background record checks. In the past 12 months, there have been 6 background checks on contractors who may have contact with inmates. (Policy requires background checks before enlisting the services of contractors.)

Agency policy dictates background checks are to be conducted at least every five years for current employees and contractors. Agency policy also states that material omissions regarding misconduct or material false information shall be grounds for termination. Staff also are required by Standards of Conduct to self-report any criminal, sexual abuse, and/or sexual harassment behavior/activity.

The auditors reviewed this very strong background check process with human resource staff, and assess compliance.

§115.18 – Upgrades to Facilities and Technology

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

SOCF continually works to upgrade its camera system, and staffing patterns to protect inmates from sexual abuse. Additionally, the facility has added PREA alerts in each housing wing so that staff of the opposite gender can announce their presence.

There are 327 inside cameras installed to assist in electronic surveillance, with 26 outside cameras monitoring the perimeter yards and building. The auditors also reviewed 26 pages of schematics, indicating camera positions. The facility staffing plan was also again reviewed. The questionnaire, documents (staffing plan and camera schematics), the interviews and tour all confirmed compliance.

It is to be remembered that this is a maximum-security unit with supervision and electronic monitoring appropriately used in securing the safety and PREA privacy of the inmates.

§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, 115.21, and those applicable substandards (a–h) substantially exceeds compliance. Most notably; the use of the Ohio State Highway Patrol (OSHP) to handle every allegation, the use of Ohio State University (OSU) to handle forensic medical, and the use of Rike-Adena Community Hospital for emergency and forensic SAFE/SANE medical, emergency healthcare, and emergency exams; has convinced the auditors of an “exceeds standards”.

The Memorandums of Understanding (MOUs) with the OSHP, the MOU with the Sexual Abuse Response Network of Central Ohio; the policy on Prison Rape Elimination, the policy on Prison Sexual Misconduct Reporting, Response, Investigation, and the Prevention of Retaliation, along with medical protocols and PREA packets and also the agency forensic protocols, and the numerous follow-up checklists were all reviewed and appreciated by the auditors.

Interviews with specialized health and mental health staff, random staff, and the inspectors, all support and confirm compliance with these policies and procedures, meeting and substantially exceeding this PREA standard requirement.

§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)

ODRC and SOCF have policies in place to ensure referrals of allegations for investigation. This is outlined in the policy, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, 79-ISA-02. Moreover, this policy has a checklist for security and non-security first responders, which is thorough and comprehensive and helps ensure the appropriate referrals.

First responders follow the protocols for reporting, and this proceeds through the appropriate channels to where the Ohio State Highway Patrol is notified, the PREA and Compliance Manager is notified and the Victim Support Persons (VSP) are notified.

There is a thorough "PREA Incident Packet" for staff to complete. During the past 12 months, there have been 24 allegations of sexual abuse and sexual harassment, zero (0) have been referred for criminal investigation. All investigations were completed and documentation maintained.

Interviews also supported compliance with this standard, specifically addressed by the Agency Head, PREA Compliance Coordinator, Warden, and specialized staff.

§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 two auditors reviewed policy 79-ISA-01, Prison Rape Elimination; training policies, a sampling of training records, training curriculum, the ODRC Intranet training video, and other documents supporting and exceeding compliance of standard 115.31, (sections a,b,c,d).

From the interviews of random staff, all 10 items outlined for training in this standard had been addressed and the employees were familiar and knowledgeable concerning the training. Moreover, ODRC gives a test to each employee that has contact with inmates and such must be passed before assuming duties and responsibilities. Mandated PREA training rosters were reviewed. 624 staff were trained or retrained on the PREA requirements. Additional training continues at roll call/shift changes and through the employee intranet.

Staff receive training at least annually.

§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)

The Prison Rape Elimination model training track was reviewed for contractors. This training track outlines to all contractors/volunteers who have contact with inmates, their responsibilities regarding sexual abuse/sexual harassment prevention, detection and response.

SOCF, being a maximum-security unit, is very careful to thoroughly train and instruct volunteers and contractors in safety and security. Additionally, these volunteers/contractors are trained in their responsibilities to “report, report, report” incidents of PREA sexual abuse. Interviews with volunteers and contractors confirmed that this standard was met and training was being accomplished.

In the past 12 months, there were 196, volunteers and contractors who were trained in the ODRC/SCOF’s policies and procedures concerning PREA. Acknowledgment forms were required to be signed by the volunteers/contractors indicating that they read and understood the training they received.

The agency maintains documentation confirming the training the volunteers and contractors received.

§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 auditors reviewed the questionnaire, policy, and other documents, had interviews with inmates and looked for posters during the tour to determine compliance with this standard.

ODRC and SCOF make concerted efforts to educate inmates about PREA. Agency policy 79-I SA-01, Prison Rape Elimination, addresses inmate education (six subsections of the policy). While at SCOF the auditors saw posters with PREA information, reviewed inmate handbooks with PREA material, observed TVs used to educate inmates on PREA, and observed, receiving/transfer of inmates, all indicating “zero tolerance” of sexual abuse in prison and how to prevent, detect and respond to such abuse.

Transfer and orientation checklists are used to track the PREA information distributed to inmates. Inmates sign and acknowledge that they have received information. 647 inmates

admitted/received during the past 12 months were given this information at intake. Moreover, the number of inmates in the facility, on the date of the audit, who did not receive comprehensive education within 30 days of intake, were zero (0).

Inmates with disabilities have accessibility to all the information concerning PREA.

Numerous inmates (including those with disabilities) were interviewed formally (and informally) and revealed that they were aware and had received PREA information on prevention/detection, self-protection, response, treatment, and investigation as required.

§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)

Documents interview by the auditors:

ODRC policy 79-ISA-01, Prison Rape Elimination;

National Institute of Corrections, PREA learning Center, video training;

SOCF Investigator Training;

SOCF AND OSHP Trooper Certificate and training;

Specialized investigator training agenda

Quoted from the Prison Rape Elimination policy “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 criterion evidence required to substantiate case for administrative action or prosecution referral. This training shall be documented on the PREA training 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”.

§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 ODRC/SOCF do extremely well, in these auditors’ opinions, in establishing documentation from the Central Office through the facility in order to direct compliance with PREA law. Case in point, specifically, in policy number 79-ISA-01, Prison Rape Elimination This policy directs “all full and part-time medical staff and mental health staff shall receive

specialized training to include but not limited to: a. How to detect and assess signs of sexual misconduct; b. How to prepare physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual misconduct; and d. How and to whom to report allegations or suspicions of sexual misconduct.”

It is also the little things that Ohio, and its facilities do so well, such as the questionnaire reported 48 number and 100% of medical and mental health care practitioners who work regularly at this facility have received the training required. The auditors counted and checked the list of names, and the list has 48 names, titles, and locations who are in the Healthcare Department. Documentation of the training is maintained. Also the training video and PowerPoints were reviewed by the auditors.

Agency medical staff at this facility do not conduct forensic medical exams. See standard 115.21.

§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)

In the auditors’ opinion, the heart of security is knowing your inmates and being able to assess victims and abusers. Although an assessment may change on individuals, the assessment process and the accommodation strategies that ODRC/SOCF uses are crucial to elimination of rape in prison. The policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies, clearly outlines appropriate risk assessment for both victim and abuser.

It was extremely impressive to see medical staff and intake staff interview inmates upon arrival at SOCF. Policy 79-ISA-01, clearly sets forth that “all inmates shall be screened and assessed upon admission to the department and for all subsequent intra–system transfers for their risk of being a victim of sexual abuse or their likelihood of committing sexually abuse.”

Risk assessment has taken place on 647 inmates entering Southern Ohio Correctional Facility within the past 12 months. This process has been accomplished within the established timeframes.

The Ohio Department of Rehabilitation and Correction has an automated PREA Assessment Process. This process has as many as nine screens covering at a minimum, the 10 criteria outlined in standard 115.40 (1d) with opportunity for further evaluation/assessment.

The process is thorough and comprehensive. It includes the Departmental Offender Tracking System (DOTS), which serves as the primary information system for information on all offenders incarcerated by the ODRC.

Interviews with specialized staff, random staff, and inmates confirmed compliance and moreover, speaks to a sophisticated and highly developed classification/assessment process.

§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)

The SOCF uses information from the risk assessment screening to appropriately place inmates in housing, work, and program assignments to secure the safety of all inmates at this facility. Again, it must be noted that this is a maximum security, single cell facility. Inmates are not “bunked” together in the same cell, they are escorted/supervised everywhere, and there are no more than 20 in a group. The institution is set up to take the most violent and unpredictable and keep them safe.

Unit management/PREA assessment use is one of the keys in preventing, detecting, responding and eliminating rape in prison, but one must acknowledge that single cell, confinement with intense supervision by correctional staff, and behavior monitoring all contribute to this especially secure atmosphere at SOCF.

The facility, through the Unit Management Team, makes individualized determinations on how to ensure the safety of each inmate. Two important population notes at this facility: 1) there are no (zero number) transgender or intersex inmates at SOCF; 2) there have been zero number (0) of inmates at risk of sexual victimization, who have been held in involuntary segregated housing in the past 12 months.

Interviews with staff and inmates, as well as policy review, and classification list, support compliance with this 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 has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made. At SOCF there are zero (0) number of inmates who were held in involuntary segregated housing in the past 12 months.

There are inmates at SOCF who are at risk of sexual victimization. However, as mentioned in the standard above; a single cell, maximum security facility, with appropriate staffing, appropriate surveillance technology, and an attentive unit management/assessment staff, these inmates are not at imminent risk of sexual victimization and feel safe at SOCF.

Review of documents and records as well as interviews with specialized staff and inmates support compliance of this 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)

Report, report, report, that is the mantra for helping eliminate rape in prison that has often gone unreported or worse simply ignored or “swept under the rug”. ODRC/SOCF is changing that culture even at the maximum security facilities. There are multiple ways for inmates to report privately to agency officials as well as at least one way for inmates to report abuse or harassment to an entity or office that is not part of the agency.

ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, outlines reporting by inmates, third parties, and outside entities.

PREA posters (with phone numbers and addresses), the Inmate Handbook, orientation information, cellblock/range television programming, all announce, broadcast, and convey the message that inmates have the right not to be sexually abused or harassed.

There is a Memo of Understanding (MOU) with Franklin County Juvenile Detention Facility, i.e. an outside agency “hotline” phone number that is available for privately reporting.

Staff can also privately report sexual abuse and sexual harassment of inmates. This can be done through an incident report to the agency PREA Coordinator or the SOCF PREA Compliance Manager.

Interviews with random staff and random inmates verified knowledge and understanding of the reporting process, such that they know they have the right not to be sexually abused, sexually harassed, or retaliated against for reporting such.

Inmates are not held or detained solely for civil immigration at SOCF.

§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

§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 auditors called the Sexual Assault Response Network of Central Ohio and telephonically discussed with them the Memorandum of Understanding where inmates shall be provided with confidential support services regarding PREA audit standards 115.21(d,e); and 115.53 (a,b,c). The Memorandum of Understanding and the phone call support compliance.

Inmate and staff interviews confirmed that they were aware of this MOU and the victim support services.

§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)

Third-party reporting is clearly outlined on posters, handbooks and through television programming throughout SOCF.

Importantly, third-party options for reporting are outlined on posters, which are placed in visitation areas. These posters contain email links and telephone numbers to the agency reporting center. "Break the Silence" posters are prevalent throughout the ODRC and in its SCOF, and is a foundation of changing that culture of - do not report anything.

Random inmate and staff interviews confirmed that third-party reporting was an option of which they were aware.

§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/SOCF requires all staff to report immediately and according to policy 79-ISA-02, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at SOCF. This report must be made immediately. Further,

this policy stipulates that retaliation and third party and anonymous reports shall be reported to the Institutional Investigator.

There is a form, Sexual Abuse – First Responder Checklist, that assists in the steps to be taken when a security or non-security staff member is made aware of sexual abuse. This form specifically requires staff “complete the incident report”.

Interviews with random staff included the specific 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 repeatedly asked of staff and they responded in the affirmative.

§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)

All reports of a substantial risk of imminent sexual abuse is to be reported to the Institutional Investigator, Unit Management Chief and Shift Supervisor (policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, section F, pages 13 and 14).

In the past 12 months, there have been zero (0) number of times that the agency has determined an inmate was subject to substantial risk of imminent sexual abuse here at the maximum security facility SOCF.

In the auditors’ review of the risk assessment process and the supervision/monitoring capabilities, they assess that SOCF meets the requirements of this 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)

ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, outlines that upon receiving an allegation that an inmate was sexually abused while confined at another institution, appropriate notifications will be made. The Warden (or his designee) that received the allegation shall notify the Warden (or his designee) of the institution or appropriate office of the agency where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation. This notification is to be documented. The managing officer or

agency officer that receives such notification shall ensure that the allegation is investigated in accordance with applicable provisions of the ODRC policy. SOCF has received zero (0) number of allegations that an inmate was abused while confined at another facility. SOCF has received one allegation of sexual abuse that the facility received from another facility. This one allegation was checked by the auditors and handled appropriately.

§115.64 – Staff First Responder Duties

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

The local first responder policy at SOCF outlines that first responders will: “upon report of an allegation of inmate sexual abuse, the first security staff member to respond to the report shall be required to: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence, and then notify security staff. 4. If it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate at risk of victimization”.

In the past 12 months, there have been 13 allegations that an inmate was sexually abused. Some of these allegations were made to first responders that were security (three in number). Some were made to staff (one in number), and all were within different time frames. Most important of note is, the checklist/incident report, response to each of these allegations. Appropriate action, response, and follow up was made.

Formal and informal interviews with random staff and specialized staff confirmed knowledge and understanding of first responder duties.

§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)

SOCF has an Institution Sexual Abuse Coordinated Response Plan. This plan, along with policy 79-ISA-03 Sexual Abuse Review Team, reviews allegations to determine whether there is a need to change policy or practice, and/or a better way to prevent, detect or respond to incidents of sexual abuse. Consideration is given to whether the incident or allegation was affected by several issues. The Sexual Abuse Response Team includes key staff who make recommendations to the Warden. Documentation is maintained.

Interviews with the Warden and specialized staff clearly indicated their personal concern to understand and effect betterment changes for SOCF.

§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)

Central Office reported there has been no finalized collective bargaining agreement entered into or renewed since August 2012. However, it should be noted that finalization for an agreement is in the process and does include the agency's preservation of ability to protect inmates from contact with staff abusers (who cannot be protected by contract).

§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)

The agency ODRC has a policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation addressing protection for all inmates and staff who report sexual abuse or sexual harassment. The policy outlines protection from retaliation for all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations. The emphasis on protection from retaliation was evident in the specific questions asked of random staff and specific questions asked of random inmates referring to retaliation. All were knowledgeable of the prohibition against retaliation for reporting sexual abuse.

The Institutional Investigator is responsible for monitoring retaliation, and does so for at least 90 days following a report of sexual misconduct. Monitoring is accomplished every 30 days. During the initial 90 day calendar follow-up, a continued follow-up can occur if determined necessary.

§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)

Involuntary segregation is used as a last resort for the protection of inmates who have alleged to have suffered sexual abuse. ODRC uses its PREA policy, its risk assessments and accommodation strategies, and its unit management teams to assist in placing inmates at high risk for victimization and inmates at risk, in safe circumstances. SOCF is a single cell maximum-security unit, as mentioned several times before, and by its very nature is extremely secure, well supervised, and well monitored. Custody, care and control is an emphasis by the staff. This all assisting with safety and security for inmate population.

There have been zero (0) number of inmates who have alleged to have suffered sexual abuse and who were held in involuntary segregation in the last 12 months for any period of time.

§115.71 – Criminal and Administrative Agency Investigations

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

The agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation details under the Investigation, General Provision, what needs to be accomplished to complete the investigation. The Ohio State Highway Patrol completes criminal investigations and substantiated allegations, that appear to be criminal, are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012 was zero (0).

The OSHP/ODRC retain reports. These reports, are maintained for at least as long as the alleged abuser is incarcerated by the agency + 10 years.

All PREA incident investigations follow a uniform evidence protocol established by the Department of Justice.

Compliance - supported by policy and document review and interviews with OSHP, investigators, and specialized staff.

§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 policy Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation 79-ISA-02, the ODRC “imposes a standard no higher than a preponderance of the evidence for administrative investigations”.

Interviews with the investigators support compliance for this evidentiary standard.

§115.73 – Reporting to Inmate

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

Inmates incarcerated in the ODRC who make an allegation that he or she suffered sexual abuse are informed verbally or in writing, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The policy Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, 79-ISA-02 directs that the Institutional Investigator shall inform the inmate of the determination/outcome of the allegation and furthermore, if the Ohio State Highway Patrol conducted and completed the investigation, the ODRC will request information in order to inform the inmate of the determination made.

The Pre-Audit Questionnaire indicated that there were 13 in number of alleged inmate sexual abuse investigations at the facility in the last 12 months, and of these alleged sexual abuse investigations, 13 notifications and results were given verbally or in writing. Note - none of these 13 alleged investigations were completed by the Ohio State Highway Patrol and were referred back to be handled as unfounded/unsubstantiated.

Interviews with the Warden, specialized staff, and the Institutional Investigator, all revealed that reporting back to the inmate who made an allegation/reported, is being accomplished as prescribed by this standard.

§115.76 – Disciplinary sanctions for staff

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

Standards of Employee Conduct policy 31-SEM-02, states that sexual conduct with an inmate under the supervision of the ODRC is considered a criminal act. Criminal acts are investigated by the Ohio State Highway Patrol.

Additionally, the Prison Rape Elimination policy 79-ISA-01 states that all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies.

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 policies. There have also been zero (0) number of staff that have been terminated or resigned prior to being terminated, for violating agency sexual abuse or sexual harassment policy. Additionally, there have been zero (0) number of staff that have been reported to law enforcement or licensing boards for violating agency sexual abuse and harassment policies.

§115.77 – Corrective action for contractors and volunteers

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

Corrective action for contractors is very much the same as for employees except the process is much easier for the administration to terminate contractors and volunteers.

The Standards of Conduct for contractors and volunteers also indicates that any contractor or volunteer who engages in sexual abuse will not only be terminated, but will be reported to law enforcement agencies unless the activity was clearly not criminal. There is also a reporting requirement to relevant licensing boards for sexual abuse to be reported.

There were zero (0) number of volunteers or contractors who were terminated from the facility for sexual abuse or sexual harassment during the past 12 months.

Interviews with volunteer/contractors and the Warden confirm compliance and knowledge of/with the corrective action in this standard for contractors and volunteers.

§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 list Rules Violations/Disciplinary Violations. Dispositions for Rule Violations are defined in the Administrative Codes 5120-9-07, 5120-9-08.

Rules of Conduct indicate the disciplinary sanctions pursuant this formal disciplinary process following an administrative finding that an inmate engaged in inmate on inmate sexual abuse. There have been zero (0) number of findings administratively in the last 12 months.

The agency prohibits all sexual activity between inmates and disciplines inmates for such sexual activity. SOCF, as previously stated, is well supervised and monitored for sexual abuse and sexual harassment.

§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 at SOCF who have disclosed prior sexual victimization during the Screening/Risk Assessment process are offered follow-up services with medical or mental health staff. Follow up services are offered within 14 days of intake.

In the past 12 months 100% of the inmates who disclose prior victimization were offered follow-up services with a medical or mental health practitioner.

Medical/mental health information related to sexual victimization or abusiveness is strictly limited to those with a need to know. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior victimization that did not occur in an institutional setting.

The Mental Health Department was noted by the auditors to have the largest vacancy rate of any department at SOCF, although not unmanageable at this time, lengthy vacancy rates or constant turnover are issues that were discussed with the Director of Mental Health and the Human Resource Manager.

Interviews with specialized staff from Mental Health and Medical and Record Review confirmed the appropriate screenings and services.

§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 emergency medical treatment and crisis intervention. SOCF offers 24/7 medical services at the facility. Mental Health services to all inmates at the facility are on-site during the administrative shift and on-call services after hours.

Emergency medical services are at the facility and/or at Rike-Adena Community Hospital (see standard 115.21 for forensic medical exams).

The auditors reviewed mental health on-call assignments for emergency care.

Interviews with medical and mental health staff and review of documentation confirmed the appropriate treatment services. Moreover, the level of care was expressed to be the same as could be received in the community or better.

Treatment services are provided to every sexual abuse victim without financial cost.

§115.83 – Ongoing medical and mental victims and abusers

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

SOCF, as directed by agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation and by Medical Protocol B-11, 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 continually outlined in the agency policies, mental health directives, and mental health protocols.

Interviews with random inmates and specialized inmates revealed knowledge of the ongoing mental health care.

SOCF is an all-male facility so the female provisions of this standard do not apply.

§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 agency, ODRC, addresses a coordinated review. In its policy, Prison Rape Elimination 79-ISA-01, it directs and outlines how to do this.

The facility, SOCF, has a policy for coordinated review that addresses sexual abuse incident reviews. There is a Sexual Abuse Response Team (SART) at this facility and in the past 12 months there have been five reviews. The team itself considers changing policy, motivations, physical barriers, monitoring technology, and makes its recommendations and/or comments to the Warden. The Warden reviews all recommendations and comments of the Sexual Abuse Review Team and notes approval and implementation or not.

Interviews were held with the Incident Review Team, and all were well aware of their duties and responsibilities and furthermore meet compliance with this 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)

As a lead-in to these last three standards on Data, the auditors are impressed with ODRC's Data Collection, Data Review and Data Storage.

The ODRC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. The Prison Rape Elimination Policy 79-ISA-01, includes definitions outlined in this policy subsection and addresses seven steps in data collection and monitoring. This includes, but is not limited to, information of sexual misconduct that is provided to the Bureau of Research; that the information is to be aggregated annually; that the Director and PREA Coordinator of the agency shall review such; that the information will be posted on the Internet site; that this information will be readily available annually; that all personal identifiers will be removed; and that information shall be entered into the inmate, offender data system.

The agency also obtains incident-based and aggregated data from private facilities with which it contracts (two in the state of Ohio).

The data includes all that is necessary to answer questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice (DOJ). The agency provided the Department of Justice with data from the previous calendar year.

§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)

As said in the first of these three standards, Data Collection, Data Review, and Data Storage the Ohio Department of Rehabilitation and Correction does a very good job.

Specifically, the Annual Internal Report on Sexual Abuse Data for 2012 and 2013 prepared by the ODRC's Agency PREA Coordinator was reviewed and impressed both auditors who reviewed it. This report outlined accurate, uniform data for every allegation of sexual abuse. The report stated in its online presentation, its purpose, and the fact that it made use of this information to identify problem areas, and formulate corrective measures. This report aggregates information for the agency and is used to relay facts and information on sexual abuse to the general public. The report itself was divided into four sections: Introduction; Data; Problem Area Identification and Corrective Measure; and the Conclusion. The report is

signed by the Agency PREA Coordinator and approved by the Ohio Department of Rehabilitation and Correction Director.

Agency information is available to the public on the website:
<http://www.drc.ohio.gov/web/prea.htm>

§§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)

Policy, Prison Rape Elimination 79-ISA-01, outlines in its data collection and monitoring section 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 mentioned in section 115.88.

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

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

James Curington

May 15, 2015

Auditor Signature

Date