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

- **Interim:** 
- **Final:** 

**Date of Report:** April 11, 2019

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Thomas Eisenschmidt</th>
<th>Email</th>
<th><a href="mailto:tome8689@me.com">tome8689@me.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Click or tap here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>26 Waterford Lane</td>
<td>City, State, Zip:</td>
<td>Auburn, New York 13021</td>
</tr>
<tr>
<td>Telephone</td>
<td>315-730-7980</td>
<td>Date of Facility Visit:</td>
<td>March 6-8, 2019</td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Ohio Department of Rehabilitation and Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>State of Ohio</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>4545 Fisher Road,</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Same</td>
</tr>
<tr>
<td>Telephone:</td>
<td>614-752-1159</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Agency Is:</th>
<th>Military</th>
<th>Private for Profit</th>
<th>Private not for Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal</td>
<td>County</td>
<td>State</td>
<td>Federal</td>
</tr>
</tbody>
</table>

**Agency mission:** To reduce recidivism among those we touch.

**Agency Website with PREA Information:** [https://drc.ohio.gov/prea](https://drc.ohio.gov/prea)

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Annette Chambers-Smith</th>
<th>Title:</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Annette.Chambers@odrc.state.oh.us">Annette.Chambers@odrc.state.oh.us</a></td>
<td>Telephone:</td>
<td>614-752-1164</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mark Stegemoller</th>
<th>Title:</th>
<th>Agency PREA Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Mark.Stegemoller@odrc.state.oh.us">Mark.Stegemoller@odrc.state.oh.us</a></td>
<td>Telephone:</td>
<td>614-752-1715</td>
</tr>
</tbody>
</table>
### Facility Information

**Name of Facility:** Southeastern Correctional Institution  
**Physical Address:** 5900 BIS Rd. SW Lancaster, Ohio, 43130  
**Telephone Number:** 740-653-4324  
**Facility Mission:** To rehabilitate and to reintegrate  
**Facility Website with PREA Information:** To rehabilitate and to reintegrate

### Warden/Superintendent

Name: Brian Cook  
Title: Warden  
Email: brian.cook@odrc.state.oh.us  
Telephone: 740-994-4161

### Facility PREA Compliance Manager

Name: Thomas Hendrix  
Title: Operational Compliance Manager  
Email: thomas.hendrix@odrc.state.oh.us  
Telephone: 740-994-4738

### Facility Health Service Administrator

Name: Connie Starner  
Title: Health Care Administrator  
Email: connie.starner.odrc.state.oh.us  
Telephone: 740-994-0658

### Facility Characteristics

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>1105</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>1105</td>
</tr>
<tr>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>1105</td>
</tr>
<tr>
<td>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Age Range of Population: Youthful Inmates Under 18:</td>
<td>0</td>
</tr>
<tr>
<td>Adults:</td>
<td>18-73</td>
</tr>
<tr>
<td>Are youthful inmates housed separately from the adult population?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☒ NA</td>
</tr>
<tr>
<td>Number of youthful inmates housed at this facility during the past 12 months:</td>
<td>0</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>4.7 years</td>
</tr>
<tr>
<td>Facility security level/inmate custody levels:</td>
<td>1&amp;2</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>367</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>8</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>4</td>
</tr>
<tr>
<td>Number of Buildings:</td>
<td>16</td>
</tr>
<tr>
<td>Number of Single Cell Housing Units:</td>
<td>0</td>
</tr>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units:</td>
<td>0</td>
</tr>
<tr>
<td>Number of Open Bay/Dorm Housing Units:</td>
<td>6</td>
</tr>
<tr>
<td>Number of Segregation Cells (Administrative and Disciplinary):</td>
<td>40</td>
</tr>
<tr>
<td>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</td>
<td>There are 225 cameras at Southeastern. Inside the secure perimeter there are 196. In each of the housing Unit there are fixed camera. None are located in the bathroom area. They are utilized to provided additional security and supplement the Correction Officers.</td>
</tr>
<tr>
<td>Type of Medical Facility:</td>
<td>Outpatient primary care with overnight observation</td>
</tr>
<tr>
<td>Forensic sexual assault medical exams are conducted at:</td>
<td>Ohio State University Medical Center, Columbus, Ohio</td>
</tr>
<tr>
<td>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</td>
<td>439</td>
</tr>
<tr>
<td>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</td>
<td>32</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative

Pre-Audit Activities:

Notice of PREA Audit: The PREA notice for the Southeastern Correctional Institution (SCI) in Lancaster, Ohio was provided to Thomas Eisenschmidt DOJ certified PREA auditor via email on January 29, 2019 by the agency PREA Coordinator Mark Stegemoller. Notices (Spanish and English) were posted in common areas, the entrance to the facility and inmate living units approximately six weeks prior to the site visit. These postings were verified by email photograph, personal observation by the auditor while on site and interviews with random inmates. The auditor did receive one piece of correspondence from an inmate prior to arrival.

PRE-Audit Questionnaire and Documentation Review:

The auditor reviewed the Pre-Audit Questionnaire (PAQ) and documentation for each of the 43 standards that he received on a thumb drive approximately five weeks prior to the onsite visit. This information was provided by the agency PREA Coordinator by overnight courier. The auditor reviewed policy and procedures, documents and files during the pre-audit, onsite audit, and post-audit phases as related to each PREA standard to include secondary documentation submitted both onsite and post audit. Reviewing the agency’s PAQ and supporting documentation the auditor found information provided neatly organized and accentuated allowing for ease of auditing. The auditor communicated with the facility’s Operational Compliance Manager (OCM) on all matters relating to the audit via the telephone and email.

Onsite Audit Activities:

An entrance briefing was held on Wednesday March 6, 2019 with the following individuals in attendance: Warden Cook, OCM Thomas Hendrix, PREA Coordinator Mark Stegemoller and the Warden’s Executive staff.

After introductions the auditor discussed the PREA audit process for the onsite phase of the audit and explained the triangulation methodology he would utilize to obtain evidence through observing facility practices; review of written policies and procedures; facility site review observations; staff and inmate interviews, and additional documentation review to confirm practice. The Auditor explained that a PREA audit process is much more invasive than a typical correctional audit and that the association between facility staff and the auditor should be a collaborative undertaking to ensure Southeastern Correctional Institution achieves full compliance with PREA Standards. He also advised those present that the Department of Justice (DOJ) expects that some corrective action will be necessary and is a normal part of the audit process and should not be viewed adversely. Since the first PREA audit was held in 2016 the auditor informed those present that requirements including interviews and documentation review would be more extensive due to additional guidance provided by DOJ.
The auditor began a site review of the entire facility. The Southeastern Correctional Institution is an all-male, adult, medium/minimum security facility located outside the city limits of Lancaster, Ohio. The institution is situated on nearly a thousand acres of land with just sixty acres inside the secure perimeter. The design capacity of Southeastern is 1595 inmates. On the first day of the audit there were 1579 adult males confined. The institution was originally constructed in the 1850's as an industrial school for boys and was converted to an adult facility in 1980.

Upon arrival at Southeast Correctional Institution, all staff and visitors must enter through the front entry building (A-Building). This building houses the visitor and staff check in stations which has metal detectors positioned at the manned security post to screen all staff and visitors. A-Building also houses the control center and inmate visiting area. The inmate visitation room consists of a large, open visiting room (equipped with small tables, individual chairs, and a children's reading area) and is bordered by a shakedown(frisk)/inmate processing room. The second floor of A-Building is where the Wardens wing is located. It contains the Wardens office, Administrative Assistant's office, Business Office, Human Resources, Labor Relations and the Investigators Offices. The basement level of A-Building is the location for shift assembly and a large gymnasium area complete with several workout areas for use by staff. Connected to A-Building is the Education Department (academic and college), General and Law Library, and Recreation Departments.

E-Building first floor houses the Deputy Warden of Operations and the Deputy Warden of Special Services. Also located in this building are offices for the Captains, the Majors, Unit Management Chief, and the Count Office. The second floor is the Special Services area which houses the Mental Health and Recovery Services staff as well as the Quality Improvement Coordinator. Numerous group rooms are also located throughout this building. To the rear of E-Building is the Medical Department that includes Dental Services. The Medical unit is primarily outpatient care with overnight observation. Alleged victims of sexual assault needing forensic examinations would be sent to Fairfield Medical Center in Lancaster, Ohio. The auditor spoke with a staff member that oversees the Emergency Room at this hospital. She stated the facility always provides a SANE Nurse and the hospital has the victim interviewed by a Social Worker to see if they want a victim advocate with him/her during the exam. The hospital utilizes a community advocate if needed. During the site review of this area the auditor observed on of the one of the urinals used by inmates needed a screen to allow for privacy when in use by an inmate. Before the day was out the OCM had placed a screen and provided the auditor with a picture that obstructed cross gender viewing while still allowing security viewing. E-Building borders the West Gate area that houses the Maintenance Department and vocational areas. Religious Services take place in the stand-alone Chapel located beside the Food Service Building. While visiting the recreation and the cafeteria areas, the auditor observed inmate bathroom-doors made of solid construction and were left unsecured. ODRC practices is bathrooms having solid doors will always remain locked, requiring inmates to ask staff to utilize the restroom and then securing the door when not in use. When staff is not in the general area and the door can is unsecured a small window is placed in the door allowing for both privacy and security when staff are conducting routine rounds. The doors were immediately secured, and policy reinforced with staff.
The institution has four dormitory style housing units. F-Dorm has two floors designated F-1 and F-2. F-1 houses minimum-security inmates (268) who have outside gate clearance. F-2 is the home of a Literacy Unit and a combination of Level 1 and 2 offenders (268). Staffing for F is 2 Officers per shift per floor. I-Dorm is a single floor plan dormitory that that houses level 1 and 2 offenders (280) and is supervised by 2 Officers per shift. M-Dorm has a basement unit with 60 inmates, the first floor has 50 inmates and the second floor has 60 inmates. The staffing component for this unit is 1 officer per shift. Inmates in this unit are all level 1 security.. H-Dorm is a three-floor unit. The lowest level is H-1 which is the Transitional Program Unit (TPU) with three Officers assigned per shift. H-2 is an older offender unit with two Officers assigned per shift. H-3 is a level 2 dormitory with two officers assigned per shift. Cameras are found throughout the inside and outside of Southeastern Correctional Institution including in the living units. The cameras (tilt, pan, and zoom) can be viewed in the 24-hour control center and in the offices of the Warden and Deputy Wardens. The auditor went to each location with viewing capabilities and found no privacy/cross gender viewing concerns. Throughout the facility the auditor observed numerous signage and PREA educational posters both in English and Spanish languages advising Inmates of their right to be free of sexual abuse and harassment and the means to report allegations of sexual abuse and harassment. The auditor placed a test reporting call (*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction, that can be used by inmates and documented in the posters. The test call was made Friday March 8, 2019 and was received by the Agency March 11, 2019. During the site review the auditor informally interviewed and questioned random staff and inmates concerning their knowledge of PREA. Most staff and inmates interviewed were well-informed of PREA and new the necessary steps to take if it became necessary for them to report or respond to allegations of sexual abuse and sexual harassment. The auditor was able to verify through the review of staffing logs, that unannounced rounds are being conducted by intermediate-level and higher-level supervisors. The auditor observed opposite gender staff announcing their presence upon entering male inmate housing units and other areas that an inmate may be undressed, showering or using the lavatories.

The Auditor requested the facility provide randomly selected files, records and documents. These included: listing of all inmates, complete staff roster, complete list of volunteers and contractors with inmate contact, list of PREA incidents for last 12 months, list of hotline call from last 12 months, list of 10 employee background checks (8 new hires, 2 additional); 5 contractor background checks; 10 medical/mental health PREA-specialized training documentation; 10 employee PREA training records to include 8 new hires (including pat search video); ; (20) Inmate risk screenings for sexual victimization/abuse to include reassessments within 30 days of arrival to the facility: and (20) inmates who received the required PREA comprehensive education within 30 days of arrival to facility. The auditor also requested to view samples of PREA inmate education materials to include if provided: Inmate handbook, posters, brochures; examples of documentation for the monitoring of retaliation of sexual abuse & harassment investigations (staff and inmate); copies of all sexual assault reviews conducted during the past 12 months for completed investigations of sexual abuse, excluding unfounded cases.
**Staff Interviews:**

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff (Total)</td>
<td>12</td>
</tr>
<tr>
<td>Specialized Staff* (Total):</td>
<td>24</td>
</tr>
<tr>
<td>Total Staff Interviewed</td>
<td>36</td>
</tr>
</tbody>
</table>

**Breakdown of Specialized Staff Interviews:**

- Agency contract administrator | 1
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment | 3
- Line staff who supervise youthful inmates - N/A | N/A
- Education staff who work with youthful inmates – N/A | N/A
- Program staff who work with youthful inmates – N/A | N/A
- Medical staff | 1
- Mental health staff | 1
- Non-Medical staff involved in cross-gender strip or visual searches - N/A | N/A
- Administrative (human resources) staff | 1
- SAFE and/or SANE staff - N/A | 1
- Volunteers who have contact with inmates | 0 (none onsite)
- Contractors who have contact with inmates | 1
- Investigative staff – agency level | 1
- Investigative staff – facility level | 1
- Staff who perform screening for risk of victimization and abusiveness | 3
- Staff who supervise inmates in segregated housing | 1
- Staff on the sexual abuse incident review team | 1
- Designated staff member charged with monitoring retaliation | 2
- First responders, security staff | 1
- First responders, non-security staff | 4
- Intake staff | 1

`Total Specialized Staff Interviews*` | 24

Interviews were also conducted with the following people:

**Annette Chambers-Smith- Agency Director**  
**Brian Cook- Warden**
Inmate Interviews:

Based upon the inmate population of 1579 at the facility on the first day of the onsite phase of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 21 targeted inmate interviews are required. The Operational Compliance Manager and other staff facilitated interviews of all inmates in a private setting located in a programming area. The random inmates were selected across all housing units including general population units and the segregation unit to ensure diversity. Selections were made by the auditor from a list of all inmates provided by the facility on the first day of the onsite portion of the audit. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

<table>
<thead>
<tr>
<th>Category of Inmates¹</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Inmates (Total)</td>
<td>21</td>
</tr>
<tr>
<td>Targeted Inmates* (Total):</td>
<td>20</td>
</tr>
<tr>
<td>Total Inmates Interviewed</td>
<td>41</td>
</tr>
</tbody>
</table>

Breakdown of Targeted Inmate Interviews:²

- Youthful Inmates: N/A
- Inmates with a Physical Disability: N/A
- Inmates who are Blind, Deaf, or Hard of Hearing: N/A
- Inmates who are LEP: N/A
- Inmates with a Cognitive Disability: 1
- Inmates who Identify as Lesbian, Gay, or Bisexual: 5
- Inmates who Identify as Transgender or Intersex: 3
- Inmates in Segregated Housing for High Risk of Sexual Victimization: N/A
- Inmates Who Reported Sexual Abuse: 2
- Inmates Who Reported Sexual Victimization During Risk: 9

Total Targeted Inmate Interviews*: 20

Allegation Breakdown:

During the previous 12 months there were no allegations of sexual harassment and 19 allegations of sexual abuse made at SCI. Each of the sexual abuse cases were referred to the OSHP but returned for Administrative action once it was determined that criminal elements necessary for prosecution were not
found in any of the cases. Seven (7) allegations were made against staff and twelve (12) were made against other inmates. The seven (7) allegations against staff were determined to be five (5) unfounded and three (3) substantiated. In the substantiated cases against staff all three were terminated. The twelve (12) allegations against other inmates were determined to be six (6) unfounded, and six (6) unsubstantiated.

Onsite Visit Closeout:

The auditor conducted an exited briefing on March 8, 2019 with: Warden Cook, OCM Thomas Hendrix, PREA Coordinator Mark Stegemoller and the Warden’s Executive staff. The Auditor could not give an outcome of the audit but did provide some insight into his preliminary findings. The Auditor thanked facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the post site visit phase of the audit the auditor communicated with the PREA Compliance Manager via phone calls requesting additional documentation, clarification on policies, procedures and agency practices.

Facility Characteristics

The Southeastern Correctional Institution is an all-male, adult, medium/minimum security facility located outside the city limits of Lancaster, Ohio. The institution was originally constructed in the 1850's as an industrial school for boys and was converted to an adult facility in 1980. It consists of 78 buildings inside and outside the perimeter. A double fence serves as the perimeter and is augmented by microwave and Doppler detectors located in critical areas within the complex. Two-armed perimeter patrol vehicles monitor the grounds 24 hours per day, seven days a week. As noted earlier facility cameras with tilt, pan, and zoom are strategically located around the compound. On the first day of the audit there were 1579 inmates confined. There have been no major modifications to the facility since 2008. The PAQ indicates Southeastern has 367 staff in total and hired eight new employees within the last 12 months. The security positions at the facility include Officer, Sergeant, Lieutenant and Major. Food services are provided through contract with Aramark Correctional Food Service. Medical and Mental Health Services are provided through licensed clinicians all whom are State Employees. The facility offers a vast array of educational and vocational programming. Programs of note include: Cage your Rage; Life Management Skills; Rational Emotive Spiritual Therapy; Social Skills and Victim Awareness.

There are 16 buildings on 66 acres within the secure perimeter. Four of these building (F,H,I and M) are living units for the inmates. F building, dormitory, has two floors. H building has three floors with three wings on each floor. H-1 contains the TPU or segregation unit. H-2 and H-3 are general population living units. I Building is a single floor double bunked open dormitory. M building has two floors and a basement.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations.
Number of Standards Exceeded: 2
115.31, 115.41

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

While visiting the recreation and the cafeteria areas, the auditor observed inmate bathroom-doors made of solid construction and were left unsecured. ODRC practices is bathrooms having solid doors will always remain locked, requiring inmates to ask staff to utilize the restroom and then securing the door when not in use. When staff is not in the general area and the door can is unsecured a small window is placed in the door allowing for both privacy and security when staff are conducting routine rounds. The doors were immediately secured, and policy reinforced with staff.

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)

Instructions for Overall Compliance Determination Narrative

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

(a) ODRC policies 79-ISA-01, 79-ISA-02, 79-ISA-03, 79-ISA-04 and 79-ISA-05 make up the major policies dealing with sexual abuse within the agency. Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section V page 3 explains the agency position to provide a safe, humane, and
appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation and tracking. The ODRC maintains a zero tolerance for sexual misconduct in its institutions and in any facilities with which it contracts for the confinement of inmates. Sexual misconduct among inmates and by employees, contractors and volunteers towards inmates is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated. Pages 1 and 2 of this policy define for inmates and staff prohibited acts. Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 entire document explains how ODRC will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

(b)(c) ODRC has designated Mark Stegemoller as the agency-wide PREA coordinator. During his interview he indicated he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. He informed the auditor he has 25 institutional PREA Compliance Managers who report directly to him. The auditor reviewed the agency organizational chart demonstrating the position of the PREA coordinator in the agency’s organizational structure.

The auditor determined compliance through the review of facility policies and procedures; onsite documentation review; Interviews conducted with the SCI Warden and the Agency PREA Coordinator: and the Operational Compliance Manager.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC Organizational Chart
- PAQ SCI
- Interview Warden
- Interview (PREA Coordinator)
- Interview (OCM)

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 OR the response to 115.12(a)-1 is "NO".) ☒ 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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b) Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section A (9) on page 6 requires all new or renewed contracts for the confinement of DRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure the contractor is complying with PREA standards. The Ohio Department of Rehabilitation and Correction contracts for the confinement of its inmates with two private agencies (CoreCivic and Management and Training Corporation). Inmates are housed at the Lake Erie Correctional Institution, North Central Correctional Complex, and the Northeast Ohio Correctional Center only. Kevin Stockdale, Deputy Director for Administration for ODRC is the individual who supervises the employee contract monitor at each of Ohio’s’ contract facilities that oversee the three private prisons within the Agency. His interview was conducted by James Currington, certified PREA auditor and confirmed the contract monitor oversees all the operational practices, contract practices, and day to day operations of that particular contracted facility. One of their primary responsibilities in monitoring is to make sure that each of the contracted facilities is PREA compliant and following ODRC Policies and Procedures. The agency has included in all contracts (3) the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor takes immediate action to resolve the situation. All other concerns are documented with feedback provided.
Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Review of Contract with Private Companies
- Interview (Contract Monitor)

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and
determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ 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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section B (1) states that SCI in accordance with DRC Policy 23-BUD-01, (Staffing Requirements) must develop, document, and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and, where applicable, video monitoring, to protect inmates against sexual misconduct. In calculating staffing levels and determining the need for video monitoring, the institutions shall consider: any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant including “blind-spots” or areas where staff or inmates may be isolated, the composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. Section B (2)(3) on page six of this same policy requires the Warden be informed of any deviations from the SCI staffing plan and that the facility review the plan on an annual basis and consider the same elements.
found in subpart (a) above. The interview with the Warden confirmed the documentation found in the PAQ that stated there were no deviations from the staff plan during the previous 12 months. He further stated that if there was ever to be a deviation from the plan he would have to be notified of the deviation and the reason for it. The shift supervisors confirmed, during their interviews, this notification to the Warden if they deviated from the established plan. The OCM provided the auditor staffing reviews conducted in 2016, 2017, and 2018 at SCI and reviewed by the Regional Office and the Agency PREA Coordinator. There were no deviations and the reviews documented SCI took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies, findings of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant including “blind-spots” or areas where staff or inmates may be isolated.

(d) ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) February 5, 2017, section VI 3 (c) page 3 and C (2) requires that the Lieutenant and Captain conduct unannounced rounds on each shift to identify and deter staff sexual abuse and sexual harassment. Shift Supervisors interviewed on each shift stated that they make unannounced documented rounds, staggering times and locations on each shift to deter sexual abuse and sexual harassment. The Auditor reviewed log entries during the site review and found signatures of supervisors at different times on each of the shifts in each of the logbooks checked.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) February 5, 2017
- Interview (Warden)
- Interview (Shift Supervisors)
- Housing Unit Log Book Reviews

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)

Instructions for Overall Compliance Determination Narrative

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

The Warden the PAQ indicated that SCI has no youthful offenders and the auditor’s observations determined SCI complies with the standard to the extent that there are no youthful inmates ever housed at the facility. This an adult male facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Review of the PAQ
- Interview (Warden)
- Observations of the Auditor
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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☐ 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? ☒ Yes ☐ No

115.15 (d)
- Does the facility implement a policy and practice 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*)

**Instructions for Overall Compliance Determination Narrative**

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

(a)(c) ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches), March 22, 2016, section 3 (b) page 4 prohibits cross gender strip searches or cross gender visual body cavity searches by staff except in exigent circumstances or when performed by medical practitioners. Except in emergency situations, visual inspections of the inmate body cavities shall be conducted by employees of the same sex. Section VI A. page 2, of this same policy, requires the facility document all cross-gender strip searches or cross gender visual body cavity searches on the agency incident form (DRC1000). If such an incident were to occur in must be documented. During the formal interviews conducted with line Officers and Supervisors each stated that cross gender strip searches or cross gender visual body cavity searches are not
conducted at Southeastern and if they were to happen the incident must be documented and reported on form DRC 1000. During the interview with the medical staff person the auditor was informed that medical staff has not performed this type search in the last 36 months. The facility PAQ also indicated that there were none completed at SCI.

(b) The PAQ and Auditor observation were that SCI houses male inmates only. SCI does not house female inmates

(d) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 3, 2017, section E (2)(3) page nine requires SCI to ensure inmates 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. It further requires all employees, contractors and visitors and volunteers of the opposite gender of the inmates announce their presence upon arrival into any of the housing units where there is not already another opposite gender staff person present. The auditor was able to determine compliance through his formal interviews with both staff and inmates and through observation of female staff announcing their presence when entering into the male housing areas.

(e)(f) ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 13, 2015, section F (2) page 4 prohibits staff at SCI Staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the genital status is unknown, it may be determined through conversations with the inmate or by reviewing medical records. If staff members are unable to determine the inmate’s genital status, the inmate shall be referred to medical for a broader medical examination conducted in private by a medical practitioner. Section F (3) of this same policy requires all security staff be trained on how to conduct searches of transgender and intersex inmates are to be done in a professional and respectful manner using the least intrusive means while maintaining consistency with security needs. During the formal interviews with staff the auditor was informed that they are prohibited from searching or physically examining any inmates to determine their genital status. They also indicated that have received training (video) on conducting searches of transgender and intersex inmates professionally and respectfully. The auditor reviewed the content of the video and found it addressed the standard requirements of searching transgender and intersex inmates professionally and respectfully. The auditor also randomly sampled training documents for security staff and found the search training completed for searches in them. The auditor interviewed three transgender inmates and questioned them about searches conducted on them. Each indicated that they were always treated professionally by staff during search procedures and were never strip searched in order to determine their genitalia.

Policy, Materials, Interviews and Other Evidence Reviewed

- Completed PRE-Audit Questionnaire submitted by Southeastern
- ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches), March 22, 2016
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 3, 2017
- ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 13, 2015
- Interviews with random staff
- Interviews with random inmates
- Interviews with targeted inmates.
- Training Documentation on Searches

**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)*

**Instructions for Overall Compliance Determination Narrative**

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(a)(b)(c) ODRC policy 64-DCM-02 (Inmates with Disabilities) December 28, 2011, section V requires that ODRC not discriminate against any individuals on the basis of disabilities. Section C on page 4 of the same policy requires all inmates within ODRC have equal access to all programs and service offered by the agency. The policy further requires that inmate orientation and inmate handbook include an explanation of services available to inmates with disabilities in multiple formats, including those who are; limited English proficient; deaf; visually impaired; disabled; and those who have limited reading skills. The handbook describes the procedures the inmate must follow to receive an accommodation, regardless of the disability, if the inmate record does not identify the disability. Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017 section D (7) page 10. requires SCI staff make appropriate provisions for inmates not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided. An inmate interpreter, inmate reader, or other inmate assistant shall not be used 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, or the investigation of the inmate’s allegations. The Director of the Agency stated in her interview that inmates within the ODRC system, who are limited English proficient, have an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The interview with the intake staff person indicated information is provided to inmates in Spanish and English. If the inmate reads or write any other language for which the facility has no staff interpreter they are referred to a case manager. The Case Manager during her interview indicated that any inmate who required interpretive service would be brought to an office with a telephone and contact would be made with Vocalink providing interpretation service. The inmate would be informed of the sexual safety provisions outlined in policy and Appendix “A” of the inmate handbook. The PREA video is closed captioned for the deaf and in audio for the blind. The auditor did interview an inmate with low cognitive skills, and he indicated he was provided information on PREA and was made aware of how and whom to report if it became necessary for him. There were no limited English inmates available to interview at the time of the site visit.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- ODRC policy 64-DCM-02 (Inmates with Disabilities) December 28, 2011
- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interpretive/Translation Contract (Vocalink)
- Contract for the Deaf (Hallenross and Associates Inc)
- Interview (Agency Director)
- Interview (Intake Staff)
- Interview (Case Manager)
• Interview (Targeted Inmate)

**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, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

**115.17 (c)**

- 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 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
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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(g) Policy 34-PRO-07 (Background Investigations) August 10, 2017, section V page 2 require the Agency to ensure a background investigation is conducted on each state employee, intern, contractor, and volunteer under primary consideration for employment or entrance into any of its offices/institutions unless otherwise exempted by this policy. The purpose of the background investigation is to identify offenses or behaviors that may impact job performance, volunteer participation or internship work, or their ability to provide services. During the HR (Central Office) interview she stated that every employee is asked prior to hiring who may have contact with inmates specifically: if he/she has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile; has ever 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 or been civilly or administratively adjudicated 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. She stated that an affirmative response to any of those questions were a permanent exclusion for employment in ODRC. She indicated that every employee receives a LAW ENFORCEMENT AGENCIES DATA SYSTEM (LEADS) background check, finger print check and a local law enforcement check. They must be clear before hiring. She also stated that the 31-SEM-02 (Employee Standards of Conduct) policy September 1, 2012 section 12 on page 12 stipulates that material omissions or making false statement are grounds for termination from State service. The Auditor was informed by the Warden and the PREA Coordinator that any staff receiving a promotion has a background check completed by either the Facility Investigator, Central Office or the OSHP. Depending on the level and position of the promotion determines who conducts the investigation. The auditor reviewed 10 employee background checks including the 8 new staff hired within the last 12 months. Each was cleared before the employee began working with inmates. The auditor also reviewed 5 random contractor files (4 new hires plus a random) and found background clearances prior to their contact with inmates.
(e) Policy 34-PRO-07 (Background Investigations) August 10, 2017, section F (2) page 6 requires a criminal background checks be conducted on all employees and contractors every five (5) years. The Investigator at SCI is the individual responsible to conduct these 5-year checks. The auditor interviewed the Investigator and reviewed the 5-year recheck and found then up to date for both contractors and staff.

(f) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section VI A (6) states all ODRC employees who may have contact with inmates must complete a Prison Rape Elimination Act Annual Acknowledgement (DRC1214). The OCM shall ensure the PREA Annual Acknowledgement (DRC1214) is completed by all employees by December 31st of each year and forwarded to the personnel office. The OCM informed the auditor that the form asks the employee: have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution; have you 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; have you been civilly or administratively adjudicated to have engaged or attempted 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 and also reminds them as they sign it about their affirmative duty to disclose any such misconduct.

(h) Policy 34-PRO-07 (Background Investigations) August 10, 2017 section F (3) requires SCI upon receiving any requests from institutional employers for information on substantiated allegations of sexual abuse or sexual harassment involving a former DRC employee be forwarded or referred to DRC legal services for a response. Unless prohibited by law, DRC shall 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. The agency HR staff person stated that all requests for information on former staff would be immediately forward to the agency legal department for a response.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 34-PRO-07 (Background Investigations) August 10, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- 31-SEM-02 (Employee Standards of Conduct) September 1, 2012
- Interview (HRM-Central Office)
- Background Checks (Staff)
- Background Checks (Contractors)
- Interview (Investigator)
- Interview (OCM)
- Review of 5-year background checks.
- Review (Form DRC 1214)
- Interview (PREA Coordinator)
- Interview (Warden)

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)

Instructions for Overall Compliance Determination Narrative

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

(a) The Interview with the Agency Director and review of the PAQ indicated the agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit.

(b) The interview with the Warden and the OCM indicated that some cameras were moved and updated during the previous 12 months. Both indicated that the OCM was and will be utilized with camera placements in order to enhance sexual safety at SCI. Cameras are found throughout the inside and outside of Southeastern Correctional Institution including in the living units. The cameras (tilt, pan, and zoom) can be viewed in the 24-hour control center and in the offices of the Warden and Deputy Wardens. The auditor went to each location with viewing capabilities and found no privacy/cross gender viewing concerns.
Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Agency Director)
- Interview (Warden)
- Interview (OCM)
- Auditor Observations

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? ☒ Yes  ☐ No
- 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 entity 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 attempts to make a victim
advocate from a rape crisis center available to victims per 115.21(d) above.) □ 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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(f) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section 7 (b) requires institutional investigators and, where appropriate, Institution OCMs shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrator. Appendix “A” of this same policy requires the evidence be 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 Ohio State Patrol (OSHP) through an MOU is responsible to conduct all criminal investigations within ODRC facilities. The OSHP Investigator detailed for the auditor the training he received and informed the auditor that he must follow uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions. He stated the training he received was from the National Institute of Corrections (NIC), “PREA: Investigating Sexual Abuse in Confinement Settings”. He stated that the OSHP protocols are developmentally appropriate for youth and 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. He also stated that if requested by the alleged victim a qualified agency staff member, or qualified community-based advocate could accompany and support the victim through the forensic medical examination process and investigatory interviews. He also stated as required by the MOU all Criminal Investigations would follow the requirement of (a) through (e) of this standard. The auditor also interviewed the facility Investigator who received the same training as the OSHP Trooper through NIC. He stated that he performs Administrative investigations when required and provided certificates to the auditor documenting the training.

(c) ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) April 15, 2010 section C (5) page 3 states that inmates will not be charged a co-pay for medical services initiated from
a sexual assault. Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section B (9) requires all victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. The Medical Staff at SCI informed the staff that inmate victims of sexual assault are not ever charged for services associated with the assault. She further stated the facility does not perform forensic exams. Policy B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) September 28, 2015, section III (c) requires SCI to utilize providers that have SANE/SAFE qualified Emergency Room staff where possible. Inmates requiring forensic exams are sent to Fairfield Medical Center in Lancaster, Ohio. The auditor spoke with a staff member that oversees the Emergency Room at this hospital. She stated the facility always provides a SANE Nurse and the hospital has the victim interviewed by a Social Worker to see if they want a victim advocate with him/her during the exam. The hospital utilizes a community advocate if needed. She also stated that there was no need for an MOU with SCI and that their facility would always have access to a SAFE/SANE Nurse.

(d)(e) The Sexual Assault Response Network of Central Ohio (SARNCO) is the local community agency that provides support services to inmate victims of sexual assault incarcerated at SCI. The chair had the opportunity to speak with the Agency Director Heather Heron Murphy during the site visit. She confirmed emotional support services, crisis intervention services and phone services her agency provides to inmates based on an MOU until December 2019. SCI has trained Victim Support staff who provide support to victims of sexual abuse when needed. The auditor interviewed one of the trained staff advocates and verified the training each of them receives. The auditor was informed that this one-time training included among other things the forensic exam process. The auditor was also told that this staff advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Ohio State Patrol (OSHP) MOU Review
- ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) April 15, 2010
- Policy B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) September 28, 2015
- Interview (OSHP Trooper)
- Interview (Facility Investigator)
- Interview (Medical Staff)
- Interview (Fairfield Medical Center)
- Interview (Facility Victim Advocate)
- Interview (SARNCO Staff)

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 such publication 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)*
Instructions for Overall Compliance Determination Narrative

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

(a) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section V page 4 requires all allegations of sexual misconduct and/or retaliation shall be administratively and/or criminally investigated. The Agency Director, Warden, Facility Investigator and the OSHP Trooper confirmed to the auditor that all allegations of sexual abuse are investigated. There were 17 allegations of sexual abuse reported at SCI during the last 12 months and according to the OSHP Trooper and sexual abuse case file review all were initially referred to him. None were found to meet the elements of a crime and were investigated by the facility.

(b) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 page 10 and the MOU between ODRC and the OSHP requires all allegations of sexual misconduct be referred for investigation to the OSHP, the agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

(c) ODRC publishes their investigative policy on its website (http://drc.ohio.gov/policies/investigations). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- MOU (OSHP)
- Web Site Review (http://drc.ohio.gov/policies/investigations)
- Interview (OSHP Trooper)
- Interview (Warden)
- Interview (Agency Director)
- Interview (Facility Investigator)
- Report of Sexual Abuse Incidents

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)

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) ODRC policy 39-TRN-10 (Employee Orientation Training) April 24, 2017 section B (1) requires that all new full-time employees must complete at a minimum a formalized forty (40) hour orientation program prior to undertaking their assignments. At a minimum, the orientation program includes the Prison Rape Elimination Act (PREA). ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017 section C (1) page 6 details the training curricula to include: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An inmate’s right to be free from sexual abuse and sexual harassment; (4) Staff and inmate’s right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Section C (2) on page 7 of this same policy requires each facility to provide training to the gender of the inmates at the facility. The policy
requires annual PREA to all staff having inmate contact. The Agency Director and Warden both stressed the importance of staff training in providing a safe environment during their interviews. Random staff interviews conducted with uniform and non-uniform staff confirmed that the training they received included the topics described in the paragraph above and each staff member described the procedures they would follow if an inmate approached them with an allegation of sexual assault. Each also stated that the training received is online (e-learning) and the student must receive a passing score of 80% or take the class again. Each sign into the class and the passing score is the indication and verification that they understood the material presented. All indicated that their first response would be separating the alleged victim and abuser, secure the area the alleged abuse took place if possible, contact their supervisor and preserve evidence from destruction. The non-security first responders interviewed indicated that they would immediately secure the alleged victim and then immediately contact a security staff person in the area to take control of the inmate and the situation. As noted earlier the auditor reviewed 10 employee PREA training records to include 8 new hires (including pat search video). Training records for 2018, and 2017 were also reviewed and except for staff out on long term absence all staff receive the mandatory PREA training.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 39-TRN-10 (Employee Orientation Training) April 24, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Review of Training Curriculum (PREA)
- Interviews (Random Security)
- Interview (Agency Director)
- Interview (Warden)
- Interviews (Security Staff)
- Interviews (Non-Security Staff)

**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)

Instructions for Overall Compliance Determination Narrative

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(a)(b) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017 section C (6) requires all volunteers and contractors be trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training shall be based on the services they provide and the level of contact they have with inmates. All training is documented on the PREA Contractor/Volunteer/Intern Training Acknowledgment Form (DRC1173). It is provided at SCI by the Training Officer. Interviews conducted on site with a contractor confirmed he had received the zero-tolerance policy training and signed form DRC 1173 indicating his understanding of the agency zero tolerance policy, prohibited behaviors, how and whom to report incidents of sexual abuse and consequences of policy violations. There were no volunteers on site to interview during the site visit. The auditor reviewed contractor/volunteer training records for 2018, 2071 and 2016 and found them up to date.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (Training Officer)
- Interview (Contractor)
- Review of Contractor/Volunteer Training Curriculum
- Training Records Review (DRC1173)

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 such education? ☒ 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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(e) According to the PAQ there were 1,105 inmate arrivals during the previous 12 months. ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017, section D. (1)(2)(3) page 8 requires each inmate arriving at SCI receive oral and written information (inmate handbook) upon arrival that explains ODRC’s zero tolerance policy regarding sexual misconduct on prevention, self-protection, reporting and treatment. It further requires that within seven (7) calendar days of their arrival all inmates shall be provided comprehensive education through the viewing of the PREA education video. The review of the PREA video informs inmates of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and provides them with information on reporting any such incidents. The inmate’s participation in this orientation and education must be documented on the Inmate Orientation Acknowledgement Checklists (DRC4141). The auditor interviewed over 40 inmates. All of them with the exception of 6 informed the auditor that they had received PREA information upon arrival and received additional information including a video within their first few days at SCI. The six inmates who informed the auditor that they had never received educational information on PREA reviewed their institutional records along with 14 random others and found signed documents (DRC4141) indicating that they had been provided the training including the video as required by the standard. The auditor also interviewed the Intake staff person who acknowledged that inmates are provided a handbook with PREA information and must view the PREA video within 7 days of arrival. The auditor reviewed Appendix A (Information for Inmate Handbook) Prison Rape Elimination Act of this handbook and found information provided includes: reporting information to staff; provided toll free telephone numbers and information for the private/public agency (Chief Inspectors Office Ohio Department of Youth) not associated with
ODRC. This information includes the phone number for inmates in general population and regular mailing address for inmates in segregation (TPU). The auditor placed a test reporting call (*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction, that can be used by inmates and documented in the posters. The test call was made Friday March 8, 2019 and was received by the Agency March 11, 2019.

(c) Those who were at this facility prior to 2014 received the required PREA training prior to that audit during “town hall” meetings on each of the housing units. The auditor was provided signed documentation from inmates on each of those units dating back to 2014 acknowledging they received PREA training. Since that 2014 date all inmates arriving at SCI would have received this training/information upon arrival. All inmates currently at SCI received PREA orientation and information on arrival at SCI since that time. This was confirmed by the facility OCM.

(d) ODRC policy 64-DCM-02 (Inmates with Disabilities) December 28, 2011, page 5 C (2) Requires all inmates within ODRC have equal access to all programs and service offered by the agency. This policy requires that inmate orientation and inmate handbook include an explanation of services available to inmates with disabilities in multiple formats, including those who are; limited English proficient; deaf; visually impaired; disabled; and those who have limited reading skills. The handbook describes the procedures the inmate must follow to receive an accommodation, regardless of any disability, if the inmate record does not identify the disability. The intake staff person confirmed during his interview that inmate handbooks are produced in Spanish and English. For those inmates not speaking either of these languages the inmate is provided the information through the agency contract with VOCALINK the interpretative service company. For those who may be deaf or hard of hearing the information is provided in writing and the PREA video is closed captioned (CC). For those individuals who cannot read at all or made be low level functioning individuals, the Case Manager reads the PREA information to the inmate. The auditor did interview an inmate with low cognitive skills, and he indicated he was provided information on PREA and was made aware of how and whom to report if it became necessary for him. The auditor was also informed that extremely low-level functioning inmates would not be housed at SCI but sent to another facility. The ADA Coordinator at SCI for inmates is the Safety Officer and indicated that there have been no requests for accommodation by inmates within the last 12 months.

(f) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017) section D (4) page 2 requires the SCI OCM to ensure that information is continuously and readily available to inmates through posters, handouts or manuals. This was confirmed as his responsibility during his interview. The auditor during his site review found signage (Spanish and English) indicating reporting information to staff, the Chief Inspector, and hotline telephone numbers in each of the housing units, TPU, intake area, medical, mental health and the facility library. Posters for third party reporting (family and friends were posted the visitation area and front entry building where visitors are processed. The random interviews with inmates confirmed their knowledge of the signage throughout the facility and how and whom to report incidents of sexual abuse. About a third of those interviewed were not aware of the advocate services available as it was information that did not affect or interest them.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017
- Inmate Orientation Acknowledgement Checklists (DRC4141
- Inmate Handbook 2019
- Completed PRE-Audit Questionnaire submitted by Southeastern
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 have received 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)*

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017 section C (5) requires prior to conducting a PREA investigation, all investigators receive specialized training that includes: conducting investigations in confinement settings; interviewing techniques for sexual abuse victims; proper use of Garrity warnings; sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training is to be documented on the PREA Training Session Report (DRC1680). The training may be received through the National Institution of Corrections (NIC). Completion of the training shall be documented with a certificate of completion. SCI has one Facility Investigator. During his interview he informed the auditor that he received his Investigator Training on May 5, 2015 from the National Institute of Correction (NIC) titled “Investigating Sexual Abuse in Confinement Settings”. He indicated that course content included interview techniques, evidence collection, use of Garrity warning and criteria and evidence to substantiate administrative cases. The case file investigation reviews by the auditor verified they were conducted by a trained Investigator.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017
- Review of NIC Investigator Training
- Review of Training Report (DRC 1680 - Investigator Training)
- Review of Training Certificate.
- Interview (Facility Investigator)
- Review (Sexual Abuse Investigation Case Files)

**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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

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.) ☐ 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? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ 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)*

Instructions for Overall Compliance Determination Narrative

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(a) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017, section C 9 (a)(b) requires that in addition to receiving the agency PREA Training required of all staff, all full and part-time medical and mental health care practitioners are required to receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The staff must complete the Specialized Medical and Mental Health Training on the Enterprise Learning Management (ELM) System. The policy further requires this training be documented on the PREA Training Session Report (DRC1680). Medical and mental health contractors taking the training are also required to complete and pass the test for the training. At the time of the site visit there were 40 employees in the Medical Unit. The auditor reviewed the training report indicating all 40 had received this training. The auditor interviewed two medical/mental health staff while on site. Both indicated they were required to take this additional training, discussed the training content to include the requirements of (a), and they had received it.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017
- Review (Training Records)
- Interview (Medical Staff)
- Interview (Mental Health)

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, when 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, when 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, when 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 a: Incident of sexual abuse? ☐ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to a: 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)

Instructions for Overall Compliance Determination Narrative

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(a)(b) ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107, section B (1) requires all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. These screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings. A variance to this policy was initiated February 1, 2019 requiring all inmates returning from out-to-court or another criminal justice entity shall be taken to inmate health services upon arrival at the institution. Medical staff shall initiate a 72-hour risk assessment and select the box signifying the risk assessment is being conducted for an inmate returning from out to court or another law enforcement entity. Unit management shall complete the screening within seventy-two (72) hours of the inmate's arrival at the facility. No sooner than fifteen (15) calendar days, but no later than thirty (30) calendar days from the inmate's return to the institution, the inmate shall be reassessed (30 Day Review) regarding their risk of victimization or abusiveness based upon any additional, relevant information received since the inmates return from out to court or another law enforcement entity. Unit management shall complete this reassessment. The inmate shall be present during the thirty (30) day reassessment. A nurse who conducts risk assessments informed the auditor that risk assessments are typically performed on inmates the day they arrive but no longer than 72 hours of arrival. The auditor interviewed 41 inmates while at SCI. All but one indicated their assessment was conducted on the day of arrival, that inmate...
indicated he arrived late on a Friday evening and received his assessment on the next Monday. There were no inmates available to inmate who had been out to court to monitor the variance issued on February 1, 2019. The auditor also reviewed 20) inmate risk screenings for sexual victimization/abuse to include reassessments within 30 days of arrival to the facility and found documentation of time frames within the standard requirements.

(c) The auditor spoke with the PREA coordinator about the audit instrument and its objectivity. He indicated that the questions were developed over time with input from mental health practitioners. He stated that the questions are unbiased without allowing personal opinions of the individual asking the assessment questions. The auditor reviewed the document and based on his observations of similar documents believes this document is objective.

(d)(e)(f)(g)(h) The PREA Assessment Process document September 8, 2014 details the entire risk assessment and the responsibilities for those involved in the process. The SCI Nurse is the individual who begins the computer-based assessment. The nurse in a private office questions him about his knowledge regarding PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the inmate: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate’s criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The Nurse also assesses if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf. She also stated that inmates are not disciplined if they refuse to answer any of the questions. The assessment is then put into a queue for the Case Managers. The Case Managers check their “In-Progress” assessments and complete the second screen. The Case Manager informed the auditor that she reviews the information provided by the nurse in screen one and also reviews his/ disciplinary history, sex offenses (if any) and makes a recommendation for Classification (None, Potential victim, potential abuser, abuser, victim) The assessment then goes into the Unit Manager queue. The Unit Managers informed the auditor that he checks his “Pending UM” cases and determines if the inmate needs a PREA Classification based on the information provided by the inmate and on file. The auditor interviewed the Unit Management Chief (UMC) and stated that if a PREA Classification is recommended, the UMC determines the final classification and develops the PREA Accommodation Strategy with the Unit Management Team. This strategy addresses the inmates’ housing, programs, work and education with the goal of keeping him safe. She also stated that transgender and intersex inmates are referred to the SCI PREA Accommodation Strategy Team (PAST). This team is chaired by the PREA Operations Compliance Manager and includes the Unit Team, Medical and Mental Health. This team meets with the inmate to discuss their views and develop a PREA Accommodation Strategy. All three (Case Manager, Unit Manager and UMC stated that intake assessments are reviewed between 15 – 30 days to determine if any additional information has been received by the facility or if the inmate has any additional concerns. Special assessments are also completed upon allegations of sexual abuse or at any time additional information/concerns are received. Interviews with Case managers, Unit Managers, UMC and the OCM Tall confirmed that information is shared with staff on a need to know basis for housing, programs and education assignments. Staff may need to know the inmate’s classification but not the reason for it. Original information is password protected.

Policy, Materials, Interviews and Other Evidence Reviewed
• ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2007
• DRC Policy/Operations Manual Review
• Review (PREA Assessment Process Document)
• Review of Inmate Assessment Records
• Interview (Conducts Risk Assessment)
• Interview (PREA Coordinator)
• Interview (Case Manager)
• Interview (Unit Manager)
• Interview (Unit Management Chief)
• Interview (Random Inmates)

**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)**
<table>
<thead>
<tr>
<th>§</th>
<th>Field</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.42 (c)</td>
<td>Does the agency make individualized determinations about how to ensure the safety of each inmate?</td>
<td>☒ Yes ☐ No</td>
<td></td>
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<td></td>
<td>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)?</td>
<td>☒ Yes ☐ No</td>
<td></td>
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<tr>
<td></td>
<td>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?</td>
<td>☒ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115.42 (d)</td>
<td>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?</td>
<td>☒ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115.42 (e)</td>
<td>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?</td>
<td>☒ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115.42 (f)</td>
<td>Are transgender and intersex inmates given the opportunity to shower separately from other inmates?</td>
<td>☒ Yes ☐ No</td>
<td></td>
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<tr>
<td>115.42 (g)</td>
<td>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?</td>
<td>☒ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td>☒ Yes ☐ No</td>
<td></td>
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</tr>
</tbody>
</table>
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? ☒ 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)*

Instructions for Overall Compliance Determination Narrative

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(a)(b) ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017, section V. page 3 states that information from the risk of sexual victimization or abusiveness assessment is to be utilized to monitor and manage inmates in their housing, bed work, education and program assignments based on individualized determinations. The Unit Manager Chief (UNC) described for the auditor the process of classification for both inmates with a PREA designation and without a PREA designation. The designation is made after the risk assessment is performed as describes in 115.41. She stated that regardless of the inmate’s designation each classification is individualized. If the inmate receives a designation as a potential victim or potential abuser. The individual is flagged in the computer system and manually flagged by color tag in the count room. Based on this flagging bed assignments and work, education and program assignment keep separate to the extent they can a potential abuser and a potential victim. With bedding assignments Unit Management staff on housing units who may have either a potential abuser and/or potential victim are told the designation of the individual(s) assigned to the unit but not the reason for the specific designation. This designation status is also shared with program, work and educational in order for these areas to provide additional attention to the individuals in their areas for increased precautions. Movement from a housing or work assignments is prohibited by the computer and the facility count room when trying to change bed or program assignments without the approval of classification. This safeguard further ensures the placement of victims and abusers from occurring.

(c)(d)(e)(f) ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 13, 2015 sections C (2), E, F (1) requires staff consider on a case-by-case basis whether the housing assignment for a Transgender or Intersex inmate would ensure the inmate’s health and safety and whether the placement would present management or security problems. It further requires that the transgender or intersex inmate’s own views be given serious consideration during the classification
process and shall be documented. Interviews conducted the UMC and the OCM confirmed transgender and intersex inmates’ placement and assignments are made on a case by case determination taking into account the inmates’ own views. They further stated that SCI has a PREA Accommodation Strategy Team (PAST) consisting of the Operational Compliance Manager, Unit Management Chief, medical and mental health staff, and other staff as necessary. One of the functions of the team according to them is to reassess and document all Transgender and Intersex inmates housed at SCI at least every six (6) months regarding their placement and programming assignments using the PREA Assessment Strategy with specific attention given to any threats to safety experienced by the inmate. The auditor interviewed 3 transgender inmates during the site visit. Each of them indicated upon their arrival at SCI they were questioned about any concerns they had for their safety and asked if they wanted the opportunity to shower separately from other inmates. They also indicated that each has met at a minimum at least twice a year with their respective case managers to discuss any concerns or problems they may be having with other inmates or staff.

(g) ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 13, 2015 section C (3) page 3 prohibits LGBTI from being placed in dedicated facilities, units, or wings solely on the basis of such identification unless placement in a dedicated facility, unit, or wing has been established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The auditor interviewed 8 inmates who identified as LGBTI. Each of them indicated during their interviews that they were never placed on any dedicated housing unit and were always placed in general population,

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017
- ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 13, 2015
- Interview (Classification UMC)
- Interview (OCM)
- Interview with targeted inmates

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

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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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

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)*

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section F (4) page 16 states that inmates at high risk for victimization shall not be placed in involuntary Restricted Housing (RH) or Limited Privilege Housing (LPH) 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. If an Imminent Risk of Sexual Abuse assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment. Section 5 (A) of this same policy requires any inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible or document the reason(s) for the denial. If access is restricted, staff shall document: Involuntary TPU assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days. The auditor interviewed Warden Cook. He stated that if it ever became necessary to safeguard an inmate at high risk of victimization he would utilize the TPU as his last resort. He indicated he would expedite the inmate’s immediate removal form SCI and place the inmate in one of the hospital rooms until a transfer took place. He also stated that he could not remember a time when the TPU was ever used for the placement of an inmate at high risk of being abused. The Supervisor who supervises the TPU unit at SCI was interviewed and he informed the auditor that he could not remember an inmate ever being placed in the unit because he was at risk of victimization. During the site review the auditor did not see any inmates in the TPU for the purpose of protection from possible victimization. The auditor interviewed 2 inmates who alleged sexual abuse, and both reported that they were never placed in the TPU as a result of their alleged victimization.

(d)(e) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section F (5) page 17 states any PREA Involuntary Placement in RH/LPH (DRC1184) shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff
must clearly document the basis for the concern for the inmate’s safety and the reason why no alternative means could be arranged. Every thirty (30) calendar days, unit management shall afford each inmate a review to determine whether there is a continuing need for separation from general population. The Warden noted that although the TPU has not been used for the purpose of placement of inmates at high risk of victimization this portion of the policy requiring written notice and 30 day review would be followed.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (Segregation Supervisor)
- Interview (Targeted Inmates)
- Auditor Observations

### 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
\[\begin{itemize}
\item Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☑ Yes ☐ No
\item Does that private entity or office allow the inmate to remain anonymous upon request? ☑ Yes ☐ No
\item Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☑ Yes ☐ No
\end{itemize}\]

\[115.51 \text{ (c)}\]

\[\begin{itemize}
\item Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☑ Yes ☐ No
\item Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☑ Yes ☐ No
\end{itemize}\]

\[115.51 \text{ (d)}\]

\[\begin{itemize}
\item Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☑ Yes ☐ No
\end{itemize}\]

Auditor Overall Compliance Determination

\[\begin{itemize}
\item ☑ Exceeds Standard (Substantially exceeds requirement of standards)
\item ☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
\item ☐ Does Not Meet Standard (Requires Corrective Action)
\end{itemize}\]

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(e) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section VI A 1 (a)(b) on page 4 states that an inmate may report allegations of sexual misconduct or retaliation by other inmates or staff verbally or in writing. In addition, inmates may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member, volunteer or
independent contractor. It further states that inmates may report allegations to an outside entity that is not part of the DRC by using the phone number (*89) and/or address provided. The outside entity reports the allegations to the Agency PREA Coordinator/designee. Inmates shall be given the opportunity to remain anonymous upon request to the outside entity. As noted in standard 115.33 reporting information is continuously and readily available to inmates through posters, handouts or manuals. The auditor during his site review found signage (Spanish and English) indicating reporting information to staff, the Chief Inspector, and hotline telephone numbers in each of the housing units, TPU, intake area, medical, mental health and the facility library. Posters for third party reporting (family and friends were posted the visitation area and front entry building where visitors are processed. The random interviews with inmates confirmed their knowledge of the signage throughout the facility and how and whom to report incidents of sexual abuse. About a third of those interviewed were not aware of the advocate services available as it was information that did not affect or interest them. Upon arrival inmates receive an inmate handbook. Within this handbook is reporting information from Appendix “A” of the ODRC policy 52-RCP-10 June 29, 2017 informing inmates that reports of sexual abuse may be made, to staff (verbally/written, toll free number to Central Office, *89 to outside agency or for inmates in TPU address for Bureau Chief of the Office of Quality Assurance and Improvement Ohio Department of Youth Services 30 West Spring Street, 5th Floor Columbus, Ohio 43215. This appendix also informs the inmate he has the opportunity to remain anonymous upon request to the outside agency. The random interviews with inmates confirmed their knowledge of the signage throughout the facility and how and whom to report incidents of sexual abuse. The auditor placed a test reporting call (*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction, that can be used by inmates and documented in the posters. The test call was made Friday March 8, 2019 and was received by the Agency March 11, 2019. The auditor also reviewed the MOU with the Ohio Department of Youth Services and ODRC. This document outlines the reporting availability for inmates in restrictive housing by mail. During interviews with random inmates all knew of at least one way to report sexual abuse if they had too. A majority indicated the use of the telephone *89 a preference. The interview with the OCM confirmed that inmates arriving at SCI are confronted with information in the handbook each receive, the PREA video, during orientation and through the signage throughout the facility.

(c)(d) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 section 2 (b)(c) on page 5,6 and the Employee handbook both state staff may privately report sexual misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the Institution OCM or Agency PREA Coordinator. All reports of allegations of sexual misconduct and retaliation, including third-party and anonymous reports, shall be reported to the institutional investigator and shall document this incident or observation on an Incident Report (DRC1000), marked confidential. During interviews with the random staff each was asked about how they could privately report sexual abuse, and all indicated on a DRC1000 to the OCM. And when questioned about receiving verbal allegations of sexual abuse each indicated they would be required to document what was told to them on a DRC1000 incident report. They also indicated to the auditor that they accept allegations of sexual abuse/harassment from inmates that are made verbally, provided in writing, anonymously, and from third parties and would promptly document any verbal reports.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC policy 52-RCP-10 June 29, 2017
- Review of MOU (Ohio Department of Youth Services
- Review (ODRC Employee Handbook)
• Interview (PREA Coordinator)
• Interviews (Random Staff)
• Interviews (Random Inmates)

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 ☒ NA

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)

Instructions for Overall Compliance Determination Narrative

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

The Ohio Department of Rehabilitation and Correction does not utilize the Inmate Grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the Institution Investigator. An investigation into a sexual abuse or sexual harassment allegation shall follow Department Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation
and Prevention of Retaliation. This policy adheres to the time constraints referenced in this standard. ODRC inmates are not prohibited from utilizing any grievance related forms (ICR, NOG, Appeal forms) to communicate PREA allegations in writing. However, ODRC does educate inmates (inmate handbooks and DRC Policy 79-ISA-02) that any PREA allegations received on grievance forms will be immediately channeled to the Institutional Investigator for proper handling.

Policy, Materials, Interviews and Other Evidence Reviewed

- Review of PAQ
- Interview (Warden)
- Interview (PREA Coordinator)

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? ☐ Yes ☒ No

- 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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) No inmates at SCI are not detained for immigration purposes. ODRC policy 79-ISA-01 (Prison Rape Elimination), February 3, 2017, section E (4) page 11 requires the OCM to compile mailing addresses and/or telephone numbers including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organizations. This information shall be provided to the unit staff for communication to the inmates. Inmates must be notified that telephone calls are not confidential. Appendix “A” from the inmate handbook also states that victims of sexual abuse shall be given access to victim advocates for emotional support, if needed, by providing them with mailing addresses and/or telephone numbers, including toll-free hotline numbers of Local, State or National victim advocacy or rape crisis organizations. Telephone calls to outside support services shall be provided in as confidential a manner as possible. The OCM informed the auditor that he is responsible for providing this advocate information in the inmate housing areas, medical unit and library. He stated the facility has an MOU with the Sexual Assault Response Network of Central Ohio (SARNCO) and provided it to the auditor. The agreement was entered into in 2017 and expires in 2020. The agency makes available to the facility a mailing address to be utilized by inmates. All outgoing inmate correspondence is not checked and leaves the facility sealed by the inmate and not opened the institution. The OCM further stated this information is available on the Housing units. The auditor did observe the notices at each of the locations described by the OCM. The random inmates were somewhat aware of advocate services in the community but could not articulate much of what they provide or when. Upon further questioning inmates stated they had not need for those type services, so they didn’t pay much attention to the notices. The auditor did speak to nine inmates who reported prior victimization and two inmates who reported sexual abuse and only one of them indicated that they had contacted SARNCO for support. He was aware that his correspondence was not checked once sealed by him.

Policy, Materials, Interviews and Other Evidence Reviewed

• ODRC policy 79-ISA-01 (Prison Rape Elimination), February 3, 2017
• ODRC Inmate Handbook
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)

Instructions for Overall Compliance Determination Narrative

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(a) Inmates at SCI and their families and friends are notified of the methods of making third party reports of sexual abuse and sexual harassment. Family and Friends Posters are located at the entrance of SCI and also in the inmate visiting room. These posters inform family members and friends of phone numbers, mailing addresses and emails addresses where they can report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The ODRC web page (http://www.drc.ohio.gov/ prea) has a PREA section on the site allowing anyone to make a sexual abuse allegation on behalf of any inmate through that link as well. During interviews with random inmates all were aware that their family members could make a call on their behalf either to the facility or Columbus (Central Office) to make an allegation for them. One of those interviewed confirmed he had a family member call Columbus on his behalf.
Policy, Materials, Interviews and Other Evidence Reviewed

- Review of Visit Room and Facility Entrance Posters
- Interviews (Random Inmates)

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)

Instructions for Overall Compliance Determination Narrative

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(a)(b) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section 2(a) on page 5 staff shall report immediately any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred in an institution, whether or not it is part of the DRC. Staff shall also report retaliation against inmates or staff who report such incidents and any staff neglect or violation of responsibilities that may be contributed to an incident or retaliation. Section 3(b) on page 6 of this same policy requires any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Question 11 of the random staff questions requires the staff member to detail his/her response to an allegation of sexual abuse by an inmate. All 12 of the random staff that were interviewed stated they would immediately report it to their supervisor and not disclose any information except on a “need to know” basis with investigators or supervisors.

(c) Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section 2 (a) requires that unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this section and to inform inmates of the practitioner’s duty to report and the limitations of confidentiality at the initiation of services. The auditor interviewed both a medical practitioner and mental health practitioner.
practitioner while at SCI. Each indicated their responsibility on reporting allegations of sexual abuse and their responsibility to inform inmates about the limits of confidentiality prior to services.

(d) There are no inmates ever placed at SCI under the age of 18. ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107 section IV on page 3 defines vulnerable adults as inmates that have been identified as having an intellectual and/or developmental disability (IDD) per DRC policy 67-MNH-22, Offenders with Intellectual Disabilities and Developmental Disabilities; Screening, Evaluation, Treatment and Reentry. Section B (2) on page 4 of this same policy if the alleged victim is considered a vulnerable adult as defined by this policy, the institution shall report the allegation to the OSHP. The OCM, PREA Coordinator and Warden all stated that any victim of sexual assault who met the criteria for a vulnerable Adult would be reported as such to the OSP.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107
- Interview (Medical)
- Interview (Mental Health)
- Interview (Warden)
- Interview (PREA Coordinator)
- Interview OCM

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)

Instructions for Overall Compliance Determination Narrative

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

(a) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section F (1)(2)(3) on page 16 requires all reports of substantial risk of imminent sexual abuse shall immediately be forwarded to the institutional investigator, institution OCM, UMC, and the shift supervisor. Upon receipt of a report, security staff shall take immediate action to employ protection measures to ensure the inmate’s safety. Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting System. The interviews with the random staff were specific on their response to inmates who may be at substantial risk. Each indicated the safety of the inmate at risk would be their priority concern. Their first course of action would be to seek out the inmate, isolate him and notify their supervisor. Warden Cook indicated the safety of the inmate was paramount and his options would depend on the situation but initially he would place the inmate in the hospital and conduct an investigation. To date the facility has not reported any incidents of inmates at substantial risk.

Policy, Materials, Interviews and Other Evidence Reviewed

• Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
• Interview (Warden)
• Interview (Random Staff)

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*)

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section 3 (d) on page 6 requires upon receiving an allegation that an inmate was sexually abused while confined at another institution/facility, the Warden at SCI to notify the managing officer of the institution/facility or appropriate office of the agency where the alleged abuse occurred. This notification is to be made with 72 hours after being informed of the abuse on form DRC1000 and is to be investigated in accordance with applicable provisions of the policy. There were two reported cases alleged to have occurred at SCI that were reported at other ODRC facilities. The auditor reviewed the investigative files for both of them and found documentation demonstrating SCI being notified within 72 hours of the allegation being made. According to the interview with the Warden and OCM SCI had no incidents reported to them occurring at other facilities. If there had been, notifications according to them, would have been made within 72 hours in writing.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (OCM)

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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b) All staff at SCI are trained as first responders to allegations of sexual abuse. Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section B (1) on page 6, 7 requires security staff upon learning of an allegation that an inmate was sexually abused to: separate the victim and abuser; preserve scene and evidence not allowing any washing, brushing of teeth. urinating, changing clothes, defecating, drinking or eating. The policy further
requires the first non-security staff to separate the victim and abuser request the alleged victim not take any actions that could destroy physical and notify the security shift supervisor. The auditor interviewed 4 non security first responders and 12 who answered question 11 on responding to an inmate who alleged sexual abuse. All stated they would follow the responses required of them as outlined in Appendix "D". The 4 non security first responders stated that after securing the alleged victim they would immediately notify the closest security staff person. Of the reported sexual abuse cases (19) nine of the first responders were non-security. In each case security staff was notified according to case files.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Sexual Abuse First Responder Checklist
- Interviews (Non-Security)
- Interviews (Security)
- Investigative File Review

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)

Instructions for Overall Compliance Determination Narrative

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

(a)SCI Policy 03E-02 (Institution Sexual Abuse Coordinated Response Plan) October 16, 2017, is the facility policy detailing the coordinated actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility
leadership. The auditor team interviewed medical staff, mental health staff, Operational Compliance Manager, the facility Investigator and multiple supervisors during the site visit. Each confirmed they were aware of their specific duties as required by this policy.

Policy, Materials, Interviews and Other Evidence Reviewed
- SCI Policy 03E-02 (Institution Sexual Abuse Coordinated Response Plan) October 16, 2017
- Interview (Medical)
- Interview (Mental Health)
- Interview (OCM)
- Interview (Watch Commander)

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)*

Instructions for Overall Compliance Determination Narrative

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(a) The Ohio Department of Rehabilitation and Correction has entered into renewed collective bargaining agreements since August 20, 2012. Effective May 12, 2018 through February 28, 2021. Their current agreement allows the Agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation.

Policy, Materials, Interviews and Other Evidence Reviewed

- Review of Current Union Contracts (3)

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)*

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(f) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section D (1) on page 14 requires SCI protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. The institutional investigator is responsible for monitoring any retaliation of staff and/or inmate resulting from cases of sexual abuse. The OCM is responsible for monitoring any retaliation of staff and/or inmate resulting from cases of sexual harassment. The interviews conducted with both the facility Investigator and OCM confirmed that retaliation monitoring begins at the time of an allegation is made and typically continues for at least 90 days unless circumstances warrant an extension, or the investigations determines the allegation was unfounded or inmate is transferred then the monitoring ceases. They indicated they initiate periodic contact with the individual and the contact is documented. The Investigator and OCM also stated that each typically monitors discipline reports, evaluations, work assignments for inmates. When monitoring staff both stated they look at the employee’s work assignments, time off approvals, transfers requests, and evaluations. Section D (2)(3) of ODRC policy 79-ISA-02 requires this as well. The auditor interviewed two inmates who filed allegations of sexual abuse who stated that they were monitored for retaliation and found the documentation for this monitoring in their investigative case files.

(e) The institution reported that no inmates who cooperated with an investigation reported retaliation as a result of cooperating. This was also confirmed with the facility Investigator and OCM

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Facility Investigator)
- Interview (OCM)
- Interview (Targeted Inmates)

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)

Instructions for Overall Compliance Determination Narrative

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(a) ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107, section H 2 (b) on page 8 requires involuntary TPU assignments for victims of sexual assault shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days. As noted in standard 115.43 the auditor interviewed Warden Cook. He stated that if it ever became necessary to safeguard an inmate at high risk of victimization he would utilize the TPU as his last resort. He indicated he would expedite the inmate's immediate removal from SCI and place the inmate in one of the hospital rooms until a transfer took place. He also stated that he could not remember a time when the TPU was ever used for the placement of an inmate at high risk of being abused. The Supervisor who supervises the TPU unit at SCI was interviewed and he informed the auditor that he could not remember an inmate ever being placed in the unit because he was at risk of victimization. During the site review the auditor did not see any inmates in the TPU for the purpose of protection from possible victimization. The auditor interviewed 2 inmates who alleged sexual abuse, and both reported that they were never placed in the TPU as a result of their alleged victimization.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Warden)
- Interview (Segregation Supervisor)
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107
- Interview (Warden)
- Interview (Segregation Supervisor)
- Interviews (Targeted Inmates)
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)
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
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<tbody>
<tr>
<td>115.71 (f)</td>
<td>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</td>
</tr>
<tr>
<td>115.71 (f)</td>
<td>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</td>
</tr>
<tr>
<td>115.71 (f)</td>
<td>Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>115.71 (g)</td>
<td>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</td>
</tr>
<tr>
<td>115.71 (g)</td>
<td>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</td>
</tr>
<tr>
<td>115.71 (i)</td>
<td>Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>115.71 (j)</td>
<td>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</td>
</tr>
<tr>
<td>115.71 (j)</td>
<td>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</td>
</tr>
<tr>
<td>115.71 (k)</td>
<td>Auditor is not required to audit this provision.</td>
</tr>
<tr>
<td>115.71 (l)</td>
<td>Auditor is not required to audit this provision.</td>
</tr>
</tbody>
</table>
- 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)*

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(l) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section C 7 (a-j) on pages 13,14 requires when SCI conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. A criminal or administrative investigation must be done on every allegation of sexual abuse that is received or the facility becomes aware of. This is the requirement found in the MOU with the Ohio State Patrol as well. As confirmed in standard 115.34 and required in policy 79-ISA-01 SCI utilizes only specially trained investigators in sexual abuse investigations. Policy 79-ISA-02 further requires the investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, interview of all involved and review prior complaints and report involving the alleged perpetrator. When such evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors. This section of the policy also requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not be determined by the person’s status as inmate or staff member. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. A criminal or administrative investigation must be done on every allegation of sexual abuse that is received or the facility becomes aware of. The auditor interviewed both the OSHP Investigator and the SCI Investigator. Their interviews were conducted separately. The OSHP Trooper state that all report of sexual abuse is immediately referred to him regardless of the how the allegation is received. He makes a determination based on the facts and information he receives if elements of a crime exist. If they do he proceeds with a criminal investigation to present to prosecutors. He stated that regardless of what the individual’s status is everyone is treated the same as it pertains to credibility. He stated that under no circumstances would he ever compel a victim to submit to any truth telling device. He informed the auditor that each case is assigned a case number and he initiates a case file to document
and collect all evidence associated with the incident. He stated that during the investigation he would keep the facility up to date with information and provide the facility Investigator the findings of the investigation at its conclusion. Neither the departure of the employee or the inmate from the custody of ODRC would end his investigation. Once started in must be finished. If the case is not considered criminal it is referred back to the Facility for an Administrative Investigation by the SCI Investigator. The SCI Investigator during his interview detailed the investigative process. He stated that cases involve gathering and preserving any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. He informed the auditor that one of his responsibilities during his investigation is to determine whether staff actions or failures to act contributed to the abuse. He also stated that the departure of the alleged abuser or victim from the employment or control of ODRC does not provide a basis for terminating any investigation according to them and policy. The auditor reviewed the nineteen (19) case files for the last twelve months and found each file contained direct and circumstantial evidence.

During the previous 12 months there were no allegations of sexual harassment and 19 allegations of sexual abuse made at SCI. Each of the sexual abuse cases were referred to the OSHP but returned for Administrative action once it was determined criminal elements necessary for prosecution were not found in any of the cases. Seven (7) allegations were made against staff and twelve (12) were made against other inmates. The seven (7) allegations against staff were determined to be five (5) unfounded and three (3) substantiated. The twelve (12) allegations against other inmates were determined to be six (6) unfounded, and six (6) unsubstantiated.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Review (MOU between ODRC and OSHP)
- Interview (OSHP)
- Interview (SCI Investigator)
- Case File Review

**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)*

Instructions for Overall Compliance Determination Narrative

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(a) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section 7 (i) on page 14 requires the DRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated. The facility Investigator stated that “preponderance” is threshold he utilizes and has utilized when determining case outcome.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (SCI Investigator)
- Review (Case Files)

**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 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 indicted on a charge related to sexual abuse within 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)*

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(f) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section 6 (c)(d) on page 12 requires that following an investigation into an inmate’s allegation that he/she suffered sexual abuse in an institution, the institutional investigator shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If DRC did not conduct the investigation, it shall request the relevant information from the OSHP in order to inform the inmate. The SCI Investigator informed the auditor he is responsible for notifying the inmate at the conclusion of the investigation done by him or OSHP. The inmate is required to sign the notification. Interviews with two inmates who made allegations of sexual abuse indicated that they have been notified of the outcome of the investigation. A review of case files containing signed notifications was completed by the auditor. Policy 79-ISA-02 section 6 (h) states that the institution’s obligation to report shall terminate if the inmate is released from the DRC’s custody.

(c)(d)(c) Policy 79-ISA-02 section 6 (e) requires that following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. According to the Investigator and Warden there were no cases involving this type of conduct requiring this notification within the last 12 months. The Investigator also stated that he is required by policy to notify an inmate victim when the case against the inmate abuser results in an indictment and when the trial outcome is known. He stated that all notifications are documented and become part of the case file. There were no cases involving this type of conduct requiring this notification within the last 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview Warden
- Interview (SCI Investigator)
- Interview (Targeted Inmates)
- Review (investigative Files)
### 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)*

**Instructions for Overall Compliance Determination Narrative**
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c)(d) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section VI A (2) on page 4 In accordance with DRC Policy 31-SEM-02, Standards of Employee Conduct, all employees shall be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies. Terminations for violations of DRC sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies by the Central Office HR staff. The interview with the Central Office HR staff person confirmed that any staff member guilty of any act of sexual abuse would be terminated with these notifications being made. The Warden stated that disciplinary sanctions for violations of the ODRC sexual abuse/sexual harassment policies, different from actual sexual abuse, would be commensurate with the nature and circumstances of the act committed taking into account the individual’s work history and similar sanctions for similar behavior. There have been no staff members at SCI terminated for violation of the agency sexual abuse policy according to the PAQ and the interview with the Warden.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- DRC Policy 31-SEM-02, Standards of Employee Conduct
- Interview (HR Staff)
- Interview (Warden)
- Review of PAQ

Standard 115.77: Corrective action for contractors and volunteers

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

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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section VI A (3) on page 4 states that in accordance with DRC Policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, and DRC Policy 39-TRN-12, Contractor Orientation, any contractor or volunteer who engages in sexual misconduct is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also to relevant licensing bodies. Warden Cook informed the auditor that he would remove any contractor or volunteer from SCI for any violation of the agency zero tolerance policy. He also stated that if OSHP determined the behavior to criminal the information would be turned over to any licensing body as appropriate. The auditor interviewed one contractor and he stated that he had received PREA training including the agency zero tolerance policy involving sexual abuse and sexual harassment. He also indicated he was informed of the consequences for any violation of this policy during his orientation training. There were three contractors terminated after Administrative Investigations substantiated allegations of sexual abuse of inmates. All three cases were not determined criminal by OSHP and not referred for prosecution.

Policy, Materials, Interviews and Other Evidence Reviewed

• Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
• Interview (Warden)
• Interview (Contractor)

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)

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)*

Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d)(e)(f)(g) ODRC policy 56-DSC-01 (Conduct Report and Hearing Officer Procedures) March 2, 2017, section V on page 2 requires the Ohio Department of Rehabilitation and Correction (DRC) that the inmate disciplinary process will be carried out promptly and fairly, allow individuals directly affected by an inmate rule infraction to provide input into the disciplinary process, to not punish inmates for being seriously mentally ill, and to abide by the Administrative Rules. Policy 79-ISA-02 sections E (1)(2)(3)(6) on page 15 requires an inmate be disciplined for sexual contact and/or sexual conduct with staff upon a finding that the staff member did not consent to such contact or conduct. Any inmate found guilty by the RIB/SMP of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services. No inmate reporting sexual misconduct shall be issued a conduct report for lying based solely on the fact their allegations could not be substantiated or that the inmate later recanted his allegation. Warden Cook indicated that inmate disciplinary are 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 and consider whether an inmate’s mental disabilities or mental illness contributed to his behavior. He further stated that inmates charged with or suspected of any disciplinary infraction who are may either have or be developmentally disabled or mentally ill is taken into consideration when determining what type of sanction should be imposed.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 56-DSC-01 (Conduct Report and Hearing Officer Procedures) March 2, 2017
- Policy 79-ISA-02
- Interview (Warden)

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)*

**Instructions for Overall Compliance Determination Narrative**

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

(a)(b)(c) ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107, section VI A (2) on page 3 requires if the assessment indicates the inmate is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen (14) calendar days of the intake screening. All inmates shall be screened by mental health in accordance with DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification. The interview with the Nurse who performs the risk assessment she informed the auditor that anyone who either has it in their record or inform the person who perform the risk assessment they were ever victimized it is note on the computer screen and the inmate is offered services. The auditor interviewed nine (9) inmates who disclosed at “intake” prior victimization. Seven of the nine declined medical/mental health service and two accepted it. The auditor reviewed both inmates’ records. In each case they were seen by a mental health practitioner within 14 day of their arrival at SCI. Section A (3) of this policy requires if the assessment indicates that the inmate is at risk or has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a mental health practitioner within fourteen (14) calendar days of the intake screening. The Nurse performing the risk assessment stated she would make the notation on the form if she became aware of an abusive inmate and make the same referral to mental health. The auditor was informed SCI has not had an abuser come into the institution during this audit period creating the need to perform a risk assessment.

(d) Policy 79-ISA-02 mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Operational Compliance Manager, Mental Health Practitioner and the Medical Practitioner interviews indicated that all information is shared only on a need to know basis and is password protected.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107
- Policy 79-ISA-02
- Interview (Risk Assessment Staff)
- Interview (OCM)
- Interview (Mental Health)
- Interview (Medical)
- Review of Risk Assessment (Targeted Inmates)
• Review Medical Records (Targeted Inmate)

**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*)
Instructions for Overall Compliance Determination Narrative

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(a)(c) Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 September 28, 2015 section III B on page 2 requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Mental Health practitioner and the Medical practitioner both stated that the nature and scope of the services provided are based according to their professional judgment. All treatment services are 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. The medical practitioner confirmed victims of sexual abuse are offered timely information and timely access to sexually transmitted infections prophylaxis. She indicated that the outside hospital typically starts the medication and it is then continued at the institution. Policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107, section VI A (2) on page 3 an inmate is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen (14) calendar days of the intake screening.

(b) Policy 67-MNH-09 (Suicide Prevention) March 22, 2017 section H (1) on page 12 requires SCI develop a written plan for twenty-four (24) hour emergency mental health service availability. The plan shall include an on-site emergency crisis intervention. The auditor reviewed the 24 hour on call mental health list for SCI.

The auditor interviewed nine (9) inmates who disclosed at “intake” prior victimization. Seven of the nine declined medical/mental health service and two accepted it. The auditor reviewed both inmates’ records.

Policy, Materials, Interviews and Other Evidence Reviewed

- Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11
- Policy 67-MNH-09 (Suicide Prevention) March 22, 2017
- Mental Health Crisis On-Call List
- Interview (Medical)
- Interview (Mental Health)
- Interview (Targeted Inmates)

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.) ☐ 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.) ☐ 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)*

**Instructions for Overall Compliance Determination Narrative**

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

(a)(b)(c)(f)(g) ODRC Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section B (2)(3) on page 7 requires medical services follow Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, which includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral for mental health evaluation to victims of sexual abuse. Inmates referred to mental health by medical services following an allegation of sexual abuse shall be seen by a mental health professional who shall complete further screenings or assessments consistent with DRC policy 67-MNH-04, Transfer and Discharge of the Mental Health Case Load, March 23, 2017, section VI A (5) requires SCI to ensure the mental health staff at the receiving institution is informed of the transfer and shall be documented in an ECW Encounter in the inmate’s ECW record as soon as possible for those inmates on the mental health caseload who are classified as SMI or have been on suicide watch in the last six (6) months prior to the transfer. Mental Health staff is responsible for the completion of the form and shall sign the Mental Health Transfer Summary (DRC5180) in DOTS Documentation shall include who specifically was contacted at the receiving institution and what information was provided. The Medical and Mental Health practitioners informed the auditor that emergency medical and crisis interventions services are available anyone victimized by sexual abuse regardless of when or where it occurred. They each confirmed the level of care at SCI was consistent or better than the community level of care in their opinion, Typical protocols for them would include: evaluation and treatment of anyone victimized includes, as appropriate, follow-up services, treatment plans, tests for sexually transmitted disease and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They also indicated the policy and practice requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As noted earlier the auditor interviewed nine (9) inmates who disclosed at “intake” incidents of prior victimization. Seven of the nine declined medical/mental health service and two accepted it. The auditor
also interviewed two inmate alleging sexual abuse each indicating to the auditor that neither were ever charged for medical/mental health services.

(d)(e) SCI is an adult male facility. This subpart of the standard does not apply.

(h) Policy 79-ISA-02 section C 6 (h) on page 12 Mental health services shall attempt to conduct an evaluation on all known abusers within sixty (60) calendar days of learning of such history and offer treatment when SUBJECT: Prison Sexual Misconduct Reporting, Response, Investigation, & Prevention of Retaliation PAGE 13 OF 17. DRC 1362 deemed appropriate. Mental health services shall be notified whenever an inmate is designated as an abuser in the PREA Risk Assessment System. Interview with the Mental Health practitioner indicated that typically within sixty (60) days of that notification, mental health services would consult with sex offender services to determine if placement in a sex offender specific program or other sex offender specific service is appropriate. This consultation shall be documented in the offender's mental health case file.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification
- DRC policy 67-MNH-04. Transfer and Discharge of the Mental Health Case Load
- Interview (Mental Health)
- Interview (Targeted Inmates)

### 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)
Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(e) ODRC policy 79-ISA-03 (Sexual Abuse Review Team) July 17, 2017, section VI A,B on pages 2,3 requires SCI to create a Sexual Abuse Review Team (SART). The team makeup at SCI consists of the Deputy Wardens, the Investigator, the PREA Compliance Manager, a Mental Health Staff person, line Supervisor and a Victim Support person. The policy requires the SART team review all sexual abuse incidents, unless determined to be unfounded, within thirty (30) calendar days of the conclusion of the investigation. The auditor interviewed a member of the team and confirmed that the team review must be thorough with a written report that must consider: events leading up to and following the incident; whether the actions taken were consistent with agency policies and procedures; whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; 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 affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the Warden and Operational Compliance Manager for improvements based on the above assessments. Both the member of the SART team and the OCM stated that any recommendations made by the team must be implemented or document the reason(s) they were not. There were eleven (11) allegations of sexual abuse requiring incident reviews during the previous 12 months. The auditor found the reviews present in each case requiring one. All were done within 30 days of the completion of the investigation.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-03 (Sexual Abuse Review Team) July 17, 2017
- Interview (SART Member)
- Interview (OCM)
- Interview (SCI Investigator)
- Review of Case Files

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)*

**Instructions for Overall Compliance Determination Narrative**

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

(a)(b)(c)(d)(e)(f) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section F (1) on page 12 requires 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. Definitions can be found on page 2 and 3 of this same policy. Section F (5) requires the agency PREA Coordinator/designee ensures all aggregated sexual misconduct data, including private facilities with
which it contracts, is readily available to the public at least annually through the DRC internet site. The OCM stated all incident-based data submitted by him includes the information needed to complete the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department of Justice. This was confirmed by the auditor with the review of the 2017 SSV2. The agency PREA Coordinator informed the auditor that he is responsible to aggregate all agency provided incident based information from all facilities, including the private facilities and upon request provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section F (1)
- Interview (PREA Coordinator)
- Interview (OCM)
- Review of 2017 SSV2

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)

Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d) Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section F (1) requires the agency review incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each unit, as well as ODRC as a whole. The Agency PREA Coordinator stated ODRC collects, maintain, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility in the Agency including the three private facilities it contracts with. SCI provides sexual abuse statistics to Central Office to assist them in creating the ODRC Annual Report, documenting trends, concerns etc. within the aggregate data total. The auditor reviewed the annual report (2017 Annual Internal Report on Sexual Assault Data) found on the agency web page. https://drc.ohio.gov/prea

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination)
- Interview (PREA Coordinator)
- Review of Annual Report

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)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section F (5)(6)(8) on page 12 requires all case records associated with allegations of sexual misconduct or retaliation including
incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the DRC records retention schedule. The agency PREA Coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the DRC internet site. The PREA Coordinator confirmed the information he is required to collect and aggregate from each facility within the agency, including privates (3) in order to author the agency annual report. He further stated all personal identifiers must be removed from publicly available data as required by policy. The auditor reviewed the annual report (2017 Annual Internal Report on Sexual Assault Data) found on the agency web page. [https://drc.ohio.gov/prea](https://drc.ohio.gov/prea)

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (PREA Coordinator)
- Review of Annual Report

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)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Starting August 20, 2013, and during each three-year period thereafter, ODRC ensured each of their facilities operated by the agency and private organizations, was audited. The entire agency was PREA compliant within the first cycle concluding in 2015.

**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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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)*

**Instructions for Overall Compliance Determination Narrative**

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

The Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2013 and continues to post them within 2 weeks of the documents being provided to them by the auditor.  http://www.drc.ohio.gov/prea
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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Auditor Signature                        Date

April 11, 2019

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