

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    November 4, 2019

## Auditor Information

Name: Douglas K. Sproat Jr.	Email: dougksproat@gmail.com
Company Name: American Correctional Association	
Mailing Address: 141 Skyline Drive	City, State, Zip: Clinton MS 39056
Telephone: 601-924-4742	Date of Facility Visit: September 18-20, 2019

## Agency Information

Name of Agency: Ohio Department of Rehabilitation and Correction		Governing Authority or Parent Agency (If Applicable): State Of Ohio	
Physical Address: 4545 Fisher Road, Suite D		City, State, Zip: Columbus Ohio 43228	
Mailing Address: 4545 Fisher Road, Suite D		City, State, Zip: Columbus, Ohio 43228	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.drc.ohio.gov/pres">https://www.drc.ohio.gov/pres</a>			

## Agency Chief Executive Officer

Name: Annette Chambers-Smith	
Email: Annette.Chambers-Smith@odrc.state.oh.us	Telephone: 1-614-752-0283

## Agency-Wide PREA Coordinator

Name: Mark Stegemoller	
Email: Mark.Stegemoller@odrc.state.oh.us	Telephone: 614-315-4951
PREA Coordinator Reports to: Chief, Bureau of Operational Compliance (BOC)	Number of Compliance Managers who report to the PREA Coordinator 25

## Facility Information

**Name of Facility:** Pickaway Correctional Institution (PCI)

**Physical Address:** 11781 State Route 762

**City, State, Zip:** Orient, Ohio 43146

**Mailing Address (if different from above):**  
PO Box 209

**City, State, Zip:** Orient, Ohio 43146

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://www.drc.ohio.gov/prea>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Internal Management (mock) ACA & PREA-audit

### Warden/Jail Administrator/Sheriff/Director

**Name:** Emma Collins

**Email:** Emma.Collins@odrc.state.oh.us

**Telephone:** 614-877-4362 Ext. 55286

### Facility PREA Compliance Manager

**Name:** Robert Hartley

**Email:** Robert.Hartlet@odrc.state.oh.us

**Telephone:** 614-877-4362 Ext: 55297

### Facility Health Service Administrator N/A

**Name:** Mary Roush

**Email:** Mary.Roush@odrc.state.oh.us

**Telephone:** 614-877-4362 Ext: 55395

## Facility Characteristics

Designat Facility Capacity:	2151	
Current Population of Facility:	2064	
Average daily population for the past 12 months:	2073	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-92	
Average length of stay or time under supervision:	6.55	
Facility security levels/inmate custody levels:	1,2,3	
Number of inmates admitted to facility during the past 12 months:	700	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	700	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	700	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</b></p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	463
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	84
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	15
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	139
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	229
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	67
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
<b>Number of single cell housing units:</b>	0
<b>Number of multiple occupancy cell housing units:</b>	2
<b>Number of open bay/dorm housing units:</b>	8
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	40

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department

apply (N/A if no external entities are responsible for administrative investigations)

- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

## Audit Findings

### Audit Narrative

The third PREA audit of the Pickaway Correctional Institution (PCI), in Orient, Ohio, was conducted on September 18-20, 2019. The audit team, both Department of Justice PREA-certified auditors, consisted of Douglas K. Sproat, Jr., and Trish Bernhards, lead and second auditors, respectively.

About six weeks before the on-site visit, the PREA Coordinator for the Ohio Department of Rehabilitation and Correction (ODRC) mailed the lead auditor a password-protected flash drive containing the facility's Pre-Audit Questionnaire (PAQ), along with relevant policies and secondary documents supporting each standard. The secondary documents included, but were not limited to, PREA incident reports, training documentation, inmate risk-assessment materials, inmate notifications of PREA investigation results, and written verifications from the PCI Operational Compliance Manager (OCM) about various PREA-related issues. These documents were well-organized and comprehensive. The flash drive also included files for each standard with multiple materials for each standard. The contents on the flash drive covered every aspect of PCI's operation, allowing for proper preparation before the on-site portion of the audit.

The lead auditor had served as a member of the ACA audit team immediately before the PREA audit, and this allowed him an opportunity to make a visual inspection of all areas of the facility that related to PREA issues before the formal start of the PREA audit. While further touring the facility as a part of the ACA audit, he observed the notices announcing the dates of this PREA audit and auditor contact information posted in all buildings. He also saw posters about the agency's zero tolerance policy with information on how and to whom to report allegations of sexual abuse and sexual harassment. During that tour and the revisits, he observed sight lines and potential blind spots, along with noting camera placement and the use of mirrors, so as to determine whether coverage was sufficient for monitoring and whether placement of cameras or mirrors gave rise to any PREA-related privacy/viewing issues.

On September 17, 2019, the lead auditor met with the OCM to set up the interview schedule for inmates and staff. He and the OCM addressed the logistics of the interviews to be conducted, as well as the possible need to view documentation that had not already been provided.

The audit team began the formal interview process on September 18th. There are six different categories for interviews during an audit to provide information relevant to PREA compliance: the agency head, the facility director, OCM, specialized staff, random staff, and inmates. Not all categories, such as the head of an agency, may be available during the audit, but the broader the range of interviews, the more comprehensive a view an auditor can gain of the facility being audited. The auditors used established interview protocols for each category to enable them to gather information in a consistent way to assess compliance.

In a private room designated by the OCM, the second auditor formally interviewed 52 inmates. Of this number, 27 were randomly selected and 25 others were selected as having specified characteristics or being from certain PREA-designated categories:

- one visually-impaired,
- two physically-disabled,
- four reporting abuse,
- one with cognitive disability,
- five disclosing prior victimization during risk screening,
- seven gay or bi-sexual, and
- five transgender.

The lead auditor formally interviewed three randomly-selected inmates, along with informally interviewing 25 other inmates. During the audit there were no inmates in segregation for risk of victimization, nor had there been any placed in segregation for the audit period. A review of the total of 77 formal and informal interviews established that PCI inmates are receiving the proper PREA education. All inmates interviewed could describe the protections of PREA and the different ways to report allegations of sexual misconduct at the prison: verbal, written, to staff or third parties, by mail or by telephone, anonymously, etc. There were twelve PREA sexual abuse allegations during the audit period and one sexual harassment allegation; a review of the files for the investigations reflected timely and appropriate actions in accord with ODRC policies and applicable PREA standards.

The lead auditor formally interviewed 37 staff on-site: 36 PCI staff and one contractor. The second auditor conducted telephone interviews with a Sexual Assault Nurse Examiner (SANE) from Ohio State University Medical Center/Franklin Medical Center and a victim advocate from the Sexual Assault Response Network of Central Ohio (SARNCO) to verify that their services are available to the inmate population at PCI. Those formally interviewed were:

- one warden,
- one deputy warden special services
- one deputy warden operations
- one OCM,
- one major/chief of security,
- one 1st shift supervisor ( administrative captain)
- one health care administrator,
- one mental health administrator,
- one training officer,
- one unit management chief,
- one unit manager,
- one case manager,
- one social worker, mental health,
- one 2<sup>nd</sup> shift registered nurse, supervisor
- one dental assistant,
- one maintenance supervisor,
- one 1<sup>st</sup> shift recreation officer,
- one 3<sup>rd</sup> shift correctional officer,
- one human resources manager,

- one Sexual Assault Nurse Examiner (SANE employed at the Franklin Medical Center, telephone interview),
- one victim advocate at Sexual Assault Response Network of Central Ohio (SARNCO) (telephone interview),
- one 2<sup>nd</sup> shift supervisor (lieutenant),
- one 3<sup>rd</sup> shift supervisor (captain),
- three 3<sup>rd</sup> shift correctional officers
- one contractor (Aramark),
- one 1<sup>st</sup> shift sergeant,
- two 1<sup>st</sup> shift lieutenants (special duty)
- one 1<sup>st</sup> shift lieutenant (intake),
- one 1<sup>st</sup> shift lieutenant (special duty),
- one 1<sup>st</sup> shift correctional officer (intake),
- one 1<sup>st</sup> correctional officer (transport),
- one 2<sup>nd</sup> shift sergeant,
- two 2<sup>nd</sup> shift correctional officers.

Another 21 staff were informally interviewed. These 58 interviews collectively showed the staff understood PREA, and appreciated its purpose and the importance of its role in PCI's daily operation. It was clear through both formal and informal staff interviews that the administration at PCI is committed to complying with all PREA standards.

The PREA standards require the auditors to view certain areas, such as:

- intake/reception screening areas,
- housing units, dormitories, and individual rooms,
- health care/mental health departments,
- academic/vocational departments,
- prison industries,
- maintenance,
- recreation, food service, and program areas,
- any renovations or additions,
- segregation,
- commissary, and
- laundry.

These are the areas where inmates are housed and have work/program/education assignments—obviously where potential PREA violations are most likely to occur. The auditors had ample time to view inmate-staff interaction, as well as ample time to evaluate the adequacy of inmate supervision at PCI. In all instances the auditors witnessed appropriate respect on the part of both inmates and staff. The auditors informally interviewed and questioned inmates and staff about their knowledge of PREA. Unit logs were reviewed for unannounced rounds conducted by intermediate or higher level supervisors. The auditors noted the consistent use of the opposite gender buzzer/light system when female staff entered housing units and/or other areas where an inmate might be undressed, showering or using the restroom.

The lead auditor observed the intake process done with ODRC's computerized PREA risk assessment screening. He reviewed a sampling of risk assessment outcomes, along with reviewing the memoranda of understanding (MOU) with several entities:

- one with the Ohio Highway State Patrol (OHSP) regarding investigations,
- one with Franklin Medical Center regarding forensic examinations, and
- one with SARNCO for victim support services.

On September 20, 2019, at the end of the on-site portion of the audit, the auditors met with the staff of PCI and ODRC for an exit briefing. Present at the briefing were the Warden, the Deputy Warden/Special Services, the OCM, the PREA Coordinator. The lead auditor did not provide a final tally from the audit at that time, but he did give a preliminary assessment that all standards were at least at the "Meets Standard" level. He expressed his gratitude to the group for the materials supplied to him in advance, for their cooperation and hospitality during the audit, and for their commitment to PREA.

## Facility Characteristics.

The Pickaway Correctional Institution (PCI), is an all-male adult minimum/medium security (Level 1, 2, & 3) facility located in Orient, Ohio. It consists of 66 buildings arranged in a campus design, with 10 buildings located inside the secure perimeter fence and 56 buildings located outside the secure perimeter fence. The facility sits on 1,803 acres, with approximately 28 acres inside the secure perimeter fence.

The secure perimeter fence is two 14 foot high chain link fences augmented by an Infinity Perimeter Intrusion / Detection System. The perimeter fence has multiple rows of razor ribbon attached to deter and prevent scaling the fence. Additionally, the perimeter fence is monitored by two armed vehicle posts that are manned 24/7. The perimeter fence is inspected by a correctional officer walking the fence line on each shift checking for any problems such as washouts.

The exterior perimeter lights are 400-watt high-powered sodium lights mounted on 30-foot high light-poles. The interior lights are 280-watt plasma lights mounted on 30-foot high light poles. The outside lighting at PCI is very good for a facility of this size, and it provides a secure and safe environment for inmates and staff alike. There are 346 cameras, with 307 on the interior of the buildings and 39 on the exterior. These cameras include fixed position as well as pan-tilt-zoom; they are monitored in master control.

There are two breaks in the secure perimeter fence. The first break is the staff and visitors entrance. All staff and visitors must enter through a manned main entrance. Staff entering must insert their ID cards into a Kronos card reader machine for payroll and accountability purposes. Staff—regardless of rank—and visitors must empty their pockets, remove their coats, belts and jackets and step through a metal detector. All staff and visitors are subject to being wanded.

The second break in the secure perimeter fence is a truck sally-port where all free-world deliveries enter the compound. Officers assigned to the sally-port monitor and search all vehicle traffic into and out of the secure perimeter of the institution; identification of all persons is checked. Positive identification and verification of all offenders leaving the secure perimeter of the institution for work details and transports occur in the sally-port as well.

Located in the truck sally-port is the facility's aggressor armory to provide firearm support inside the compound for security staff in case an active shooter were to get inside the compound. The facility's primary armory, which is outside the secure perimeter fence, is equipped with the necessary equipment and munitions for daily operations and emergency situations.

Master control is staffed 24/7 by two correctional officers; they observe cameras, issue restraints, and security equipment, monitor all fire and fence alarms, and monitor all radio transmissions. Master control also controls all doors and gates on the compound. Keys are issued and maintained through a chit/key watcher system and are strictly controlled. Chemical agents are strictly monitored for accountability purposes.

Security staff are equipped with hand held radios for accountability purposes. There is communication 24/7 between master control and the housing units via telephone, intercom, and institutional radios.

Formal counts at the facility occur at 2:00 A.M., 4:00 A.M., 11:00 A.M., 4:00 P.M., 9:00 P.M., and 11:00 P.M. The 11:00 A.M. and the 9:00 P.M. counts are mandatory standing counts. All movement ceases and each inmate must stand at his assigned bunk. Informal counts can occur at any time on shift at the discretion of the shift supervisor.

Upon arrival at PCI, all staff and guests must enter through the front entry of the Multi-Purpose Building, which contains the following:

- Visitors and Staff check-in stations
- Staff and Visitor Restroom Facilities
- Visiting Room
- Control Center
- Food Service Education
- General and Law Library
- Warden's Suite
- Business Office
- Cashier's Office
- Compliance Office
- Personnel
- Inspector's Office
- Labor Relations Office
- Recreation

PCI's control center in the Multi-Purpose Building is the hub for all movement within the secure perimeter. It contains computers with touch screen capability, video camera monitors, man-down alarm system, fence alarm system, key watch system, telephone switchboard, and radio charging stations. All equipment and keys used daily are issued from this secure centralized location.

The Recreation Department and Gymnasium is also located in the Multi-Purpose Building; it offers a variety of recreational services ranging from basketball to arts and crafts. The Recreation Department also facilitates outdoor activities such as softball and flag-football, along with providing exercise equipment and a walking/running track.

The Frazier Health Center/Transitional Program Unit is housed in one building to the left of the Multi-Purpose building. This structure houses:

- Limited Privileged Housing (LPH)
- Restrictive Housing (RH)
- Rules Infraction Board
- Dialysis Unit
- Infirmary
- Dental Unit
- Medical Department
- Long Term Care and F-Unit (inmate housing)

The Medical Department at PCI serves the largest number of medical patients within the ODRC. The Dialysis unit is the largest in the State of Ohio and serves offenders from other institutions, male and female alike. Frazier Health Center long term care is located on the 2<sup>nd</sup> floor and has a total bed capacity of 171.

The Transitional Program Unit (TPU) houses Limited Privilege Housing (LPH) offenders and Restrictive Housing (RH) offenders. The unit has a centralized hub where the Control Center is located. From the main hub area, there are three ranges of cells. The 100-Range can hold up to 40 LPH offenders and offenders; it provides for programing, recreation, and other activities. The 200-Range can hold up to 40 offenders and is used for housing offenders pending internal investigations, and pre-disciplinary hearing placements in LPH status. The 300-Range can hold up to 40 offenders and is used to house offenders placed under RH status. This range also has four safe cells for offenders that have been placed on Constant Watch or Mental Health Observation.

Behind the Frazier Health Center is the Ohio Peal Industries (OPI) Meat Processing Career Center (MPCC). It currently employs approximately 80 offenders, 10 staff and three correctional officers. Since 2016, the MPCC has entered into two partnerships with outside companies and continues to produce over 10,000 cases of products per month for Aramark.

C-Unit, located across from the Frazier Health Center, houses the Institutional Health and Safety Office, the OASIS Therapeutic Community, and a Community Service Area. C-Unit has a bed capacity of 450 offenders. The OASIS program is a collaborative effort between ODRC and the Ohio Mental Health and Addiction Services that serves male offenders with substance abuse problems. The Community Service Area provides offenders a dedicated area to participate in a verity of community service initiatives.

Directly beside C-Unit is B-Building, which dates from the early 1900's. It houses the Deputy Warden for Special Services suite, Mental Health Department, Investigative office, STG office, Chemical Room and Contraband Vault. A staff barber shop and shoe-shine station are also located in the building.

Across from B-Building is the Programs Building which houses the Commissary, Recovery Services and Religious Programing. This building is approximately 13,923 square feet and consists of brick and metal construction. The Programs Building is utilized by staff and offenders for a variety of programs and events, such as AA and NA meetings, religious services, and department head meetings.

Facing B-Building, to the right is D-Unit. It houses 450 offenders. Two of the living units house mental health and medical offenders. The remainder of the unit houses general population offenders.

Across from D-Unit is A-Unit. It houses the Training Department and the Offender Network for Employment to Stop Recidivism (O.N.E.-STOP). The O.N.E.-STOP is a collaboration between the Ohio Department of Rehabilitation and Correction, Ohio Department of Job and Family Services, local workforce development partners, re-entry organizations, faith-based, and community based

organizations. The goal is to reduce recidivism through pre and post-release training and support services. The O.N.E.-STOP is then further connected to the post-release network of Ohio One-Stop System (Ohio Means Jobs) and community service.

Down the main walkway back towards the Program Building is B-Unit. The first floor houses offenders confined to wheelchairs or who have other ambulatory issues. Also located in this unit is the Shift Commanders Office, the Deputy Warden of Operations Suite, the Unit Management Chief's Office and the Administrative Captains Office. B-Unit houses 452 offenders.

Located behind A and B Unit is the Ohio Penal Industries (OPI) Print Shop. There are approximately 64 offenders and three staff employed in the print shop. The building covers 26,000 square feet of floor space. It offers offenders a meaningful vocational program and it produces a variety of printed materials (such as ODRC forms) and offers a variety of services such making signs and engraving trophies and awards.

Housed in the same building is the Offender Quartermaster, Transportation Department, Level 1 Inmate Work Crew Processing, I.D. Department, Count Office, Mailroom, Inmate Property Vault, and Storeroom.

Departments located outside the secure perimeter of the institution include:

- Water/Wastewater Treatment Plant
- Power House
- Laundry
- Network Administrator's office
- Maintenance (including the Carpenter shop, Plumbing, HVAC, Welding shop, Yard crew, and Mechanic shop)
- OPI Warehouse

Inmates may have work assignments in any of these departments.

## Summary of Audit Findings

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 8

**List of Standards Exceeded:** 115.11, 115.21, 115.31, 115.33, 115.41, 115.42, 115.64, 115.7

### Standards Met

**Number of Standards Met:** 37

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01 (Prison Rape Elimination), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation), 03E-01 PCI (a facility-specific zero-tolerance policy), and organizational charts for ODRC and PCI. For this standard and many

of the following standards—even though they may not be specifically mentioned—various parts of PCI’s 2019 PREA Audit Notebook and the PAQ are used as a reference.

ODRC has a number of agency policies that define/set forth its policy of zero tolerance of sexual misconduct or in some way operationally support the intent of these policies. Policy 70-ISA-01 specifically sets out that ODRC’s PREA zero tolerance policy--and the specific provisions that define and undergird it--apply to staff, contractors, and volunteers; it further contains a provision that each ODRC facility is to develop its own policy for a zero-tolerance operation. ODRC’s excellent record of PREA certification verifies that PREA is a continuing focus for the agency.

ODRC has an agency-wide PREA Coordinator who reports directly to the Chief of the Bureau of Operational Compliance. This Chief has direct access to the agency Director on PREA matters, meeting with her regularly to discuss PREA concerns. By reviewing a written summary of an interview conducted by certified PREA auditor Jim Curington earlier in the audit cycle, the lead auditor was able to verify that she has enough time to ensure that PREA standards are met and that all related concerns are addressed. Each facility in the ODRC system has its own Operational Compliance Manager (OCM) to address PREA compliance.

PCI’s OCM oversees all PREA matters at the facility. In all contacts with the auditors he demonstrated an impressive and comprehensive understanding of the PREA standards and the audit process. In his interview with the lead auditor, he confirmed having ample time for handling all PREA-related tasks. He stated he reports directly to the Warden, as shown on the PCI organizational chart. He handles investigations of PREA harassment allegations. During the audit process he was extremely helpful in setting up interviews and providing any documents requested. Interviews with the Warden and the OCM, along with a review of agency policies, confirmed PCI’s compliance with the components of this standard.

The ODRC maintains a zero tolerance for sexual misconduct in its institutions and in any facilities with which it contracts for the confinement of inmates. PCI makes a diligent effort to maintain this zero-tolerance environment in all aspects of its operations. PCI exceeds what is required by this standard.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

#### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, statement of status (1/2/18) signed by the PREA Coordinator listing the three privately-run facilities and the two companies responsible for their operations, and a document from the Ohio Department of Administrative Services related to the contracts for the operation of the three private prisons which includes language that requires the private contractors to conform to the mandates of PREA.

ODRC's Deputy Director-Administration (DDA) oversees ODRC's current contracts for the operation of the agency's three private prisons: Lake Erie Correctional Institution, North Central Correctional Complex, and North East Ohio Correctional Center. Under ODRC Policy 79-ISA-01, all new or renewed contracts for the confinement of ODRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contract or contract renewal must provide for contract monitoring to ensure the contractor is complying with PREA standards, such as zero tolerance of sexual abuse and sexual harassment. Each privately-run facility has a full-time contract monitor, and these facilities undergo numerous policy compliance site visits. Each of the private prisons is audited for PREA compliance in the same manner as the facilities run directly by the State of Ohio. When reviewing the contracts with the three privately-run facilities, the lead auditor verified the inclusion of the provisions related to maintaining the PREA policies of the agency. CoreCivic and Management and Training Corporation are the contractors running these facilities.

Although the lead auditor did not personally interview the DDA responsible for the agency contracts with private facilities, he accepts the information provided from a recent interview with DOJ-certified PREA auditor Jim Curington. The DDA confirmed that the contract facilities are audited for PREA compliance as outlined in the cited policy and that these facilities are subject to site monitoring visits and annual reviews for PREA compliance.

PCI is compliant with all sections of this standard.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 2017 completed staffing plan annual review, 50-PAM-02 (Inmate Communication/Weekly Rounds), Employee Visit Records, and staff shift roster.

By policy ODRC requires each institution to create and maintain a staffing plan. PCI's current plan reflects a proper knowledge of how to assign staff appropriately to maintain direct supervision

according to generally accepted detention practices in an inmate population of the type confined at PCI and in a physical plant of the type at the facility. It also takes into account the circumstances and location of any substantiated and unsubstantiated sexual abuse allegations.

The PREA Staffing Plan form is used to give input on any changes that should be considered in the general staffing plan. It allows for information to be listed about blind spots and cameras needed for different locations. The lead auditor discussed the current staffing plan during his interviews with both the Warden and the OCM. The Warden stated in her interview that she monitors all deviations from the staffing plan and there were no deviations from the plan during the 12 months of the audit period. At least annually, the facility must review the staffing plan in conjunction with the agency PREA coordinator to evaluate the facility's use of staff deployment and video monitoring to determine whether adjustments are needed. The lead auditor confirmed that the annual plan was reviewed in October of the audit period. Additionally, the Warden and the OCM stated that none of the reported PREA allegations required a recommendation to alter the staffing plan; they also stated that the annual review is discussed with the agency PREA coordinator.

Policy 50-PAM-02 sets out requirements for regular, non-delegable rounds of specified areas by upper-level management. It requires documented, unannounced rounds on each shift by intermediate level and higher supervisors. It also prohibits staff from alerting other staff members that the supervisory rounds are occurring unless there is a legitimate operational reason for the announcement. The lead auditor confirmed adherence to the policy during interviews with supervisors, along with reviewing unit logs that documented these unannounced rounds on all shifts. The Major stated that the combination of direct supervision and camera monitoring at PCI provide sufficient coverage to maintain security.

PCI is compliant with all sections of this standard.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 71-SOC-05 (Youthful Inmate Management Program), 52-RCP-01 (Reception Admission Procedures), and memos to the auditor from the OCM that all confirm that PCI does not house youthful offenders.

PCI does not house youthful inmates (under 18). The facility is considered to have met this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Materials/documents reviewed: 79-ISA-01, 79-ISA-05, 310-SEC-01 (Inmate and Physical Plant Searches), PREA e-learning training records, video and video script for transgender/intersex/opposite gender pat-down search training, and several memos to the auditor from the OCM addressing various subsections of the standard and verifying that during the audit period there were

- no cross-gender strip searches,
- no exigent circumstances where non-medical cross-gender viewing occurred, and
- no females housed at PCI, an all-male institution.

All PCI staff who might conduct cross-gender searches or transgender and intersex pat-down searches have been trained to conduct those searches in a professional and respectful manner. Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches absent exigent circumstances or when such searches are performed by medical practitioners. There is also a requirement for additional search training when an employee transfers to PCI after having worked in a female institution. The ODRC's policy on searching is actually quite useful in addressing the finer points of an appropriate search, and the video is an excellent tool for demonstrating the techniques listed in the policy.

The second auditor interviewed numerous targeted and random inmates. No inmate reported having been pat-searched in a manner contrary to policy; each inmate interviewed stated that all searches had been conducted in a professional manner. She also interviewed five inmates who had reported prior victimization; none reported any issues with the search practices at PCI.

The inmates interviewed expressed no concerns over any privacy issues. However, after an inspection of the shower area in one living unit, the lead auditor noted that the tint on the window did not provide adequate privacy. The facility immediately darkened the tint to provide additional protection from any opposite-gender viewing.

None of the seven gay or bi-sexual inmates or the five transgender inmates interviewed by the second auditor voiced any privacy concerns. Agency policy does offer the option to shower separately if desired. Although none of the gay or bi-sexual inmates or the transgender inmates selected the option to shower separately, they all expressed an appreciation for having been asked their preference.

All inmates interviewed reported that females consistently used the buzzer/light warning device when entering the unit, and the auditors also observed that women officers further gave a verbal announcement when making rounds near the bathrooms in the units.

PCI is compliant with all sections of this standard.

## Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 64-DCM-02 (Inmates with Disabilities, contract for translation and interpretive services with Vocalink, contract for deaf services, Inmate Handbook PREA attachment (English and Spanish), inmate PREA video (signed and closed-captioned for English—audio and written for Spanish), PREA All-Staff Training module that included training on PREA communication practices with disabled/LEP/cognitively impaired inmates, PREA signage, interpretation/translation waiver form, memos to the auditor from the OCM verifying that PCI did not have any (1) ADA requests from blind or deaf offenders requesting to use the PREA phone hotline/ address to write/ report sexual abuse & or harassment during the audit period, (2) any circumstances under which an inmate interpreter, reader, or other inmate assistant was used.

In accord with agency policy, PCI takes appropriate steps to ensure that inmates with disabilities--such as those (1) who are deaf or hard of hearing, (2) who are blind or have low vision, or (3) who have intellectual, psychiatric, or speech disabilities--have an equal opportunity to participate in and benefit

from all of the protections of PREA. There were no LEP inmates available to be interviewed during the audit, but the second auditor was able to interview one visually-impaired inmate, two physically-disabled inmates, and one with a cognitive disability.

Upon arrival at PCI, each inmate receives an inmate handbook containing the agency's PREA policy. This handbook contains phone numbers and addresses so inmates know how and to whom to report sexual abuse or sexual harassment. The inmates are all orally informed about various issues they might need to know immediately, including information about sexual misconduct and how to be on guard. They must sign a form indicating having received this initial information. There is also a place on the form for the intake officer to record whether the inmate needed any extra assistance for comprehending the information. The lead auditor was able to view the intake process.

In addition to being presented with material orally at intake, inmates must also watch a PREA informational video. The video is usually shown at intake, but by policy it can be shown as late as within seven days of arrival. This video, which was viewed in its entirety by the lead auditor, is closed-captioned and signed. There is also a Spanish version, but that version is only a reading of the script with the words on the screen. For inmates who aren't fluent in English, the facility has a contract with Vocalink. Services for the deaf are also provided.

The second auditor conducted interviews with one vision-impaired inmate, two physically-disabled inmates, and one cognitively disabled inmate. The two physically-disabled inmates had no impairment that affected their learning about/understanding of PREA, and they easily conveyed their knowledge of the subject and their understanding of how to make a report. The inmate with impaired had lost the sight in one eye; he reported that he had been educated about PREA and was easily able to read the PREA posters on the housing unit.

The cognitively disabled inmate said he didn't remember being told about PREA, but he also stated that he remembered seeing a PREA video and being asked some questions about PREA during intake. He further recalled that a staff member had worked with him individually to show him the phone numbers in a pamphlet for making a PREA report. This inmate expressed his confidence in being able to report a PREA violation if necessary.

The random staff interviews indicated staff awareness about not relying on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. Interviews with intake staff and random staff interviews revealed that in instances where the inmate might have a limited ability to comprehend the PREA information, a staff member would individually read the material (inmate handbook, PREA posters, etc.) in a manner that would allow the inmate to understand the information.

PCI is compliant with this standard.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 31-SEM-02 (Standards of Employee Conduct), 34-PRO-07 (Background Investigations), completed form for potential employee authorizing background check, list of completed PREA background checks for staff and contractors, documents for a current employee applying for promotion—includes background checks and PREA interview questions, a sampling of applications for employment, ODRC PREA Annual Acknowledgement form verifying that an employee has not been involved in any PREA infractions in the past year, and memo to the auditor

from the OCM stating that PCI had no requests during the audit cycle about any former employees concerning sexual abuse or sexual harassment.

At ODRC, no one can have contact with inmates, begin work, or enter into the facility prior to passing the background check. The ODRC employment application contained a variety of PREA-specific questions. The lead auditor reviewed a sampling of employment applications and interviewed the human resources director about the PCI employment process. In the interview, she detailed the step by step process used by PCI and ODRC for all hiring at the facility.

Policy 79-ISA-01 requires that criminal background checks be conducted at least every five years for current employees and contractors who may have contact with inmates. The lead auditor viewed a log of employee and contractor background checks to assess their timeliness. He also viewed the annual PREA Acknowledgement form that employees use for reporting whether they have engaged in or attempted to engage in any acts of sexual misconduct. This form is also used for reporting whether there have been any criminal, civil, or administrative actions against them for such acts.

The facility is fully compliant with this standard.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

Information/Documents reviewed: PAQ, memo to the auditor from the OCM, PREA staffing plan, and visual inspection.

PCI has not added any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA audit. Likewise, there has been no installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. PCI is compliant with this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 79-ISA-02, hospital notes from OSUMC SANE and an M.D. regarding an inmate patient, Memorandum of Understanding (MOU) with SARNCO, MOU with the OSH, PCI memo listing the schedules for trained victim support staff and referencing the roles of the PCI support staff and SARNCO staff when a sexual requires a forensic exam, training certificates for PCI victim support staff, Sexual Abuse First Responder Checklist, Victim Support Person Activity Report, and training certificates for PCI and OHSP investigators.

There is one PCI investigator, along with the investigator assigned to PCI by the Ohio State Highway Patrol (OSHP). The investigatory duties of the OSHP investigator at PCI are detailed in an MOU. Both of these investigators use a uniform evidence collection protocol. Every allegation is handled as an administrative investigation by the PCI investigator. By policy, potential criminal cases are then turned over to the OSHP investigator; if the OSHP investigator determines a crime has been committed, the case is then passed to the appropriate entity for prosecution. However, all cases at PCI are referred to the OSHP. During the 12-month audit period, there were twelve allegations of sexual abuse and one of harassment. No cases were referred by the OHSP Investigator for prosecution.

Both the facility investigator and the OSHP investigator have received specialized investigatory training. Although the OSHP investigator was not on-site during the audit, the lead auditor reviewed that investigator's training certificate, as well as that of the PCI investigator, to verify the specialized training. Additionally, the OCM has also received the specialized investigatory training for investigating PREA-related cases.

SARNCO (Ohio Sexual Violence Helpline and Sexual Assault Response Network of Central Ohio), a rape crisis of Central Ohio, provides support services for inmates at PCI. Both auditors reviewed the MOU regarding the services to be provided by SARNCO. The second auditor tested and verified the telephone number for contacting SARNCO during the audit, along with interviewing a SARCO representative to confirm the services offered.

Ohio State University Medical Center (OSUMC, also referred to as Franklin Medical Center) is used for all forensic exams. There is no cost to the inmate for any part of this exam or any follow up. The second auditor conducted a telephone interview with a representative of Franklin Medical Center Emergency Room, who verified that the medical center would accept and perform forensic exams on PCI inmates using either a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic

Examiner (SAFE). If there is no SANE or SAFE available, the examination can be conducted by other qualified medical personnel. During the audit period there were two forensic exams performed.

Because PCI has a specially-trained in-house investigator and a specially-trained OSHP investigator with an office on the compound, as well as trained victim support staff and detailed protocols for forensic exams, it exceeds the requirements for this standard.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, OSP 103.07/ Appendix P (Sexual Assault Evidence Collection and Analysis), Investigator Protocol Appendix A, PREA Incident Report Application (including all investigatory materials through advising OSHP of case and OSHP declining to take the case), Investigation Summary Report/ Administrative Investigation/PREA Incident—complete file including inmate notification letter, memo providing agency website address where sexual abuse policy is set out, and OAC 5120-9-24 (Incident Reporting and Investigation).

Policy 79-ISA-02 requires all facilities within ODRC to conduct an investigation (administrative and/or criminal) into every allegation of sexual abuse or retaliation. The OSHP investigator is legally authorized to conduct criminal investigations, and OSP 103.07, Appendix P, sets out the protocol for evidence collection for the OSHP Investigator. The facility investigator handles the administrative investigations, except for the allegations of sexual harassment; those are forwarded to the OCM after being reviewed by the PCI investigator.

The lead auditor interviewed the PCI investigator. He confirmed that an investigation is conducted on every allegation of sexual abuse, sexual harassment, or retaliation, regardless of how the allegation was made or received (written, verbal, anonymous or third party). The OCM outlined for the lead auditor the process the investigator follows when allegations occur, including the specific evidence protocols that must be followed. The OSHP investigator was not on-site during the audit and was therefore unavailable for an interview.

Appendix A of Policy 79-ISA-02 contains a very detailed set of tasks related to evidence collection, along with an investigatory/evidence checklist, with tasks listed depending on whether the allegation is made sooner than 96 hours after the event or later. Appendix A sets out that “evidence is collected in accordance with the Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection kit Protocol (revised, February 2011) and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition – April 2013).” The lead auditor viewed several PREA Incident Report Applications as a verification of the type of information entered into the reporting system when an allegation occurred.

During the audit period, there were twelve PREA allegations for abuse and one for sexual harassment at PCI. No cases were referred for prosecution. The lead auditor reviewed a sample of the investigative files from the audit period. Materials in the files appeared to reflect thorough and appropriate investigations. ODRC publishes its investigative policy (70-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) on its website (<http://drc.ohio.gov/policies/sexual-assaults>), along with several other PREA-related policies. The links on this site give detailed coverage of the different operational components involved in carrying out the agency’s commitment to PREA. PCI is compliant with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 39-TRN-10 (Employee Orientation Training), e-learning report for required PREA training, intranet site with PREA information, completed Orientation/OJT Program Checklist for institutional transfers, e-learning PREA training module from the Corrections Training Academy, e-learning training list with PREA completion date, training module for Appropriate Communication with LGBTI Inmates, and lesson plan for Appropriate Supervision of the LGBTI and Sex Offender Population

Policies 79-ISA-01 and 39-TRN-10 set forth the scope of the training program at PCI. The commitment to training, including the issues of zero-tolerance and other PREA principles, is readily apparent at the facility. The lead auditor reviewed the training curriculum and confirmed that it covered all areas outlined in the standard.

Non-custody employees receive 40 hours of new employee orientation training (NEO), including various PREA topics, before assuming their duties and being allowed to have any unsupervised offender contact; they must also have supervised job-specific OJT. Custody staff receive more training, including various PREA topics, such as proper search techniques for transgender or opposite gender detainees, supervision techniques for LGBTI detainees, etc.

Annual refresher PREA training is required for all employees. Employee transfers from another ODRC facility must have at least eight hours of orientation training, which has a PREA component. If the employee is transferring to PCI from a female institution, for instance, a part of the training will be tailored to working with the gender of inmates at their new institution. The lead auditor viewed a record of a transfer's orientation that reflected a total of 12 hours of training. PCI issues PREA informational cards to staff and discusses PREA policies at rollcall. The NEO curriculum is reviewed annually. There is also an intranet component with PREA information.

All staff interviewed, whether security or non-security, knew their responsibilities under PREA. Both during random staff interviews and through general questions asked while on-site, the lead auditor was able to further confirm staff understanding of the zero tolerance policy and the tasks/responsibilities associated with it. The training takes place both in classrooms and online, and all training must be documented. The lead auditor interviewed the training officer to verify the different types of PREA training at PCI and he reviewed a sampling of training records to verify that staff members had received their initial and up-dated PREA mandatory training. He was also able to view a staff training session while at PCI.

As noted above, there is annual refresher training on PREA, even though the Department of Justice PREA requirement under this standard is employee training every two years. Having an annual requirement for PREA training serves to underscore the importance ODRC accords the principles of PREA and is a large part of the reason PCI exceeds the requirements of this standard.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, Prison Rape Elimination Act Contractor/Volunteer Training Script, contractor training session report, and Contractor/Volunteer/Intern Training Acknowledgement Form.

ODRC Policy 79-ISA-01 requires all contractors and volunteers to receive PREA training prior to assuming their responsibilities. The lead auditor reviewed relevant training records from the audit period and confirmed that each person trained signed a document verifying their understanding of the PREA training. He also reviewed the training script to verify that the PREA topics were covered in a clear and thorough manner. He interviewed a contractor--an Aramark food service manager--who confirmed she had completed PREA training before starting her duties. She was aware of the facility's zero-tolerance policies, including the consequences for violations of ODRC's PREA policies, and she knew what to do if a situation arose where he needed to make a report.

PCI is compliant with this standard.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

Information/document reviewed: 79-ISA-01, 52-RCP-10 (Inmate Orientation), 64-DCM-02 (Inmates with Disabilities), Appendix A to Inmate Handbook (English and Spanish), Inmate Transfer Authorization List, PREA posters (English and Spanish) for general population and restricted housing, inmate PREA video and sampling of signed Inmate Orientation Checklists to verify receiving items such as the inmate handbook, to hearing spoken sexual misconduct information, and to viewing a PREA video.

Since an inmate coming to PCI is always coming from another ODRC facility--normally from a reception center--he has already had PREA education. However, under 52-RCP-10 he again receives PREA education at PCI as a part of orientation. He must have "a verbal explanation and written information about sexual misconduct consistent with DRC Policy 79-ISA-01, Prison Rape Elimination, upon arrival at any facility."

When he gets to PCI, he receives an inmate handbook, which is available in English and Spanish. The handbook details the zero-tolerance policy—a detailed explanation of what PREA is and what protections it affords him. It also tells how/to whom he can report any incident. The handbook further tells how to contact support services for victims of sexual assault or harassment. It lists the toll free numbers for a support center and for an outside agency hot line. It provides inmates in restricted housing an address for making a written allegation (anonymously, if desired) to the Office of Quality Assurance and Improvement of the Ohio Department of Youth Services.

Often occurring at intake--but in no case later than seven days of an inmate's arrival at PCI--he receives an in-depth orientation on PREA through a video that is closed captioned and signed. Watching the video is mandatory. If there are any barriers—whether mental or physical--to an inmate's fully comprehending this information, PCI must do whatever is needed to communicate the information to each inmate under ODRC Policy 64-DCM-02 (Inmates with Disabilities). The lead auditor reviewed a sample of signed Inmate Orientation Checklists verifying that an incoming inmate had been through the required orientation, which includes a PREA component. There is PREA information in the handbook, but the checklist has a place for recording that PREA information also was given verbally. There was a place on each checklist for staff to note whether the inmate needed assistance in understanding the material. The lead auditor also viewed the inmate PREA video, which is both captioned and signed.

Interviews with both intake staff and inmates verified that PREA information is provided both verbally and in writing. Interviews confirmed that inmates know they can report sexual abuse or harassment to staff, contractors, and volunteers; they also know they can also have someone else make an allegation on their behalf. Each inmate interviewed knew that reports could be made anonymously and knew they could contact a victim support group or other organization by using a phone number or address in the handbook. They were aware of the posters throughout the prison mentioning PREA and giving contact information for help or support. The auditors observed PREA posters with reporting information prominently displayed throughout the living, dining, recreation, and visitation areas of PCI. The lead auditor reviewed a sampling of inmate files to confirm documentation of the date of PREA training. All files established that the inmate's orientation had been timely.

The second auditor interviewed several inmates classed as having a disability: two were in wheelchairs, one was vision-impaired, and one had a cognitive disability. Three of these inmates were knowledgeable of PCI's zero tolerance policy; they clearly understood how to report abuse and harassment to staff, outside agencies, and through third parties. The inmate with the cognitive

disability had had a stroke, although it is unknown whether he had cognitive issues prior to the stroke; his understanding of PREA concepts was somewhat tenuous. However, he was able to explain what staff he could contact if someone tried to “touch him wrong” or tried to talk to him about sexual matters that made him uncomfortable.

## Standard 115.34: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, memo to the auditor from the OCM verifying that the investigators had received specialized training through the National Institute of Corrections as evidenced by training certificates from NIC, Moss Group curriculum for Specialized PREA Training for Correctional Investigators, screen shot of the specialized investigators' training available at NIC, and training certificates verifying that the facility investigator and the OHSP investigator had completed specialized PREA training for investigators.

PCI has two investigators on site: one facility investigator employed by ODRC and an assigned investigator employed by the Ohio State Highway Patrol (OHSP). A portion of Policy 79-ISA-01 covers the training required for conducting a PREA investigation. In addition to the PREA training required of all staff, investigators must also have specialized training which includes, but is not limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, sexual abuse evidence collection, proper use of Miranda and Garrity warnings, and the criteria and evidence required to substantiate a case for administrative or criminal action. The lead auditor also viewed the certificates attesting to the two investigators having completed the specialized training for investigators.

PCI is compliant with this standard.

## Standard 115.35: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, memo to the auditor from the OCM that 115.35(b) is NA since PCI does not employ staff that perform forensic exams, e-learning reports showing completion dates for PREA training for medical and mental health staff (employees and contractors), signed PREA training session report for contractors, sampling of signed ODRC Prison Rape Elimination Act Contractor/Volunteer/Intern Training Acknowledgement Forms, and training module for PREA Specialized Medical and Mental Health training.

Under Policy 79-ISA-01 all full-time and part-time medical and mental health staff (whether PCI employees or contractors) must have specialized training beyond their mandated initial/refresher PREA training. Additionally, passing a post-test with a minimum score of 80% is required. Medical practitioners at PCI do not perform forensic exams, but their daily interactions with inmates require them to be knowledgeable about mental and/or physical issues that may be indicators of sexual abuse.

The lead auditor reviewed the e-learning specialized training module. It covered essential topics such as how to detect signs of sexual abuse and harassment, how to respond to victims, how/to whom to report incidents, and how to preserve evidence. The interviews with the Health Care Administrator and the Mental Health Administrator verified they and 100% of their staff had received the training; a review of training records confirmed all medical and mental health staff/contractors at PCI had satisfactorily completed this training.

PCI is compliant with this standard.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-04 (Screening Policy), several screens in the assessment process for an inmate recommended as no PREA classification, incident report and resulting PREA reassessment leading to classification of Victim, Inmate Transfer List, agency letter to PREA auditors from PREA Coordinator (date unknown) giving a detailed summary of the electronic intake/screening process and details about the assigning of PREA classifications along with screens that must be completed for the risk assessment/intake process.

Policy 79-ISA-04 requires offenders to be screened for risk of sexual victimization or sexual abusiveness toward other inmates whenever they are admitted to a facility or transferred to another facility. At PCI, the inmates are always coming from elsewhere, normally a reception center. The PREA assessment from that location is computerized and available for review for the additional screening that takes place at PCI. That screening, which takes place in the Medical Department and is handled by medical staff, is normally completed on the day of arrival since it must occur within 72 hours of arrival. The assessments are completed and reviewed by the OCM and Medical Administrator as quickly as possible. By policy the facility must also reassess each inmate's risk of victimization or abusiveness from 15-30 days after the inmate's arrival at the facility, based on any additional relevant information received by the facility after the intake screening. The fact that the ODRC PREA risk assessment is digital is a great benefit since it allows each facility easily to share information system-wide.

The screening is done with the use of a very comprehensive assessment that yields a multitude of valuable PREA-related information. The lead auditor observed the beginning of this process when three inmates arrived at PCI during the audit. All new arrivals are immediately assessed by the medical department, with the assigned nurse beginning the assessment and completing the first screen. Key points in the assessment mirror the details of the standard. There is no discipline imposed for an inmate's failure to reveal personal information to any of the screening questions. After the first step, the assessment is then put in a queue for the case managers, and any inmate potentially at risk based on this screening is sent to mental health or medical.

The case managers review their "In Progress" assessments at least daily and complete the second screen. The assessment then goes into the unit manager queue, and the unit managers determine whether or not an inmate requires one of four PREA classifications: Victim (High Risk)--an automatic classification for any previous victim of sexual abuse in an institution setting; Abuser (High Risk)--an automatic classification for anyone who previously abused another in an institutional setting; Potential Victim--at risk of victimization; or Potential Abuser--at risk of abusing another.

If a PREA classification is recommended, the Unit Manager Chief (UMC), along with the unit team, decides on the final classification and develops the PREA accommodation strategy. The strategy encompasses housing, programs, work and education--all with the goal of keeping the inmate safe. All transgender and intersex inmates are automatically referred to the PREA Accommodation Strategy Team (PAST). That team is chaired by the OCM and includes the unit team, together with medical and mental health staff. The team meets with the inmate to discuss his views and develop a PREA accommodation strategy.

After an inmate's initial housing/program assignment, if there is any allegation of abuse, the inmate victim is moved to a safe housing situation until a review of his situation is made. Within seven calendar days, unit management must complete a special assessment of both the alleged victim and abuser within the PREA risk assessment system. This special assessment may lead to a change in PREA classifications for those involved, as well as a different accommodation strategies. A special screening may also occur if any employee makes a mental health referral based on their observation of the inmate's behavior or at the inmate's request. Some of the documents furnished pre-audit showed this kind of situation: an inmate made an allegation that was substantiated, a reassessment was made, and he was ultimately assigned a Victim classification. At the time of the incident, he had no PREA classification; after the incident, a Victim classification was recommended and then was ultimately assigned to him.

Staff must make sure the sensitive assessment information is not exploited and that any documents obtained from the assessment are secure. The information is used only to guide staff to making prudent decisions about housing, work, education, and program assignments.

PCI exceeds the requirements of this standard. This rating is primarily due to the comprehensiveness of its process, which essentially captures and tracks PREA-related information from the moment the inmate arrives at PCI and throughout his time at PCI, with reassessments occurring whenever various circumstances may change. Additionally, if the inmate is transferred to another Ohio prison, this comprehensive digital assessment is ready to be shared with any other facility in the system.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-04, 79-ISA-05, PREA assessments showing No PREA Classification assigned, PREA assessment of transgender inmate with No PREA Classification assigned but reflecting the inmate’s feeling about his safety and his request for particular undergarments or grooming supplies, risk assessments with accommodation strategies, PREA Classification Report, list of LGBTI inmates showing dorm and job assignments, and risk assessment files.

ODRC policy 79-ISA-04 sets out the framework for using the PREA risk assessment and other relevant information at PCI. The information from the risk screening process is applied to all aspects of the inmate’s life--housing, bed, and work assignments, along with education and program assignments.

If an inmate is designated as a victim or potential victim or as an abuser or potential abuser, the PREA Accommodation Strategy Team (PAST) pays special attention to that inmate’s housing, work assignments, and program assignments. The OCM chairs the team, which also includes the UMC, medical and mental health staff, and other staff as necessary. The team uses the ODRC risk assessment and classification information, along with sound correctional judgment, to devise the best accommodation for an individual inmate. The accommodation strategy must be completed within five business days, although an initial housing placement must be decided immediately. LGBTI housing assignments are decided on a case by case basis. The strategy for various inmates is to be reviewed and adjusted as necessary.

The lead auditor reviewed documents and assessments reflecting the work of this team, like the assessment that gave information about suitable housing and work assignments, such as “not to be housed with abusers” and “not to be assigned to classes with abusers.” Supervisors in areas such as educational/vocational programs or work assignments have limited access to the risk assessment information; they will know the PREA classification (victim or potential victim/abuser or potential abuser) of an inmate, but not the reasons for it. The second auditor interviewed five gay or bi-sexual inmates; none reported any difficulty with housing, work assignments, or program assignments related to their sexual preference. They said they did not fear for their safety and had no complaints about their privacy.

Assignments for transgender and intersex inmates are done individually after discussions with the inmates. In addition to the directives in Policy 79-ISA-05, any accommodation other than showering alone shall be forwarded to the PREA coordinator by e-mail for approval. The OCM does not complete the strategy assessment until a response is received from the PREA coordinator. The UMC confirmed how the information was used during her interview. Transgender and intersex inmates receive special screening every six months regarding their placement and programming assignments using the PREA assessment strategy.

The PREA assessment tool provides a wealth of information. Because of the facility’s consistent efforts to use all of the information provided to meet its responsibilities under PREA, PCI exceeds what is required.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, and memos to the auditor from the OCM for 115.43(a), (b), (c), (d), (e) that there were no inmates placed in involuntary segregation during the audit period.

Policy forbids the placing of inmates at high risk for sexual victimization in involuntary Restrictive Housing (RH) or Limited Privileges Housing (LPH) unless an assessment of all available alternatives has been made and a decision has been made that there is no other means of separating a vulnerable inmate from likely abusers. If an Imminent Risk of Sexual Abuse (DRC1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than 24 hours while completing the assessment. If an inmate is separated from the general population as a means of providing him PREA-related protection, unit management will offer the inmate a review every 30 calendar days to determine whether there is a continuing need for separation.

During her interview, the Warden confirmed the agency policy. In the 12 months of the audit period, involuntary segregation was never used for the placement for inmates at high risk of victimization. The lead auditor also interviewed the Major and the OCM about involuntary confinement in segregation; they both confirmed that no inmates had been involuntarily held in RH or LPH segregation for protection purposes during the audit period.

PCI is compliant with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
 Yes  No  NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, 52-RCP-10 (Appendix A to Inmate Handbook), PREA posters, PREA allegations from a 3<sup>rd</sup> party report from a PREA hotline and a handwritten note given to staff, ODRC/Ohio Department of Youth Services (ODYS) MOU regarding services to inmates in Restrictive Housing, Employee Handbook, inmate PREA video script, PREA e-learning module for staff, and outside agency MOU between ODRC and Franklin County Juvenile Detention Facility (FCJDF).

Inmates arriving at PCI have already had some introduction to PREA principles since they arrive as transfers from a reception center or another ODRC facility. When they get to PCI, they all get PREA information again: upon arrival they get the inmate handbook (in English or Spanish) with a detailed PREA section and an oral explanation of important topics that include sexual misconduct, and within seven days of arrival they must view a PREA video, followed by the opportunity to ask questions. Signage in the visitation area at PCI details how reports can be made by third parties such as family members or friends. There are also posters in the halls traversed by inmates and in the living units giving instructions on how to make reports. There are posters specific to restricted housing areas that provide information on how to report sexual abuse.

The handbook clearly sets out that reports of “incidents or suspicions of sexual abuse, sexual harassment and retaliation” can be made (1) orally or in writing to any staff member, (2) to the Operation Support Center at a phone number for which there is no charge if the call is from an inmate phone, and (3) to an outside agency hot line by using \*89, which allows the call to be made without cost. The handbook also provides an address for the Bureau Chief of Quality Assurance and Improvement with ODYS for use by inmates in restricted housing. ODYS and FCJDF in Columbus, Ohio, are the public/private agencies used by PCI for inmates to report sexual abuse, harassment, or retaliation. Neither has any organizational connection to ODRC. Calls to the phone number for FCJDF are monitored 24/7, and there is no charge for such calls. When a call comes in regarding a PREA allegation, FCJDF notifies ODRC’s chief inspector, who then contacts a PCI investigator so that a PREA case can be initiated. The lead auditor reviewed the MOU’s that are in place with both ODYS and FCJDF to confirm this information. He also tested the \*89 telephone number to verify that it was in working order.

Additionally, Policy 79-ISA-02, cited in the Employee Handbook, requires staff to be fully aware of their responsibility to receive reports of sexual assault or sexual harassment made verbally, in writing, anonymously, and from third parties. The lead auditor viewed a staff member’s use of an Incident Report to record an inmate’s allegation. The form had a place to indicate whether the report was confidential. The understanding of and practice of the different methods of reporting was verified during interviews with the OCM and the facility.

PCI does not detain persons solely for civil immigration purposes; consequently consulate contact information is not required.

PCI is compliant with this standard.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, and agency exemption memo from the agency PREA Coordinator to the auditor.

ODRC considers that the standard is applicable but the agency is exempt. PREA guidance says "An agency shall be exempt from this standard if it does not have administrative procedures to address

inmate grievances regarding sexual abuse.” PCI’s grievance process is the mechanism for inmate use for other operational areas but not for addressing allegations of sexual abuse or sexual harassment. The facility informs offenders (inmate handbooks and Policy 79-ISA-02) that they should not use the grievance process for sexual abuse or sexual harassment allegations. Though not absolutely prohibited from submitting grievance forms to make written PREA allegations, inmates are instructed that any PREA allegations received on grievance forms will be immediately forwarded to a PCI investigator for proper handling under Policy 79-ISA-02. There will not be a resolution at PCI to any PREA allegation through the grievance process; allegations submitted on a grievance form will be re-routed into the process reserved for PREA allegations.

Since there is no option for stating that this standard is not applicable to ODRC, PCI is considered to be compliant.

## **Standard 115.53: Inmate access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, Inmate Handbook (Appendix A), MOU for outside services with SARNCO (Sexual Assault Response Network of Central Ohio), and list of contact information for Ohio rape crisis centers.

By policy a list of mailing addresses and telephone numbers including toll-free hotline numbers of local, state, or national victim advocacy or rape crisis organizations is provided to the unit staff for communication to the inmates. Inmates must be notified that telephone calls are not confidential.

Inmates at PCI have access to local outside support services through SARNCO. SARNCO offers offenders access to a victim's advocate for the providing of emotional support and other services related to sexual abuse. Abundant posters at PCI have contact information for this organization. Inmates must be informed that communication with this organization is subject to being monitored and that community service providers may also have their own mandatory reporting rules governing privacy and confidentiality. The auditors reviewed the MOU with SARNCO to confirm the organization is to provide on-going support and advocacy services for PCI inmates.

The second auditor spoke with a representative of the organization via telephone interview during the on-site audit at PCI; the representative confirmed the services that the organization makes available. The second auditor also verified that the agency provides a confidential response service for incarcerated individuals who have been sexually assaulted or abused.

Numerous formal interviews with targeted and random inmates reflected the inmates' understanding that there was an organization off the prison grounds that could be contacted in regard to victim support.

PCI is in compliance with this standard.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, ODRC hotline and email address, ODRC website, and PREA family and friends posters.

Policy 79-ISA-02 makes provisions for third-party reporting of sexual abuse or assault. Throughout the living areas and the visitation room at PCI there are posters informing the reader that sexual misconduct or retaliation can be reported through a third party, such as a staff member. Some of the posters, particularly in the visitation area are targeted to “family and friends” and explain how to report abuse, harassment and retaliation by calling certain numbers or by emailing ODRC at [DRC.ReportSexualMisconduct@odrc.state.oh.us](mailto:DRC.ReportSexualMisconduct@odrc.state.oh.us) to make a report by email. Reporting information is also provided in the inmate handbook, along with telephone numbers to call without charge so that reports can be made, anonymously if desired. Although not designated as being PREA-related, at <http://drc.ohio.gov/family> there is information on how a family may contact ODRC by email or phone with questions or concerns. Additionally, employees, volunteers, and contractors are trained on how to respond properly to any allegations they receive, specifically including third-party reports.

The second auditor conducted formal interviews of 38 targeted or random offenders, with the lead auditor interviewing another three random offenders, along with numerous informal inmate interviews. Of the inmates interviewed, whether formally or informally, all understood they could report sexual abuse to another person or organization who could then report it on their behalf; they also understood that the report could be made anonymously.

PCI is compliant with this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, 79-ISA-04, Investigation Summary Report--Administrative Investigation/PREA Incident (complete file, investigation result of unfounded), and memo to the auditor

from the OCM that there were no reports of sexual abuse in the community that were referred to law enforcement during the audit period.

Policy 79-ISA-02 and Policy 01-COM-08 (Incident Reporting and Notification) require all staff to report immediately any knowledge, suspicion, or information they receive about an incident of sexual misconduct, sexual harassment, or retaliation (whether it arises through personal knowledge, from an inmate, through a third party or anonymous report, or some other method) that occurred in a facility, whether or not it is part of the agency.

Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are also required to report sexual abuse, but they must inform inmates of this duty to report and the limitations of confidentiality at the initiation of services. There are some different reporting issues, addressed in Policy 79-ISA-04, involving informed consent if sexual abuse is reported as having occurred in the community. However, exceptions exist for community abuse allegations if the victim is a vulnerable adult or someone under 18, but PCI had no situations of this type during the audit period.

Staff may privately report sexual misconduct by completing an Incident Report marked confidential and submitting it directly to the OCM or the ODRC PREA Coordinator; the report will then be routed to the PCI investigator. Any employee who receives a verbal or written report from an inmate, an anonymous source, or a third party of about an incident of sexual misconduct or retaliation must immediately notify the shift supervisor and complete an Incident Report, marked confidential, with a copy to the OCM and an institutional investigator. Documents reviewed by the lead auditor were in compliance with the ODRC policies. The lead auditor's questioning of 58 staff, both formally and informally, verified that everyone understood the duty to report and the mechanics of how to report. However, based on questioning by the lead auditor, not one of these employees had ever actually received an allegation either from an inmate or a third party. The lead auditor also viewed a file which may have arisen as a third-party allegation; part of the file indicates that the case arose from a third party report to the OHSP and other parts attribute the allegation directly to the inmate. Regardless of how the allegation was reported, the file shows that the allegation had been handled swiftly and efficiently, according to policy.

PCI is compliant with this standard.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, and memo to the auditor from the OCM that there were no inmates at imminent risk during the audit period.

Policy requires that whenever the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action must occur to protect the inmate. All reports of substantial risk of imminent sexual abuse shall immediately be forwarded to an institutional Investigator, the OCM, Unit Management Chief, and shift supervisor. As soon as a report is received, security staff will act immediately to protect the inmate. Protective measures would be housing changes, transfers of inmate victims or abusers, and removal of alleged staff or inmate abusers from contact with victims.

Reports of substantial risk of imminent sexual abuse are to be investigated by a facility investigator and documented in the electronic PREA Incident Reporting system. If an Imminent Risk of Sexual Abuse assessment cannot be completed immediately, the inmate may be held in Involuntary Restrictive Housing or Limited Privileges Housing for less than 24 hours while the assessment is completed. This process was verified with the OCM during his interview. There were no reports of imminent substantial risk to any inmate during the audit period.

PCI is compliant with this standard.

## **Standard 115.63: Reporting to other confinement facilities**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.63 (a)**

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### **115.63 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### **115.63 (c)**

- Does the agency document that it has provided such notification?  Yes  No

#### **115.63 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, Incident Report and notification letter to another facility based on a PCI inmate's report of abuse at another facility, notification letter to PCI about an inmate at another facility reporting abuse at PCI, and Incident Report documenting the inmate's PREA allegation.

By policy, whenever an inmate reports being abused at another facility, the PCI Warden must notify the head of that facility or the appropriate office of the agency/facility within 72 hours, and the facility receiving such allegation is then responsible for conducting an investigation as required. The Warden confirmed the process for handling such allegations. PCI received two reports of this type during the audit period. The lead auditor reviewed documents that confirmed the facility handled such reports in a proper manner. In his interview with the Warden, she told him it was her practice to notify the named facility on the same day the PCI inmate reports the allegation. Based on the lead auditor's review of documents, the notifications to other facilities were handled in a timely manner, and any investigation done at PCI based on a notification from another facility about alleged abuse at PCI was appropriate.

The facility is compliant with this standard.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, 03E-10 (Sexual Abuse Coordinated Response Plan), completed Incident Reports, First Responder Checklist, two completed PREA Incident Report Applications, and first responder cards carried by staff.

ODRC Policy 79-ISA-02 and PCI's Institutional Sexual Abuse Coordinated Response Plan set out the responsibilities of security and non-security staff acting as first responders when allegations of sexual abuse arise. Each staff member at PCI is trained to be a first responder. The agency has an excellent flow-chart type graphic in Appendix C of Policy 79-ISA-02 that clearly distinguishes the duties of both security supervisors and of non-security/line security as first responders. Appendix D of that same policy is a detailed first responder checklist showing tasks with room for comments so the facility investigator and the OCM have a brief summary of what actions were to be taken by whom.

The lead auditor interviewed multiple security and non-security personnel about their duties as first responders. All staff interviewed knew their duty to separate the inmates to ensure safety for the victim while also either asking those involved not to destroy evidence or acting to protect/preserve evidence themselves, depending on the first responder's job title. All first responders have a card listing their tasks. Additionally, the lead auditor reviewed completed Incident Reports and their accompanying First Responder Checklists. The checklists have a place for indicating whether the first responder is security or non-security.

The lead auditor interviewed a number of staff about their role as a first responder. Everyone easily recited all of the tasks he or she would carry out as a first responder. The lead auditor noted that many of the staff he interviewed had their first responder cards in hand during their interviews—but no one ever had to refer to the card before listing what he or she would do if acting as a first responder. The in-depth knowledge of staff about what to do when an incident occurs was impressive, and the comprehensive checklist helps to make sure that no important step is missed. The policy's graphic that shows who does what throughout the process is also indicative of PCI's understanding of the important role of the first responder. The facility exceeds what is required by this standard.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02 and 03E-10 (Sexual Abuse Coordinated Response Plan).

PCI has a very detailed written institutional plan that sets out how the actions of first responders, medical/mental health practitioners, victim support persons, investigators, and facility leadership are to be carried out and coordinated to provide the most effective response possible to an incident of sexual abuse. This local policy works in conjunction with ODRC policy 79-ISA-02. The lead auditor reviewed the institutional plan, and various staff interviewed—including the Major, the Unit Manager Chief, and the facility investigator—indicated their knowledge of PCI’s coordinated response plan and verified they knew what their individual roles would be in case of an incident. PCI is compliant with this standard.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: Union contract between State of Ohio and the Ohio Civil Service Employees Association.

ODRC engages in collective bargaining. However, the state retains the right to hire and transfer employees, and to remove staff alleged to have engaged in sexual misconduct by removing him/her from inmate contact or by placing the employee on paid leave pending the outcome of an investigation. It further retains the right to make rules and regulations regarding employment and to determine the basis for hiring, retaining, and promoting employees. The lead auditor reviewed contract materials. PCI is compliant with this standard.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect 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?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02 and documents tracking an allegation, an investigation, a finding of unsubstantiated, and the retaliation monitoring for 90 days.

Retaliation monitoring for any inmate and any staff member who has reported sexual abuse/harassment and/or cooperated with a sexual abuse or sexual harassment investigations is required by policy. There is a minimum time of 90 days for this monitoring period unless the incident requires more time; the monitoring must be documented, with periodic status checks at least every 30 days. Monitoring duties for all cases involving sexual abuse for both inmates and employees are handled by the facility investigator. If the allegation involves sexual harassment involving staff or inmates, the monitoring of retaliation is handled by the OCM. The duty to monitor ceases if the retaliation allegation is deemed unfounded or if the inmate victim or witness is transferred to another institution or is released. The lead auditor reviewed a comprehensive file starting with a harassment allegation, going through the investigation process to the conclusion that the allegation was unsubstantiated, and through the 90-day monitoring process. Each step in the process was handled in accord with ODRC policy and the PREA standards. PCI is compliant with this standard.

According to the PAQ, there were no cases of retaliation during the audit period. PCI is in compliance with this standard.

### Standard 115.68: Post-allegation protective custody

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-04 and memo to auditor from OCM verifying that during the audit period PCI did not place any inmate in segregated housing for protection after an allegation of sexual abuse.

Policy prohibits placing inmates who allege sexual abuse into segregated housing involuntarily unless there are no alternatives available. By policy, an involuntary placement into the Transitional Program Unit (TPU) under Restrictive Housing (RH) or Limited Privilege Housing (LPH) conditions would occur only after an assessment and only as a last resort for the protection of inmates alleging sexual abuse. Such placement must last no longer than the time it takes to find suitable housing, normally no longer than 30 days. Should the involuntary placement extend beyond 30 days, every 30 days unit management is to afford the inmate a review to determine the need for a continued separation from the general population.

According to the OCM and the Major, this type of involuntary placement is not used at PCI. The Warden confirmed that there had been no involuntary placements in segregated housing during the audit period, and the lead auditor verified through a review of documentation that involuntary placements had not been used for the protection of inmates.

PCI is compliant with this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, Investigation Summary Report/Administrative Investigation Summary Report/PREA Incident—report of substantiated staff-inmate abuse allegation, Investigation Summary Report/Administrative Investigation Summary Report/PREA Incident—report of unsubstantiated inmate-inmate harassment allegation, certificates of specialized training for PCI investigator and the OCM, MOU with OSHP, case files, memo to auditor from OCM regarding the record retention schedule for criminal investigations, and memo to auditor from OCM that no cases were referred for prosecution during the audit period, memo to auditor from OCM that there had been no sexual abuse allegation cases in which an inmate was released during this audit cycle. MOU between ODRC and OSHP.

By policy, every allegation of sexual abuse and sexual harassment is investigated. A criminal or administrative investigation must be done promptly, thoroughly and objectively on every allegation of sexual abuse received by the facility or the facility becomes aware of. PCI has an MOU with the Ohio State Highway Patrol (OSHP). The policy and the MOU detail the process for the completion of sexual abuse and sexual harassment investigations conducted at PCI. ODRC publishes its investigative policy on its website: <http://drc.ohio.gov/policies/investigations>.

PCI has one facility investigator and one OSHP Investigator. The OHSP Investigator has the authority to conduct a criminal investigation and then refer the case for prosecution, if warranted. The facility investigator handles administrative investigations of abuse and retaliation. The OCM handles harassment investigations and monitoring.

Both ODRC and OSHP require their investigators to receive specialized training, and the lead auditor verified through interviews and/or through a review of training certificates that both investigators had completed the specialized training. The lead auditor's interview with the PCI investigator indicated that the credibility of an alleged victim, suspect, or witness is assessed on an impartial basis and not determined by the person's status as an inmate or staff member. The OHSP investigator was unavailable for an interview during the on-site part of the audit.

The OCM detailed the investigative process for the lead auditor. The cases involve gathering and preserving direct and circumstantial evidence, DNA and physical evidence, and electronic monitoring data, along with conducting interviews with alleged victims, perpetrators, and witnesses. An investigation also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of PCI does not provide a basis for terminating any investigation.

The lead auditor reviewed case files for the audit period and found each file contained whatever evidence could be gathered regarding an allegation, with the files supporting what the investigators had stated in their interviews. The case files included interviews, photos, recorded video footage, first responder details, outcome notifications, retaliation monitoring (if required) and incident reviews. The materials in the files demonstrated thorough investigations and comprehensive documentation.

Information supplied to the lead auditor established that criminal investigatory materials are kept essentially forever. The retention schedule for administrative investigatory files requires the files to be kept for 10 years after the inmate has reached final release, expiration of sentence, death, or 10 years after the employee is no longer employed by the agency.

Having PREA investigations handled by the facility investigator and an OHSP investigator ensure that PREA violations are never overlooked. PCI exceeds what is required by this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02 and investigation files.

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The lead auditor confirmed this threshold during his interview with the facility investigator. A review of various case files established that the “preponderance of the evidence” standard was explained and applied in each investigation.

PCI is compliant with this standard.

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit?  Yes  No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, numerous inmate notifications about the investigation outcomes of their cases, notification from another facility that an inmate reported abuse at PCI occurring approximately 20 years ago, PREA Incident Report Application, First responder Checklist, Medical Exam Report, Mental Health Referral, Witness Statement, Victim Support Person Activity Report, Referral to OSHP and information showing that OSHP did not accept case, and notification to inmate.

By policy, inmates who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If ODRC did not conduct the investigation, it must request the relevant information from the OSHP in order to inform the inmate. The inmate is to be provided a written decision about his allegation by a facility investigator. The lead auditor reviewed numerous timely inmate notifications to PCI inmates regarding allegations arising at PCI, along with a notification to an inmate at another facility regarding his allegation of an event at PCI many years previously.

This same policy requires that whenever an inmate alleges that a staff member has committed sexual misconduct against him, the facility will inform the inmate (unless the investigation has determined the allegation was unfounded) when the employee is no longer assigned on his unit, no longer employed in the facility, and if the employee was charged or indicted. Any inmate who makes an allegation against another inmate must be notified about the outcome of the allegation--whether criminal or administrative--and any consequences arising out of the allegation. The duty to report to the inmate ends with his release from ODRC's custody. Based on the lead auditor's review of the records, during the audit period appropriate notifications were made to the inmates in all cases. PCI is compliant with this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 31-SEM-02, and 31-SEM-07 (Unauthorized Relationships), and Investigation Summary Report/Administrative Investigation/PREA Incident (staff-inmate) with all related documents, and a memo to the auditor from the OCM that PCI did not issue any disciplinary sanctions for staff to include termination or resignation for sexual misconduct during the audit cycle.

ODRC policies clearly state that facility employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, and/or retaliation policies. The lead auditor reviewed the detailed disciplinary grid detailing possible employee sanctions for violating policies. All terminations for violations of agency sexual misconduct policies must be reported to ODRC legal services by the managing officer (i.e., the warden) so that any licensing bodies can be notified. Such terminations, as well as resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and will also be reported to any relevant licensing bodies. One corrections officer admitted to having a relationship with an inmate and resigned prior to the conclusion of an investigation and prior to being disciplined by PCI. The officer's sexual misconduct with an inmate was duly reported to the OSHP.

PCI is compliant with this standard.

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 71-SOC-01 (Recruitment, Training, and Supervision of Volunteers), Standards of Conduct for Contractors, Volunteers and Interns, and memo to the auditor from the OCM that no contractors or volunteers were removed for sexual abuse or sexual harassment during the audit period.

Corrective action for contractors and volunteers is defined by two ODRC policies. These policies require that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and reported to law enforcement agencies and/or relevant licensing boards (unless the activity was clearly not criminal). Contractors, volunteers and others who fall under this standard have been trained about these policies, rules, and regulations. The facility's Code of Conduct for Contractors, Volunteers, and Interns is very detailed in addressing the kinds of behaviors that must be avoided, such as shows of partiality to specific inmates or fraternization with inmates or their families.

In the 12 months of the audit period, there was one allegation of sexual abuse or harassment against a volunteer. According to the OCM, this volunteer did not have to be "removed for sexual abuse" since she simply stopped coming to PCI to volunteer. The PREA allegation involving this volunteer was substantiated. The case was referred to the OSHP at the conclusion of the administrative investigation.

PCI is compliant with this standard.

## Standard 115.78: Disciplinary sanctions for inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, Policies 56-DSC-01 (Conduct Report and Hearing Officer Procedures), Ohio Admin. Code 5120-9-06 (Inmate Rules of Conduct), Ohio Admin. Code 5120-9-08 (Disciplinary Procedures for Violations of Inmate Rules of Conduct), Investigation Summary Report—Administrative Investigation/PREA Incident (inmate-on-inmate #1), Inmate Notification of Sexual Abuse Investigation Outcome, Incident Report, Conduct Report, Hearing Officer's Report, Disposition of the Rules Infraction Board, Investigation Summary Report—Administrative Investigation/PREA Incident (inmate-on-inmate #2), Incident Report, Conduct Report, Hearing Officer's Report, Disposition of the Rules Infraction Board, Referral to Mental Health and progress notes, Investigation Summary Report—Administrative Investigation—PREA Incident (staff-on-inmate), First Responder Checklist, Victim

Support Activity Report, Witness Statements, Inmate Notification of Sexual Abuse Investigation Outcome, PREA Incident Report Application, Conduct Report and Disposition of the Rules Infraction Board (inmate on inmate), and memo to the file from OCM that PCI did not have any cases of non-consensual sexual contact between staff and inmates during the audit period.

Policies 56-DSC-01 and 79-ISA-02 detail administrative and criminal procedures and sanctions for inmates cited for and found guilty of sexual abuse and sexual harassment. PCI inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse, sexual harassment, or retaliation. Any inmate found guilty by the Rules Infraction Board (RIB) of sexual abuse will be considered for disciplinary sanctions and any/all of these administrative actions:

- referral to the Serious Misconduct Panel (SMP) for placement into Extended Restrictive Housing;
- a special security review which considers the sexual abuse behavior, during which, at a minimum, the inmate should be considered for an increase of one security level;
- institutional separations shall be placed on the aggressor and the victim consistent with ODRC policy; and
- the RIB/SMP may order the aggressor to pay reasonable restitution to ODRC for the costs it incurred as a result of the sexual abuse.

During the audit cycle, there were substantiated administrative findings of inmate-on-inmate sexual abuse and of substantiated administrative findings of staff-on-inmate sexual abuse. In the latter case, the officer resigned and the inmate was transferred to another facility. This case was referred to the Ohio State Police but was declined.

Staff interviewed by the lead auditor, including mental health staff, all verified that in PREA-related cases where sanctions would be imposed, offender mental health is taken into consideration. The lead auditor determined compliance with this standard through interviews and a review of agency policies, along with reviewing Ohio Admin. Code provisions on inmate conduct and disciplinary proceedings. He also reviewed written documentation showing the process of an inmate hearing and the imposition of sanctions, such as placement in Extended Restrictive Housing.

PCI is compliant with this standard.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes    No    NA

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02 and 79-ISA-04, PREA classification report, completed risk assessment with mental health referral declined, risk assessment for abuser detailing limitations on his work/program assignments prior to transfer to another facility because of substantiated sexual misconduct at PCI, memo to auditor from OCM that no risk assessments from the audit period revealed sexual abuse outside of an institution, risk assessment for transgender inmate reflecting inmate's preference on a variety of issues (searching, housing, undergarments, etc.) and the facility's careful attention to matters of housing, programs, etc., for a transgender inmate, PREA Classification Report of inmates with classifications of Victim, Abuser, or Potential Abuser at PCI, and mental health referral for an abuser.

PCI uses a very detailed assessment process for PREA-related screening. By policy, if the facility becomes aware that the inmate being screened has experienced prior sexual victimization or if he is perceived to be at risk of victimization, he is to be offered a follow-up meeting with a medical or mental health practitioner. This meeting is to occur within 14 days of the facility becoming aware of the situation. The same protocol is applied to inmates who are determined to be actual or potential abusers.

A review of a number of PREA assessments reflected the careful attention paid to program, work, and housing assignments so that victims/potential victims would be separated from abusers/potential abusers. The lead auditor also reviewed PREA assessments leading to PREA classifications, referrals to mental health services, and recommendations regarding inmate assignments or placements, such as “to be housed away from victims.”

By policy, all information related to sexual victimization or abusiveness is strictly limited to medical and mental health practitioners and other staff as necessary to allow for informed decisions on such matters as treatment plans, housing and job assignments, as well as for proper security and management decisions. The lead auditor’s interviews with the OCM, the Mental Health Administrator, and the Health Care Administrator indicated that all information is shared only on a need to know basis and is password protected.

Medical and mental health practitioners follow all requirements regarding reporting information about prior sexual victimization in the community. Confidentiality rules and mandatory reporting laws are clearly explained to offenders and acknowledged by them in writing.

PCI is compliant with this standard.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, 67-MNH-09 (Suicide Prevention), 67-MNH-15 (Mental Health Treatment), medical protocol B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse), medical exam report and mental health referral after an alleged incident of sexual abuse, mental health and nursing staff schedules (showing after-hours and emergency mental health/psychiatric staff contact information), and memo to the auditor from the OCM verifying PCI had no inmates with substantiated sexual abuse cases who required follow-up medical services during the audit period.

Several policies set out the guidelines medical staff at PCI must follow to ensure that victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services. These policies and guidelines permit the scope of the services to be based upon the medical/mental health practitioner's professional judgment. In accord with Medical Protocol B-11 and policy 67-MNH-02, inmates reporting sexual abuse in any prison, jail, lockup or juvenile facility will be offered medical/mental health evaluations and treatment as appropriate. The lead auditor viewed the comprehensive staffing schedules to verify the availability of practitioners.

Interviews with medical and mental health staff at PCI and a review of sexual abuse allegation files confirmed every inmate alleged to be a victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis. The hospital customarily used is Ohio State University Medical Center. The lead auditor reviewed the MOU between the hospital and the agency to verify services, and the second auditor verified by telephone the available SAFE (Sexual Assault Forensic Examiners) and SANE (Sexual Assault Nurse Examiners) procedures and services provided by Ohio State University Medical Center.

All treatment services, whether physical or mental health, are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation. The lead auditor also reviewed an incident report from a sexual abuse allegation, confirming the inmate making

the allegation had been offered both medical and mental health services. During the audit period, there were two forensic examinations conducted.

PCI is compliant with this standard.

## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-02, B-11, 67-MNH-02 (Mental Health Screening and Mental Health Classifications), 67-MNH-04 (Transfer and Discharge of the Mental Health Caseload), 67-MNH-15 (Mental Health Treatment), several days of mental health progress notes arising from a PREA incident, and memo to the auditor from the OCM verifying the facility did not house females during the audit period and it had no inmates with substantiated sexual abuse cases who required follow-up medical services during the audit period.

Agency policy requires a detailed mental health screening (DRC5163) to be completed on all inmates by a mental health professional within seven calendar days of their arrival at any institution. Additionally, all inmates who report sexual conduct and/or recent sexual abuse shall be escorted to inmate health services as soon as possible after the reported conduct or recent sexual abuse. A health care professional will collect sufficient history/information from the inmate, using a Medical Exam Report (DRC5251) or Emergency Assessment form (DRC5192), in preparation for a full and adequate medical examination to document the extent of physical injury and to aid in appropriate treatment.

Policies 67-MNH-02, 67-MNH-15, and 79-ISA-02 require the facility to offer medical and mental health evaluation without cost and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. PCI also has very detailed protocols to ensure that vital information about inmates on the mental health caseload will follow them upon transfer to another institution or upon discharge to the community.

The Health Care Administrator and the Mental Health Administrator confirmed to the lead auditor that the evaluation and treatment of any victim includes, as needed, follow-up services, treatment plans, and, when required, referrals for continued care following their transfer to, or placement in, other

facilities, or their release from custody. These services are provided to victims without cost and regardless of whether he names the abuser or cooperates with any investigation.

PCI is compliant with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes    No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes    No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-03 with Sexual Abuse Case Review form, Investigation Summary Report—Administrative Investigation/PREA Incident (complete file with Incident Report, Sexual Abuse First Responder Checklist, medical and mental health reports and/or referrals, witness statements, Victim Support Person Activity Report, and Inmate Notification Form), and Sexual Abuse Review Team Screens of a PREA Incident Report Application showing the names of the SART team and their recommendations for the abuser and supervision requirements for the victim.

Policy requires the Warden to establish a Sexual Abuse Review Team (SART) comprised of, at a minimum, a deputy warden, an investigator, the OCM (who will serve as chair), a victim support person, and other staff that may have relevant input, such as a mental health professional. This policy also requires the SART to conduct an administrative review within 30 days of the conclusion of a sexual abuse investigation, unless an allegation was deemed unfounded.

SART responsibilities require a thorough review of the circumstances of each incident. Their review and report must contain an extensive list of relevant information, some of which are listed below:

- events leading up to and following the incident;
- a consideration of whether the allegation or investigation shows a need to change policy or practice to better detect, or respond to sexual abuse;
- a consideration of whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; and
- recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

The Sexual Abuse Case Review must be completed in the electronic PREA Incident Reporting System, and it must document the SART's findings and recommendations for improvement. The OCM will then advise the "managing officer," i.e., the warden, of the completed review. PCI then must implement any recommendations resulting from this review or document the reasons for not doing so. Sexual abuse incident reviews were completed in the prescribed timeframe on all investigations determined to be either substantiated or unsubstantiated during the audit period. In addition to the file furnished before the on-site audit, the lead auditor reviewed a comprehensive sampling of the PCI SART reports for the audit period, including any recommendations to the Warden. If the SART recommended actions such as transferring an abuser to another institution, for instance, the documentation in the files reflected the transfer.

When interviewed, the OCM stated that SART reviews consider such things as inmate movement, area blind spots, and any significant need to supplement camera monitoring. All of the paperwork reviewed verified the SART's attention to issues that might have caused PREA-related problems, the recommendation made to address the problems, and the Warden's acceptance of the recommendations.

PCI is in compliance with this standard.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

## 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 2017 PREA incident data for privately-operated facilities, PREA Incident Packet and instructions, 2018 ODRC Annual Internal Report on Sexual Assault Data (revised 3/12/19)--An Analysis of 2016-2017 Sexual Assault Data, and 2017 SSV-2.

ODRC 79-ISA-01 requires uniform data to be collected for every allegation of sexual misconduct made at PCI, using a standardized instrument and set of definitions. The Incident Packet records information regarding allegations of abuse, harassment, and retaliation. Data from the facility in the comprehensive PREA Incident Packet is then combined each year with data from all other ODRC facilities and is published on the agency's website. The incident-based data includes information needed to complete the standardized 2017 Survey of Sexual Violence-2 (SSV-2) that is submitted to the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews must be maintained, reviewed, and collected as needed to complete the SSV-2. The ODRC annually aggregates and publishes this incident-based sexual abuse data, redacted as necessary for privacy.

The 2018 ODRC Annual Internal Report on Sexual Assault Data--An Analysis of 2016-2017 Sexual Assault Data, was published in 2019 on the ODRC website. This report, along with the most recent SSV-2, is available for public review on the agency's website at <http://www.drc.ohio.gov/prea>. The lead auditor reviewed applicable policy, the 2017 SSV-2, and the 2018 Annual Internal Report on Sexual Assault Data--An Analysis of 2016-2017 Sexual Assault Data. Through a review of materials submitted in advance of the audit, information gathered on-site, and a review of reports on the agency's website, the lead auditor was able to determine that PCI is gathering and forwarding the information as required; all portions of this standard have been met.

## Standard 115.88: Data review for corrective action

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, PREA Incident Packet, and 2018 Annual Internal Report on Sexual Assault Data—An Analysis of 2016-2017 Data (revised 3/12/19).

Policy requires the agency to review and collect incident-based sexual abuse data from all of its facilities to assess and improve sexual abuse prevention, detection, and response policies, procedures,

and training by (1) identifying problem areas, (2) taking corrective action on an ongoing basis, and (3) compiling an annual report of findings/corrective actions for each facility, as well as for ODRC as a whole.

ODRC collects, maintains, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility, including the three private facilities it contracts with. PCI provides sexual abuse statistics to the agency's central office to assist in creating the ODRC Annual Internal Report on Sexual Assault Data that helps to identify trends, concerns, etc., by the use of this aggregate data. The 2018 Annual Internal Report on Sexual Assault Data—An Analysis of 2016-2017 Data (revised 3/12/19)—along with similar reports for previous years—is available for public viewing on the agency's website: <http://www.drc.ohio.gov/prea>. The data compilation in this report has had personal identifiers removed.

The reports reflect the number and types of sexual abuse allegations reported, as well as the number of allegations that were substantiated, unsubstantiated, or unfounded. The narratives in the reports present information gathered during abuse investigations and the steps taken to address any issues that might have contributed to the PREA violations that were alleged. The number of sexual abuse cases is declining; ODRC generally and PCI specifically place an emphasis on maintaining a zero-tolerance attitude and appear committed to finding and correcting any issues—facility blind spots, insufficient supervision, aging technology, etc.—that might jeopardize that mission. Both the OCM at PCI and the agency PREA coordinator confirmed to the auditors that ODRC is committed to finding and correcting any PREA-related issues.

This standard is fully compliant.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

## 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: 79-ISA-01, 2018 ODRC Annual Internal Report on Sexual Assault Data--An Analysis of 2016-2017 Sexual Assault Data, and record retention schedule.

ODRC policy 79-ISA-01 requires that aggregated sexual abuse data from facilities under its direct control, including all privately-run facilities, is annually updated. This information, stripped of personal identifiers, is readily available to the public on its website. The most recent compilation is the 2018 ODRC Annual Internal Report on Sexual Assault Data. It contains a comparison of incidents from 2016 and 2017 and can be viewed at this web address: <http://drc.ohio.gov/prea>. The online publication of this data was verified through the lead auditor's accessing the ODRC web site and viewing the most recent report.

ODRC maintains all case records (including incident and investigative reports, case disposition, medical and counseling information, and recommendations for treatment) arising from an allegation of a PREA violation regarding a given inmate for 10 years after the inmate has reached final release, expiration of sentence, or death. Any records regarding an employee named in a PREA violation are kept for 10 years after the staff member leaves the employ of the agency. The actual case records maintained by ODRC are password protected so that the data remains confidential. According to documentation reviewed by the lead auditor, files related to criminal investigation are maintained permanently.

The lead auditor's review of policy, case files, the agency retention schedules, and materials on the website confirm compliance with this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: hard-copy and digitally-stored information of many types, personal observations, and information from staff and inmates, along with information on the ODDRC website.

The auditors had ready access to all locations at PCI, as well as to inmates, staff, volunteers, contractors, etc. Both auditors were given private offices to use for conducting formal inmate and staff interviews. The auditors were provided with both digitally-stored and hard-copy information as needed. Starting August 20, 2013, and during each three-year period thereafter, ODRC ensured that each of the facilities operated by the agency or a private company contracting with ODRC was audited at least once. The agency's audit cycle is readily discernible from information on its website.

Although no mail was received from inmates, the lead auditor visited the facility mail room and staff there confirmed that PREA letters from inmates are treated as legal mail. It also appeared that there had been no grievances filed during the audit period about PREA-related mail.

PCI is in compliance with this standard.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information/documents reviewed: Relevant policies and website.

ODRC publishes the completed PREA audit reports on its website: <http://www.drc.ohio.gov/prea>. The lead auditor has verified that audit reports from 2014-2019 are available on the website for public review. It is the norm for ODRC to publish a final PREA report within two weeks after its completion and approval. The agency is in compliance with this standard.

# AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Douglas K. Sproat, Jr.

November 4, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.