PREA AUDIT REPORT  ☑ Final
ADULT PRISONS & JAILS

Date of report: 06/12/2016

Auditor Information
Auditor name: James Curington
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Date of facility visit: May 23-27, 2016

Facility Information
Facility name: Trumbull Correctional Institution
Facility physical address: 5701 Burnett Road, Leavittsburg, OH 44430
Facility mailing address: (if different from above) Same
Facility telephone number: 330-898-0820
The facility is: ☑ State  ☐ Federal  ☐ County  ☐ Military  ☐ Municipal  ☐ Private for profit
☐ Private not for profit
Facility type: ☑ Prison  ☐ Jail

Name of facility’s Chief Executive Officer: Charmaine Bracy
Number of staff assigned to the facility in the last 12 months: 359
Designed facility capacity: TCI Main 748 / Camp 252  (Adjusted capacity; Main 1080 / Camp 500, Total 1580)
Current population of facility: 1529
Facility security levels/inmate custody levels: Level 3 Close Custody Main / Level 1 Minimum Custody Camp. (On a 1-5 Level System)
Age range of the population: 18-70 years

Name of PREA Compliance Manager: Chris Hurst
Title: Program Administrator/Operational Compliance Manager
Email address: Chris.hurst@odrc.state.oh.us
Telephone number: 330-898-0820 x2008

Agency Information
Name of agency: Ohio Department of Rehabilitation and Correction
Governing authority or parent agency: (if applicable) State of Ohio
Physical address: 770 West Broad Street, Columbus, Ohio 43222
Mailing address: (if different from above) Same
Telephone number: Same

Agency Chief Executive Officer
Name: Gary C. Mohr
Title: Director
Email address: Gary.Mohr@odrc.state.oh.us
Telephone number: 614-752-1164

Agency-Wide PREA Coordinator
Name: Andrew Albright
Title: Chief, Bureau of Agency Policy and Operational Compliance
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Telephone number: 614-752-1708
AUDIT FINDINGS

NARRATIVE

The National Prison Rape Elimination Act (PREA) Resource Center recently sent a letter out to certified auditors, indicating development of minimum criteria for the content of audit reports. This auditor, James Curington will begin the narrative with his interpretation of what the PREA Resource Center (PRC) is trying to accomplish and what the auditor is trying to accomplish by assessing PREA compliance with the PREA standards and facilities being audited.

The auditor will try and accomplish the goals of the audit with, Part 1, a narrative which includes sections titled: Narrative, Description of the Facility Characteristics, and a Summary of Audit Findings. This, obviously, is broadly based but should give the reader a reasonable understanding of the audit process, some familiarization of the audit methodology, the facility layout, the demographics, the mission of both the State and the Institution, and the total number of standards and their findings. Part 2, the standard by standard analysis should give an accurate number of standards and their total findings with discussion, such that the reader will be able to review the assessment made by the auditor and the basis on which a determination was made for each standard assessing an exceeds, meets, does not meet, or is not applicable in relationship to each standard discussed.

The PREA audit for Trumbull Correctional Institution in Leavittsburg, OH 44430 began with the notification and the assignment by the American Correctional Association (ACA), that there would be an ACA audit and a PREA audit of Trumbull Correctional Institution, the week of May 23 through May 27. The ACA audit would be May 23 to May 25 and the PREA audit would be May 25 to May 27. James Curington would be a member of the ACA team for the first part of the week and would be the PREA auditor for the latter part of the week. This afforded the auditors the opportunity to be part of a dual audit obtaining the full overview from the ACA audits and the PREA assignment. In the auditor’s opinion, this weeklong process assigned by the ODRC and the ACA, opens the facility to a thorough review of ACA accreditation standards and the PREA standards (a complimentary and supplementary process).

Following the notification process, the PREA auditor is responsible for the submission of the audit preliminary Pre-Audit Report and Information to the PRC. Additionally, an agenda is to be submitted to the facility being audited followed by the interim/final report to agency 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 tools provided by the National PREA Resource Center (PRC) for the submission of the Post Audit Information form (in addition to the pre-audit forms previously mentioned).

As with each audit for a state correctional institution/prison, the PREA Audit Instrument used was supplied by the National PREA Resource Center through its website. This Adult Prisons and Jails Instrument is composed of seven sections, and outlined as follows:

A) the PREA Audit: Pre-Audit Questionnaire, (PAQ)
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 of Trumbull CI.

The audit process for Trumbull Correctional Institution (TCI) included an electronic flash drive, supplied by the Agency and Institution, which contained a wealth of information. The information included the PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons and Jails which was filled out by the Institution. Also supplied was an electronic folder for each of the 43 standards of TCI.

Trumbull Correctional Institution posted notices of the PREA audit (as well as the ACA audit), and the auditor began review of the PAQ and the electronic information submitted on the thumb drive. This included not only the PAQ, the 43 electronic folders mentioned above, but also the last ACA audit report, the Ohio Department of Rehabilitation and Correction (ODRC) Agency Head, and other key staff interviews, TCI inmate population reports, TCI video technology layouts and information, and TCI PREA education reports. The PAQ and these materials included policies, documents, forms, checklists, contracts, curricula, videos, handbooks, and supplemental information applicable to the 43 PREA standards. In addition, not only did the
materials cover the 43 standards but the approximately 180 subsections of the standards, as outlined by the Auditors Compliance Tool, as well. Simply, there was a wealth of information supplied to the auditor which he reviewed before the on-site visit.

In addition to the review of materials, the auditor supplied the facility with an agenda for the PREA audit. The agenda supplied was as follows:

Sunday, May 22

Evening dinner/introductions/meet and greet - facility staff and auditors for ACA and PREA audits

Pre-Audit Meetings as appropriate

ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Wed., PREA audit, Wed. – Fri.)

Monday, Tuesday and Wednesday morning, May 23, 24, and 25 morning – ACA audit

The ACA Audit Process, including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records; including, Litigation, Significant Incidents/Outcome Measures, Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up, including, the Compliance Tally and Exit Discussion will be coordinated by the ACA Chairperson.

Wednesday continuation, May 25 – PREA Audit / PREA Agenda

12:00 noon – The PREA Auditor will discuss the Audit Instrument by PREA Resource Center including 1) the Pre-Audit Questionnaire, 2) Auditor Compliance Tool, 3) Instructions for the PREA Audit Tour, 4) Interview Protocols, 5) Auditor’s Summary Report, 6) Process Map, and 7) Checklist of Documentation.

Attend Shift Briefings – Post Assignments – Afternoon, Evening

Schedule Interviews with staff and inmates (facility staff assistance). This may be done on Monday or Tuesday.

Tour facility (lists of where, who and when). Note: PREA “Instructions for PREA Audit Tour”.

Review PREA Standards/Justifications

Review demographics of the facility

Review facility schematics - # of buildings, # of dorms, # of acres (inside and outside the compound), # of towers, fence (kind, height, length, security features, etc.).

Review Allegations (sexual abuse, harassment, retaliation: investigated-administrative, criminal indicted, prosecuted, referred; founded, unfounded, substantiated, unsubstantiated

Interviews with staff and inmates. Note: PREA “Interview Protocols” i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates

Thursday, May 26

8:00 a.m. Visit and revisit institutional operational areas. Review specialty program areas.

3:00 p.m. Review PREA standards for compliance/information

PREA Audit Report
Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local Mental Health

Interviews with staff and inmates. Note: PREA “Interview Protocols”. Make sure interviews include all staff “shifts”. Make sure inmates from each housing unit are interviewed.

Friday, May 27

Follow-up on PREA standards compliance and facility information needed and appropriate to the PREA Auditor’s Summary Report.

9:00 a.m. Tour with the Warden, the Institutional PREA Compliance Manager, and the Agency PREA Coordinator

11:00 a.m. Review Auditor’s Summary procedures (interim report/final report) with key staff

12:00 noon - Depart Trumbull Correctional Institution

The agenda was generally followed for the audit. Included in the aforementioned interview process, there were 18 formal random staff interviews; 26 formal specialized staff interviews, and numerous informal interviews with staff. There were also many informal interviews with inmates, primarily determining their safety, livability, and conditions of confinement, and 33 formal random interviews with inmates and 10 formal specialized interviews with inmates.

The broad methodology for this PREA audit is summarized as A) the notifications, pre-audit questionnaire, materials, supplies, information and documents sent to and reviewed by the auditor before the institutional visit; B) the agenda outlined, including the ACA process, the PREA interviews, tour, and observation of the daily routine/operations; and C) a review of all the materials/information gathered, culminating in this report, the auditor’s final report.
DESCRIPTION OF FACILITY CHARACTERISTICS

The Trumbull Correctional Institution, is located in Trumbull County Northeast Ohio on approximately 165 acres at 5701 Burnett Rd., Leavittsburg, OH 44430. The facility is about halfway between Youngstown, Ohio and Cleveland, Ohio.

The facility was constructed between 1989 and 1992 and the first inmates were received on November 19, 1992. The Camp at TCI was added in 1995. Presently TCI is a large, all male facility with a Main Unit consisting of 1053 close custody, level 3 inmates and an adjacent Camp with 476, minimum custody, level I inmates. The Main Unit is surrounded by an approximately 1 and 1/2 mile paved perimeter/security patrolled road. Inside the perimeter road are two 12 foot security fences with razor wire and perimeter detection systems. The perimeter road is patrolled 24/7 by armed security vehicles. Additionally, there are 198 cameras (exterior and interior) throughout the facility. The Main Unit is campus style, consisting of 16 buildings inside the fencing (some interconnected and four which are large dormitories). The buildings are: the Gate House/pedestrian entrance B-1; the Administration Buildings B-2; Segregation B-3; Receiving and Discharge B-4; Medical Unit B-5; Food Service B-6; Commissary, Maintenance, Laundry B-7; Vocational B-8; Recreation B-9; Chapel B-10; Education B-11; and Inmate Cellblock Housing Units B-12,13,14,15. Please see following page schematic. Housing units, at the Main Unit, consist of the general population, and the Transitional Program Unit B-15, the Restorative Justice Unit B-12, and the Wellness Unit B-14.

The Camp is composed of a single large multipurpose/double dormitory building, B-23. Adjacent is a small education building, recreation fields, and storage which are separately fenced with a single chain-link fence with razor ribbon and a detection system. Please see following page schematic. Note: the Camp was, from December 2004 to July 2011, a Women's Unit used to assist with the expanding female offender population within the ODRC. In May 2013, the Camp, once again, became an all-male facility. There are two dorms, A and B at the Camp.

There are also outbuildings including garages, warehouses, storage buildings, and the Sally Port Gate Building, B-18, 19, 20, 21. Please see following page schematic.

Trumbull Correctional Institution uses the ODRC's Offender Tracking System and a Unit Management System consisting of unit managers, counselors, and case managers to bring individual treatment to a personal level for each inmate. It is through this Management System that so many of the offenders at TCI can obtain assistance and help, as needed, in areas from assignments, housing, programs, and treatment, to PREA education, assistance, and culture change, which were items that this auditor was specifically concerned about during his review of the facility.

Medical offers a central point for all inmate healthcare with exam rooms, administrative offices, a records office, a pharmacy, a six bed infirmary and 24 hour monitoring with access to security and nursing staff. Mental Health is also available on-call 24/7. The PREA auditor recognizes how important mental health and health care staff is to the accomplishment of PREA goals and was pleased and impressed with the mental health and health care staff.

There is a large food service/dining Hall, with seating available for approximately 260 inmates. Food service is administered by the Aramark Corporation (privatized services). Inmates working in food service receive an additional money stipend for work performed. The area was clean and sanitary, and offered cafeteria style feeding. Food is based on a nutritional diet approved by Aramark and the ODRC dietitians with appropriate calories and menu variety. This auditor ate the noon meal in the inmate dining area and found it acceptable.

Programs and work assignments for the inmate population, includes animal trainers, groundskeepers, students, janitors, tutors, workers, recreation workers, food service workers, horticultural workers, maintenance, repair workers, library clerks, laundry workers and additional classifications as needed.

The Chapel/Religious Services Department provides many programs, study groups throughout weekends and evenings which also assist in recovery, and reentry services for the inmate population.

The Education Department offers the General Equivalency Diploma (GED), pre-GED Adult Basic Education, and literacy programs. Also offered, is college certification courses through Youngstown State University. Recreation includes outdoor programs of basketball, softball, and volleyball, jogging, and etc. There is a large gymnasium and inside recreation areas for not only health and exercise equipment but also table games, board games, arts and crafts, and music areas.
Demographics:

Designed Facility Capacity: Main Unit, 748; Camp 252. (TCI adjusted capacity count 1080 Main Unit, 500 Camp, total 1580)

Actual Population: Main Unit, 1053; Camp, 476.

Average Daily Population: 1520

Gender: Male

Age Range of Population: 18 to 70 years (no youthful offenders)

Average Length of Stay: 5 years

Security/Custody Level: Close Custody/Level 3, Main Unit; Minimum Custody/Level 1, Camp

Full-time Staff: 359, total; 241 security, 118 administrative/program/support (including five mental health and 22 medical)

Note: there are no youthful offenders nor female offenders at Trumbull Correctional Institution.

The Mission of the Ohio Department of Rehabilitation and Correction is:
"to reduce recidivism among those we touch"

Trumbull Correctional Institution Mission Statement

“The mission of the Trumbull Correctional Institution is to protect Ohio citizens by effective supervision of adult male offenders in environments that are safe, humane and appropriately secure in a fiscally responsible manner. In partnership with communities, the institution will encourage citizen and staff participation through programming and victim reparation. Through the philosophy of the re-entry by way of education, programming, and community service, the institution will seek to instill in offenders an improved sense of responsibility and the opportunity to become law-abiding members of society.”
Charmaine Bracy, Warden TCI 2016

The Trumbull Correctional Institution is an accredited facility, receiving initial accreditation Standards for Adult Correctional Institutions in 1996 with reaccreditation awarded in 1999, 2002, 2005, 2008, 2010, and 2013. The PREA auditor attended the ACA closeout by the ACA accreditation team Wednesday, May 25 and the accreditation team was recommending, to the Commission on Accreditation, reaccreditation for TCI as an adult correctional institution, 2016. This accreditation was at a 99% plus compliance level and the auditor feels it is indicative of the professionalism and excellence of TCI correctional leadership, rehabilitation efforts and correctional operations.
SUMMARY OF AUDIT FINDINGS

The Trumbull Correctional Institution is assessed by the PREA auditor as meeting or exceeding standards in all applicable areas. Specifically, this is a final report with 10 standards (115.11, .21, .31, .35, .41, .51, .65, .71, .73, and .88) exceeding standards, 31 standards meeting standards and two standards (115.14 youthful offenders, and 115.52 exhaustion of administrative remedies) being not applicable. Thus, the following is detailed:

Number of standards exceeded: 10

Number of standards met: 31

Number of standards not met: 0

Number of standards not applicable: 2
Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Trumbull Correctional Institution (TCI), through the Ohio Department of Rehabilitation and Correction (ODRC), has an Institutional policy 03E-TCI-01, TCI Zero Tolerance Policy, as well as a statewide Agency Policy that outlines and directs “zero tolerance” for sexual abuse and sexual harassment at TCI and throughout the state correctional institutions/facilities. Policy number 79-ISA-01 Prison Rape Elimination (and TCI’s policy mentioned above), clearly outline the Agency’s and the Institution’s commitment to following PREA law, mandating “zero tolerance”, and outlining the approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The Agency 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.” Again Trumbull Correctional Institution's Policy 03E-TCI-01, TCI Zero Tolerance Policy reiterates the Agency Policy, and further delineates procedures for “zero tolerance” at Trumbull Correctional Institution.

Not only is it evident from the policies that the ODRC and TCI are committed to eliminating rape in prison, but also 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 employee’s right to be free from retaliation for reporting sexual abuse is a commitment to break the silence, to report the misconduct, to keep the inmates and staff safe, and to follow the PREA standards.

The organizational charts reflect, at the Agency level, a Statewide PREA Coordinator with access to the Agency Director, and at the Institutional level, a PREA Compliance Manager with direct access to the Warden. Interviews with the Agency Director, the Agency PREA Coordinator, the Warden, and the Institutional PREA Compliance Manager all reflect their commitment to eliminating rape in prison, compliance with previous standards, and that they had time to address PREA issues.

The auditor has reviewed several ODRC facilities and carefully reviewed TCI and has been very impressed with the zero-tolerance policies, training and testing that is done, cultural change efforts, and the commitment to safety and security of staff and inmates. The auditor thus assesses an exceeds standard which is based on the auditors interviews with staff and inmates, the policies mentioned, the Pre-Audit Questionnaire, the tour and a 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". The auditor also reviewed the addendums to the contracts for housing Ohio inmates with private corporations which also support and direct PREA compliance.
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 Pre-Audit Questionnaire, policy, notes, documents, interviews, the tour, and review by the auditor were all utilized to assess compliance with this standard.

ODRC Policy 79-ISA-01 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 (also directed by this policy is the consideration of the 11 items in standard 115.13 part a, from "generally accepted detention and correctional practices" to “any other relevant factors”).

Trumbull Correctional Institution shift rosters, documents for deviation from the staffing plan, the deviation form, and the template for staffing assisted with verification of compliance with this standard. There were no staffing plan deviations requiring use of the deviation form, as documented by the Pre-Audit Questionnaire.

Moreover, the auditor reviewed the Annual Facility Staffing Plan with the Warden, his key staff, and the Agency PREA Coordinator, reflecting adequate supervision and monitoring.

Policy 50-PAM-02 Communications/Weekly Rounds, addresses and directs shift rounds by higher-level staff, including captains and lieutenants. Housing unit visiting logs verified these rounds along with interviews of the captains and lieutenants.

Review of the annual staffing plan and the supporting documents for technology, and institutional coverage and support, along with interviews of higher level and intermediate staff, human resource staff, and the Warden all confirmed compliance with the 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

TCI does not house any inmates under 18 years of age. Thus, 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)

In the past 12 months, there has been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates at TCI.

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 TCI. This attested to by the Pre-Audit Questionnaire, and the Institutional PREA Compliance Manager.

All security staff received annual training, online training, and shift briefing trainings and in conjunction with the PREA video training, covered the policy and procedures concerning searches. Staff are knowledgeable and professional in conducting searches as observed by the auditor.

Policies and procedures also allow inmates to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Moreover, staff alert inmates to their presence when entering a housing unit of the opposite gender by activating enunciators, which directs a light and sound to the inmate population in the housing unit that is being entered/visited. TCI is an all-male facility, and female staff alert their presence when entering male housing units as observed by the auditor. The Agency LGBTI policy prohibits staff from searching or physically examining a transgender or intersex inmate for determining genital status.

Interviews of staff and inmates, as well as the auditors personal review of policies and procedures, searches and counts, confirms that TCI is compliant with the standard 115.15, Limits to cross gender viewing and searches.

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)

This standard on inmates with disabilities and inmates who are limited English proficient is divided into three subsections: a) the Agency ensures that inmates participate in or benefit from all aspects of the Agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment; b) the Agency takes reasonable steps to ensure meaningful access to prevent, detect, and respond to sexual abuse and sexual harassment, including providing interpretation; and c) the Agency does not rely on inmate interpreters/readers except in limited circumstances.

The ODRC Policy 64-DCM-02, Inmates with Disabilities (this policy six pages long), addresses disability needs, interpretation needs, and accommodations. Essentially, this policy ensures nondiscrimination against individuals on the basis of disabilities and provides for reasonable accommodations when the need exists. Policy 79-ISA-01 Prison Rape Elimination addresses inmates not fluent in English, those with low literacy levels, and the use of interpreters, which would only be used in case of an extended delay or an emergency.

The Affordable Language Services LTD, contract which provides translating, interpreting, and teaching, was reviewed by the auditor. Spanish inmate handbooks were made available. Spanish inmate education videos are available. Further
accommodations for individual inmates can be. Staff training also supports the Agency's commitment to providing appropriate assistance to all inmates.

The auditor used the Pre-Audit Questionnaire, Agency Policy, Spanish language information, notes, and other documentation, including interviews with staff, inmates, and disabled inmates, all of which supported compliance with this standard.

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)

This standard, 115.17 and its eight subsections (a-h) specifically address hiring, promotion, and background checks. The ODRC does an excellent job vetting prospective employees, contractors, and volunteers who may have contact with inmates, as well as continually reviewing backgrounds and maintaining up-to-date, self-evaluating information.

Knowing how important hiring and promotion decisions are to the operations, management, and the effectiveness of correctional facilities, as well as, to the safety of staff, inmates in the general public, the ODRC, and specifically, Trumbull Correctional Institution closely follows Ohio State Personnel policies regarding hiring and promotion decisions. The ODRC/Trumbull's policy 31-SEM-02 Standards of Employee Conduct, and policy 34-PRO-07 Background Investigations outline policy and procedure. Policy prohibits hiring or promoting anyone who may have contact with inmates who has engaged in sexual abuse in a jail, lockup, community confinement facility, juvenile facility, or other institution; who has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force; or who has been separately or administratively been adjudicated to have engaged in sexual abuse.

The Human Resources/Personnel Department at each facility, coordinates with the ODRC Support Services Office in Columbus Ohio for background information, background checks, and personal history checks required to employ staff at Trumbull CI.

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

The auditor reviewed civil service applications, the required disclosures, the ODRC forms, including the Annual Acknowledgment Form (ODRC 1214 E), and law enforcement background checks.

In addition to the policies above, the auditor spot-checked checklist forms, and interviewed the Warden, human resource staff, random staff, contractors, and volunteers and assesses compliance with the 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)

Trumbull Correctional Institution has not made any substantial expansion or modification of the existing facility since August 20, 2012. The first part, part (a) subsection of 115.18 is not applicable since the facility has not acquired a new facility or made a substantial expansion as noted in the Auditors Tool. Part (b) installing or upgrading video monitoring system, electronic surveillance system, or other monitoring technology does apply and does meet the standard.
The auditor has reviewed TCI's staffing plan (which is assessed and reviewed annually). Through this plan, the institution and its staff is continually updating its technological supervision and monitoring of inmates at the institution (cameras are updated, installed, redirected, and continually improved, etc.). There are 198 cameras at the facility. 186 cameras inside the compound and 12 cameras outside the compound. These cameras are VCR, or digital, many zoom, pan, and tilt style with recording capabilities.

The staffing plan at annual review considers the following:

1) generally accepted correctional practices, and current camera locations. (Assessed by the auditor as meeting standards.)
2) any judicial findings of inadequacy. (None)
3) findings of inadequacy from the investigative agencies. (None)
4) findings of inadequacy from internal or external oversight bodies. (None)
5) the facility's physical plant, including blind spots. (Reviewed and assessed by the auditor as meeting standards.)
6) the composition of the inmate population. (1520 average daily population)
7) number and placement of supervisory staff. (Reviewed and assessed by the auditor as meeting standards.)
8) institution programs occurring on shifts. (Reviewed and assessed by the auditor as meeting standards.)
9) the prevalence of substantiated and unsubstantiated incidents of sexual abuse. (Zero substantiated, seven unsubstantiated, reviewed and assessed by the auditor as meeting standards.)
10) applicable state laws, local laws, regulations, or any other relevant factors. (None)

These factors were reviewed by the auditor for compliance with the staffing standard, 115.13 and the technology standard 115.18, and those standards were found compliant.

Based on the staffing standard, the observation of the controlled movement, the number of programs, the behavior and routine of the inmates, the professionalism of the staff, the interviews with staff and inmates and the discussion with them about overall safety, and the safety from sexual abuse, the auditor assesses this standard as compliant.

**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)

The evidence protocol and forensic medical examinations standard is thoroughly and comprehensively addressed by the ODRC/ Trumbull Correctional Institution policy and procedures and in the auditor's assessment exceeds standards. This standard substantially exceeds the requirement based on Trumbull's cooperative and professional Association with the Ohio State Highway Patrol for investigations and its association with the local hospital, St. Joseph's Hospital, Warren, Ohio, and the Ohio State University (OSU) Hospital (Agency Medical Services Agreement with the hospital) for forensic sexual abuse exams.

The Ohio State Patrol assists with every investigation, and assists with the decisions whether to begin with criminal investigations or administrative investigations. There is a Memorandum of Understanding (MOU) between the ODRC and the Ohio State Highway Patrol. 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 was 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.

Emergency forensic medical exams by SAFE/SANE healthcare professionals are performed locally at St. Joseph's Hospital or by Ohio State University Hospital. One medical exam was performed at St. Joseph's Hospital and the auditor reviewed the incident, and the extensive paperwork involved, and was impressed with the thoroughness of the documentation. Ultimately this allegation was unsubstantiated (involving both the ODRC and the OSHP, investigators). Victim Support Services (VSS) are extended at Trumbull CI by Victim Support Persons (VSPs), well-trained, experienced staff with certificates of training, noted by the auditor. Also noted were supplementary and complementary support services through the local Rape Crisis Team of
Trumbull County (RCTTC Warren, Ohio), by a Memorandum of Understanding with this local Rape Crisis Center (poster noted on inmate bulletin board). VSPs are available on each shift.

A review of the records, the documents mentioned above, the posters, and interviews with specialty medical staff, victim support persons, Ohio State Highway Patrol troopers, the Institutional Investigator, the Institutional PREA Compliance Manager, random staff, and random inmates, all helped to 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)

TCI has policies in place to ensure referral of all allegations of sexual abuse for investigation. Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, directs action and has a checklist for security and non-security first responders. The checklist itself is a step-by-step action process that is thorough and comprehensive and helps ensure the appropriate referrals.

When an allegation is made, the first responders follow the protocol for reporting this process through the appropriate channels to the intermediate and higher level supervisors, the Medical and Mental Health Departments, the Victim Support Services, the Institutional Investigator, the Ohio State Highway Patrol, and the PREA Compliance Manager.

The Agency ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment that are not unfounded. There is a "PREA Incident Packet" for the staff to complete which also insures and documents referrals and follow up as required.

During the past 12 months there have been 13 allegations of sexual abuse and/or sexual harassment that were received and all were investigated. The Agency documents all referrals of these allegations, and maintains the investigation information.

Based on the auditors review of investigative files, policies and procedures, and interviews with key staff and inmates. This standard is assessed as compliant.

**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 TCI, has assessed this standard, 115.31 Employee Training as exceeds. The ODRC/TCI not only trains each employee about PREA during orientation and annually but also tests each employee helping assure an understanding of PREA and its importance. A record of this testing and the scores achieved by staff exemplifies the commitment of the ODRC to accomplishing the PREA goals and objectives of eliminating rape in prison. The auditor also reviewed training policies, curriculum, the e-learning program, and had many interviews, both formal and informal with staff concerning PREA and its positive effect on safety and security of staff and inmates which helped confirm an "exceeds" assessment for this standard.

Staff training is outlined in policy 79-ISA-01 Prison Rape Elimination. Moreover, the following 10 bullets, listed in the training policy and detailed in the Pre-Audit Questionnaire, and in the Standards' Compliance Tool, were asked during the scripted formal interviews with random 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 and above bullet points listed.

Based on policies, reviews, and especially the interviews, both formal and informal, the auditor assesses employee training as exceeding standards.

**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, 225 volunteers and contractors have been trained in the Agency’s policies and procedures regarding sexual abuse/sexual 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 zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such abuse or harassment. The Agency maintains documentation confirming the volunteers/contractors understand the training they received.

The ODRC/TCI training acknowledgment form, signed by the contractor/volunteer details understanding 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

Interviews with contractors and volunteers, and review of the Agency and Institutional policies confirmed compliance with this 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)

This standard, 115.33 Inmate Education, and its six subsections (a-f) directs; a) that inmates 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 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 Trumbull Correctional Institution, through the Agency policies and procedures, directs the education and has trained 1144 TCI inmates in the last 12 months.

There are zero (0) number of inmates at TCI who have not received comprehensive training.

The Agency policy 79-ISA-01 Prison Rape Elimination, addresses seven steps outlining PREA education:

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 the parent/receiving institutions, plus PREA information in the inmate handbook for TCI
4) documentation of inmate’s participation in orientation and education (acknowledgment checklist)
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 for those with disabilities, to understand and to be accommodated as appropriate for training

All of the steps above accomplished by the Institutions and reviewed by the auditor.

Based on the review by the auditor of the policies and documents, the inmate handbook, inmate educational materials and including interviews, both formal and informal with inmates throughout the facility confirmed compliance with this standard.

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)

Agency policy 79-ISA-01 Prison Rape Elimination and Agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation address specialized training/investigations for investigators with the ODRC and the OSHP. The first policy indicates “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 and the OSHP Investigator, during interviews, and further reviewed training session reports, curriculum, and the National Institute of Corrections training certificates received by investigators.

The ODRC has a Memorandum of Understanding with the Ohio State Highway Patrol, and Trumbull CI. This includes a trooper's office at the Institution, adjacent to the Institutional Investigator's Office. The auditor observed the two investigators working together and reviewed joint paperwork, communications, and accomplished investigations. Both officers were knowledgeable, professional, and impressive during formal interviews and general discussions.

Based on the review of investigative training, and the supporting documents, curriculum, and interviews with investigative staff, this standard is assessed as compliant.

**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 Medical and Mental Health (MH) staff at TCI were most impressive. The PREA auditor observed mental health staff in action during a Rules Infraction Board (RIB) hearing, in which an inmate was represented by MH staff, also observed were counselors in each of the dormitories, and medical staff in the infirmary and exam areas. Simply, medical and mental health staff and their care and treatment of the inmates "stood out" and was particularly noticeable in a positive sense to the auditor. These impressions, plus a review of Agency policy, as well as the medical/mental health curriculum for training, and the medical and mental health contractor training, all supported an “exceeds standards”.

All medical and mental health care practitioners who work at TCI (100%), receive specialized training which is documented and maintained. This training was not only for PREA training, which consists of training on a zero tolerance policy, on how to report sexual abuse/harassment, on prevention, on detection, on response, on legal prohibition of any sexual activity with inmates, on identifiers of possible sexual assault victims, and on strategies for sexual assault prevention; but also for specialized training extended by medical practitioners. Training records and curriculum were reviewed by the auditor.

ODRC does not conduct forensic examinations. These examinations are sent to the Ohio State University Hospital or the local emergency hospital (St. Joseph's Hospital, Warren Ohio) for TCI.

The auditor reviewed medical and mental health schedules, reviewed assignments, on-call duty assignments, emergency contact lists, and overall coverage for the facility. Most impressive was the excellent communications between medical and mental health with the inmates and the rest of the staff at the facility. Although very concerned about privacy issues, the medical and mental health care staff takes the appropriate lead in helpful communications, care, and treatment that affects the inmate population.

Based on reviews of policy and procedures, interviews with specialized staff of medical and mental health, and the specialized training that medical and mental health care staff received at TCI the auditor assesses this standard as exceeds.

**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 standard, 115.41 Screening for Risk of Victimization and Abusiveness was reviewed by the auditor with the Unit Management Team at Trumbull Correctional Institution. This review included the Assessment Process and the Agency Risk Management Tool that is used throughout the ODRC. The Agency's policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies, interviews with the Unit Management staff, the Agency's PREA Pre--Audit Questionnaire, supporting documentation, and inmate interviews, helped to assess an "exceeds" standard. In the auditor's assessment, the information he received from the management staff, the medical/mental health staff, the counselors, and all involved with the assessment process, including inmates confirmed a clearly individual evaluation and assessment of the risk of victimization, and/or for abusiveness. Obviously, there is no perfect assessment when it comes to predicting human behavior, emotions, motivations, and etc. but best efforts, the policy, and professional evaluations are, in the auditor's opinion, accomplished by the staff at Trumbull CI and in the best interests of security and safety of the inmates and staff.

The Agency policy 79-ISA-04, Risk Assessments and Accommodation Strategies, outlines the 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 the likelihood of committing sexual abuse”. The electronic tracking system used by the ODRC called DOTS (Departmental Offender Tracking System) serves as the primary information system on all offenders incarcerated at Trumbull CI and the ODRC. This system has numerous screens covering, at a minimum, 10 criteria outlined in standard 115.41:

1) whether the inmate has mental, physical, or developmental disability,
2) 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 perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming,
8) whether the inmate has previously experienced sexual victimization,
9) the inmates own perception of vulnerability,
10) whether the inmate is detained solely for civil immigration purposes (zero number of inmates are held for immigration purposes at TCI).

The above assessment and risk information is shared/maintained on a need to know basis and security passwords are assigned and controlled to monitor the appropriate access and appropriate sharing of this sensitive information.

In the past 12 months, 1144 inmates who have entered TCI through transfer and who have stayed at the facility for more than 72 hours were screened for risk of sexual victimization or risk of sexually abusing other inmates within the 72 hour time period directed by policy. Note: TCI is not an intake facility and the reception to the ODRC is accomplished at the Agency's Reception Center, within 30 days after their arrival at the facility based on any additional relevant information received. Additionally, based on an inmate request, a referral, an incident of sexual abuse, or information that bears on the inmate's risk of victimization or abusiveness, the inmate's risk level would be reassessed. The Unit Management Teams monitor and assist in this duty and responsibility.

Based on the interviews with staff and inmates, interviews with specialized staff, and the comprehensive and thorough Risk Assessment Process Tool that is used by TCI, the auditor assesses this standard 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)

The use of the Assessment Tool that has been established by the ODRC in conjunction with preventing, detecting, responding, and eliminating rape in prison is not only a key document as described in standard 115.41, but is a key document
for the use of the Unit Management Teams in conjunction with security and the leadership of the institution to provide safety and security for staff and inmates throughout TCI. Unit management staff along with medical/mental health staff and key security staff who have a need to know, use this risk assessment and screening information to appropriately place inmates in housing, work, and program assignments to secure the safety of all inmates at the facility.

ODRC policies 79-ISA-01 Prison Rape Elimination; 79-ISA-03 Sexual Abuse Review Team; 79-ISA-04 Risk Assessment and Accommodation Strategies and 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates were reviewed by the auditor and were found to direct individual treatment, direct the individual safety and security of each inmate, and direct for the appropriate and confidential use of information by the key staff using the assessment tool.

TCI makes determinations about how to insure the safety of each inmate on an individual basis. The Unit Management Team makes assignments of housing/programs for transgender or intersex inmates in the facility on a case to case basis and their opinions are given consideration.

Based on the above policies mentioned, the observation of the Unit Management Teams throughout the facility, and based on the interviews with specialized staff and random inmates, this standard is assessed as compliant.

**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)

ODRC Policy 79-ISA-04 Risk Assessment and Accommodation Strategies, prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless assessment of all available alternatives have been made and there is no other option. It is noted that the TCI has limited segregation cells, thus, any placement of the inmate for any reason in segregation would be carefully reviewed, considered, and alternatives discussed. This was confirmed by interviews with key staff, and security staff throughout the facility.

There have been zero (0) number of inmates at risk of sexual victimization, who were held in involuntary segregated housing in the past 12 months. This for 1 to 24 hours awaiting completion of assessment or for longer than 30 days awaiting alternative placement, as outlined by standard 115.43 subsections a, c.

Based on review of policies and procedures, the review of segregation housing, and interviews with key staff and inmates in segregation, this standard was assessed as compliant.

**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 ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation outlines the procedures for reporting (part IV. Procedures, A. reporting of sexual misconduct and retaliation). The inmate handbook, posters, inmate education video, and the video script, which was reviewed by the auditor, detail ways to report. Ways to report are: 1) verbally to any staff member, 2) in writing to any staff member, and 3) to the Operation Support Center, with a phone number given. Other ways are also outlined, such as, reporting through a friend or a relative, reporting to someone else who does not work at this institution, or even to the OSHP.
The Agency has procedures established allowing internal ways to report sexual abuse and sexual harassment by inmates or private ways to report to Agency officials about sexual abuse/sexual harassment or retaliation. Ways to report, as mentioned above, are posted, on inmate bulletin boards, in the inmate visiting areas where the general public are informed, in the inmate handbook and etc.

Sexual abuse or sexual harassment can be reported externally to the telephone number 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.

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 all verbal reports.

Staff can privately report sexual abuse/harassment of inmates by filing 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.

Based on the PREA Pre-Audit Questionnaire, the Agency’s policies, notes, documents, interviews, the tour of the facility and review of the information above, the auditor assesses an exceeds compliance.

**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 ODRC does not use an inmate grievance process for reports of allegations of sexual abuse or sexual harassment. A memo from the Agency PREA Coordinator details the process for reporting and the time frame required to comply with PREA and has been made part of the file. This standard is assessed as 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)

Trumbull Correctional Institution 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.

Trumbull Correctional Institution has a Memorandum of Understanding with the Rape Crisis Team of Trumbull County located in Warren, Ohio. The MOU addresses the following:

1) accompanying and supporting the victim through the forensic exam
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 follow-up services.

Copies of this agreement 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 (VSP) list which details names, shifts, and availability/contact numbers if needed.

Based on the policy and procedures, posters and information, and interviews with staff and inmates, the auditor assesses compliance for this standard.

**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)

Trumbull Correctional Institution and the ODRC provides a method to receive third-party reports of inmate sexual abuse and sexual harassment. The PREA Pre-Audit Questionnaire indicated that there is an email link to report sexual misconduct on the ODRC website. The auditor went to the ODRC website, www.drc.ohio.gov/web/prea.htm and noted the following information that was displayed, including: "The Prison Rape Elimination Act (PREA) was passed in 2003 with unanimous support from both parties in Congress. The purpose of the act was to 'provide for the analysis of the incident, and the affects of prison rape in federal, state, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.' This law applies to all public and private institutions that houses adult or juvenile offenders."

The webpage goes further to direct the following: "To report Sexual Misconduct on behalf of an offender, please email: DRC.ReportSexualMisconduct@odrc.state.oh.us". Not only can third-party reporting be made through the website, but also by contact with the Institution, the Inspector's Office, or PREA Compliance Officers at the facility/agency.

The auditor also observed posters at the entrance to the Institution and in the public visiting area, describing how to report sexual misconduct to the website or phone number.

Based on the above public website information, based on the posters at the facility, and based on interviews with staff, inmates, and visitors. The auditor assesses this standard as compliant.

**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)

All staff at TCI/ODRC are required 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, and forwarded to the Institutional Investigator (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. The checklist requires the completion of an incident report which ensures follow-up of each staff member's "duty to report".

Formal interviews with random staff on each shift. 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 directly of each formal interview of random staff and without fail, all responded affirmatively. This was a significant indicator of staff's knowledge of their responsibility and duty to report.

Staff training, the curriculum for training, and the online training scripts reviewed by the auditor confirmed staff's responsibility and duty to report sexual abuse and sexual harassment was being taught and that records were being maintained of all staff training.

The auditor assesses this standard as compliant, based on the above information, his interviews with staff and his review of the facility and Agency policies.

**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/TCI through policy 79-ISA-02, Prison Sexual Misconduct, Response, Investigation, and Prevention of Retaliation, states how to handle reports of substantial risk of imminent sexual abuse, this in section F, page 13. All reports require immediate action to protect the inmate. It is also 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 (part of DOTS, Department Offender Tracking System).

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

This standard is assessed as compliant based on the policy and the interviews with staff, both formal and informal interviews, which confirmed staff's knowledge and understanding of their responsibility and duty to protect inmates at substantial risk of imminent sexual abuse, and to do so immediately.

**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 Agency has a policy, ODRC 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation that directs, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the managing officer 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. The exact procedure is outlined detailing that reporting will take place as soon as possible but not longer than 72 hours after receiving the allegation.
The facility documents these allegations and notifies the agency/facility where this occurred. During the past 12 months, the Facility received three allegations that an inmate was abused while confined at another facility. The auditor reviewed the documentation and notification. During the past 12 months one allegation was received from another facility, alerting TCI that an inmate made an allegation of sexual abuse while at TCI. This case was investigated. The auditor reviewed the investigation, documentation, and findings of the case (unfounded). TCI followed the appropriate ODRC/TCI policies and procedures.

Based on the policies and procedures, review of investigations and documents, and the interviews with the Institutional Investigator, the PREA Compliance Manager, and the Warden, this standard is assessed as compliant.

**Standard 115.64 Staff first responder duties**

- ☒ 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/TCI staff are outlined in the policy 79-ISA-01, Prison Rape Elimination. This policy is comprehensive and thorough and has 14 pages containing flow charts, appendices, checklist, and forms. The policy directs:

1) The first responder, non-security, separate victim and abuser, advise victim not to destroy any evidence, and complete the incident report (notification).
2) The first responder, security, will 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 incident report. (Above, taken directly from policy).

In the past 12 months there have been 13 number of allegations that an inmate was sexually abused. Of these 13 allegations, four reports were to a security staff member who separated the alleged victim and abuser. One allegation allowed for the collection of physical evidence, and was within the timeframe established by medical policy for ODRC. During the past 12 months, 9 allegations were made to a non-security staff member who was the first responder and the non-security staff member requested the alleged victim not to destroy any evidence and notified a security staff member. This information taken from PREA Pre-Audit Questionnaire and the auditor's notes from standards 115.73.

Staff is well-trained in the performance of their first responder duties. This training is documented and included in orientation training as well as annual in-service training. Checklists and incident reports were reviewed by the auditor.

Based on policy and procedure, and interviews with staff and inmates, the auditor confirmed compliance.

**Standard 115.65 Coordinated response**

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

Trumbull Correctional Institution has its own eight-page Sexual Abuse Coordinated Response Plan Policy 03E-TCI-02, which directs an institutional coordinated response between staff of the appropriate departments. The policy specifically addresses A) the first responders, security and non-security, B) the Medical staff, C) the Mental Health staff, D) the Investigator(s), and E) the facility leadership, including the Sexual Abuse Response Team (SART).
Further, the plan directs the 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. These policies also include the Agency's Checklist, which assists by outlining for the first responder, steps to be taken when a security or non-security member is made aware of sexual abuse. This is outlined in the Agency's policy 79-ISA-01 Prison Rape Elimination, and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.

Based on interviews with the Warden, specialized staff, with the Incident Review Team members, and with random staff all indicated a team approach. It was clear, to the auditor, that TCI had a very clear understanding of a coordinated response involving a team approach for the individual safety and security of any inmate making an allegation concerning PREA. Based on the teamwork observed by the auditor at TCI and the preceding policy, and the interviews, 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 new or renewed collective bargaining agreements since August 20, 2012. Effective July 1, 2015, the Educators Union the OEA/NEA, the Ohio Civil Service Employees Association OCSEA/AFSCME, and the Ohio Service Employees International Union SEIU/1199 have all entered into agreement with the ODRC and have contracts which contain language such that the ODRC has the ability to protect inmates from contact with abusers.

The auditor reviewed the agreements and discussed them with the Warden, the Agency PREA Coordinator, and the Institutional PREA Manager, and all agreed that these contracts, as outlined in Management's Rights section of the contract, preserve the agency's/management's ability to protect inmates from contact with abusers.

The auditor assesses this standard as compliant, based on the above contracts and interviews.

**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)

ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, 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 the institutional investigator is responsible for the prevention of retaliation by inmates or staff. The investigator is also instructed to ensure 30, 60, and 90 day status checks suspected retaliation (this is more than the 90 day review period required by PREA) the agency also continues monitoring beyond 90 days, if warranted.

The Trumbull Correctional Institution acts promptly to remedy any retaliation.

There have been zero (0) number of retaliation incidents that have occurred in the past 12 months. This number reported in the PREA pre-audit questionnaire.

The auditors. Interviews with the Warden, investigator, specialized staff, and random staff and inmates, plus a review of allegations, 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 a policy 79-ISA-04 Risk Assessment and Accommodation Strategies that addresses protective custody. TCI follows and is governed by this policy. Involuntary segregation is used only as a last resort for the protection of inmates who have alleged and/or 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 TCI and appropriately screen all inmates to ensure safety, custody, care, and control. Each inmate is afforded an assessment screen and if the inmate is placed in involuntary segregation, the appropriate alternative steps are taken prior to such placement in involuntary segregation. The auditor has reviewed assessment screens and the assessment process. Additionally, there are limited segregation cells at TCI and observation of the segregation cells, and the use of the segregation cells as observed by the auditor supports PREA compliance.

In the past 12 months there have been zero (0) number of inmates who have been placed in involuntary segregated housing awaiting completion of assessment or segregated for longer than 30 days while awaiting alternative placement. If involuntary segregation is used, by policy, the agency would document reasons and alternatives explored. Policy also requires that if involuntary segregation is used, a review is made at least every 30 days.

Based on the policies and procedures, the fact that involuntary segregation has not been used at TCI, and interviews with key staff and inmates in segregation, this standard is assessed as compliant.

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)

Investigators, both OSHP and TCI investigators, were very cooperative, informative, professional, and knowledgeable concerning criminal and administrative agency PREA investigations at TCI. Not only are the ODRC policies, 79-ISA-01 Prison Rape Elimination, and policy 79 ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, very thorough and comprehensive, their implementation and use by the investigators of the OSHP and TCI was expert, thorough and comprehensive.

These policies, address all 12 sub-standards (a-l) on the Auditor's Compliance Tool, and are supplemented by the Investigative Policy of the OSHP, the laws of the State of Ohio, and the Memorandum of Understanding between ODRC and the OSHP to collaboratively provide a uniform process for evidence collection and the investigation of PREA related incidents. The MOU further outlines and details the professional collaboration of the OSHP and the ODRC with the following procedures detailed:

1) PREA incident investigations
2) victims of sexual abuse 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.

The OSHP has an individual office at the TCI as part of the Institutional Investigator’s Office and interview office/conference/area.

The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012 were zero (0) number at TCI.

The Agency retains all written reports pertaining to administrative or criminal investigations regarding PREA according to the state record retention schedule. Special investigative cases are retained for 10 years after the 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.

Based on the above information, review of investigations, interviews with specialized staff, and the collaborative work of the investigators at TCI/OSHP, the auditor assesses an "exceeds" for 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 policies, and interviews with the Institutional Investigator and the Warden support for 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)

As outlined in PREA standards 115.21 and 115.71, the collaborative relationship between OSHP and TCI investigative staff is professional, knowledgeable, and thorough. These standards were assessed as "exceeds". This standard 115.73 on Reporting to Inmates is also assessed as “exceeds”. The auditor was very impressed with the Institutional Investigator’s record-keeping and files documented: every allegation, every investigated allegation, every report to the inmate (in writing), and every finding of each investigation. The Investigator’s ability to furnish documents and information regarding every case, and most especially in regarding every notification to each inmate who made an allegation so impressed the auditor that a finding of exceeds is assessed.

The policies for TCI/ODRC are clear. Specifically, policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requires that an inmate who makes an allegation that he or she suffered sexual abuse in the agency/facility shall be informed verbally or in writing as to whether the allegation has been determined to be...
substantiated, unsubstantiated, or unfounded following an investigation. This was the case at TCI. Thirteen allegations were made, and 13 responses were extended to the inmate and the documentation was reviewed by the auditor with the Institutional Investigator.

Based on interviews with the Institutional Investigator, the Warden, the Institutional PREA Compliance Manager, inmates, and the Investigator’s institutional files, this standard is assessed as exceeds.

**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)

The following laws and policies clearly outline disciplinary sanctions for staff at TCI/ODRC.

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 TCI/ODRC policy.

Based on the state law, policies, and supported by interviews with the Warden, the PREA Compliance Manager, and staff, 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 following laws and policies clearly outline corrective action for contractors and volunteers.

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.

Policy 79-ISA-01 Prison Rape Elimination, and Policy 71-SOC-01 Recruitment, Training, and Supervision of Volunteers; and the Standard of Conduct for Contractors, Volunteers and Interns outlines the corrective action and high standards for those working with inmates in the Ohio State prison system. All volunteers and contractors are trained and acknowledge that they have received training and understand the relevant ODRC policies, procedures, and PREA law.

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) number who have been reported to law enforcement agencies or licensing boards for engaging in sexual abuse with inmates.

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Based on the state law, policies, and supported by interviews with the Warden, the Institutional PREA Compliance Manager, and contractors and volunteers, 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, and the Inmate Discipline Process Policy 56-DSC-01, addresses disciplinary sanctions for inmates and a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse or harassment. Further, Administrative Codes 5120-9-07 and 5120-9-08 define and list the disposition for rule violations. This information is available through the inmate handbooks, handouts, the law library, and the electronic kiosk machines.

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

In the past 12 months there have been zero (0) administrative findings of inmate on inmate sexual abuse at TCI. There have been zero (0) number of criminal findings of inmate on inmate sexual abuse at TCI. This information provided by the PREA Pre-Audit Questionnaire and the Institutional PREA Compliance Manager, and the Institutional Investigator.

Based on the auditor’s review of 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)

As directed by ODRC policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies, all inmates at TCI that have disclosed any prior sexual victimization during assessment screening pursuant standard 115.41 are offered a follow-up with a medical or mental health practitioner. Additionally, offenders who have previously perpetrated abuse as indicated in standard 115.41 during assessment screening are offered a follow-up meeting with a mental health practitioner. These follow-up meetings for the victim or for the abuser are offered within 14 days of the screening. This is a key step in changing the culture of prison incarceration, no longer is the institution "sweeping issues under the rug" they are addressing rape in prison, as directed by PREA.

In the past 12 months 100% of the inmates who disclosed prior victimization during screening, were offered follow-up with a medical or mental health practitioner. Additionally, in the past 12 months 100% of the inmates who previously perpetrated sexual abuse as indicated during screening, were offered a follow-up meeting with a mental health practitioner. The assessment process used by the ODRC is thorough and comprehensive and a team effort, as practiced by medical and mental health intake staff, assessment staff, security staff, and Unit Management staff. Information related to sexual victimization or abusiveness is strictly limited. This information is used only to make the appropriate assignments for treatment, housing, and programs.

Based on review of policy and procedures, risk assessments, the intake process and the auditor’s interviews with inmates, medical and mental health staff, and Unit Management staff, 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 TCI, 24/7 medical services, and daily/on-call mental health service. For emergencies, there is the emergency transportation services 911 available through the local Warren Ohio community, and the local St. Joseph's Hospital.

Forensic Healthcare Services are available through Ohio State University hospital, or local St. Joseph's Hospital Warren, Ohio.

Support services for sexual abuse victims are available through the Trumbull Crisis Response Team, Trumbull County, 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 infectious prophylaxis, in accordance with professionally accepted standards with care were medically appropriate.

The following policies and documents were reviewed by the auditor: 67-MNH-09, Suicide Prevention; Medical Protocol B-11, Medical Guidelines for Sexual Contact or Recent Sexual Abuse; Abuse Incident Report; Medical, Follow-up, and Medical Exam Report; mental health on-call list; and the medical staff schedule.

Based on the above information, and interviews with Rachel randomly selected inmates, and interviews with specialized and randomly selected staff, this standard was found compliant.

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)

Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; the ODRC medical protocol, B-11, Medical Care Guidelines for Sexual Contact, or Recent Sexual Abuse; 67-MNH-02, Mental Health Screening and Classification; 67-MNH-04 Transfer and Discharge of Mental Health Caseload; and 67-MNH-15, Mental Health Treatment; all offer and direct medical and mental health evaluation and care 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 available at TCI.

Ongoing mental health treatment and evaluation of all inmate-on-inmate abusers is available at TCI. Abusers are evaluated within 60 days of learning of such abuse history and offered treatment as deemed appropriate by a mental health practitioner.

The auditor's review of the above policies and procedures, formal and informal interviews with inmates, and interviews with specialized medical and mental health staff confirmed the Institution's compliance with this standard. Thus, this standard is assessed as compliant.
**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)

Trumbull Correctional Institution, through the ODRC policy 79-ISA-03 Sexual Abuse Review Team, requires its key staff to review all sexual abuse incidents, unless determined to be unfounded, within 30 days of conclusion of the investigation. This policy directs that the managing officer will establish a Sexual Abuse Response Team (SART) that includes, at a minimum, the following:

1) Deputy Warden of Operations, Chair person  
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/reviewed by the SART is very comprehensive and thorough.

In the past 12 months there have been seven administrative and/or criminal investigations of alleged sexual abuse, excluding only “unfounded” incidents. All seven incidents were followed by a sexual abuse incident review within 30 days. Some of these reviews were examined by the auditor and were found to be professional and followed policy/procedure and appropriate review by the Warden. The reviews are documented and maintained.

Based on review of the documents, policies, the SART reports/reviews, and interviews with SART members, specialized staff, the Warden and the Institutional PREA Manager, this standard is found compliant.

**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/TCI 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 Trumbull Correctional Institution.

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 the policy and reports mentioned above, and interviews with the Warden, the Agency PREA Coordinator, and the
Institutional PREA Manager, this standard is assessed as compliant.

**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 Agency PREA Coordinator has prepared the ODRC Annual Internal Report on Sexual Assault data (Annual Report) for 2013, 2014, and 2015. The Annual Report/aggregate data contains information for the Survey of Sexual Violence (SSV) reports required by the federal government. The institutional information and reports from TCI contain uniform data which is sent to the Agency Headquarters to assist in the accumulation of aggregate data.

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 and the auditor assesses this standard as "exceeds", because of the thoroughness and completeness of information/data.

The ODRC Annual Report itself was divided into four areas:

1) Introduction
2) Data/Information
3) Problem Area Identification and Corrective Measures
4) Conclusion (with an attachment/spreadsheet individually addressing each ODRC institution and detailing, at a minimum, 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.


This Annual Report reflects, in the auditor’s judgment, the ODRC's commitment to the safety and security of staff and inmates, the commitment to reduce sexual violence in prison, and the commitment to follow PREA law/standards.

Based on interviews with the Agency PREA Coordinator, Institutional Managers, and the Agency Director, the auditor assesses this standard as exceeds.

**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 Ohio Department of Rehabilitation and Correction has a policy, 79-ISA-01, Prison Rape Elimination, which outlines and directs, in its section on Data Collection and Monitoring, that all documents will be securely retained in accordance with the ODRC Records and Retention Schedule. This retention schedule 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 the public website, this standard is assessed as
compliant.

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

June 12, 2016
Date