## Prison Rape Elimination Act (PREA) Audit Report

**Adult Prisons & Jails**

- **Interim** □
- **Final** ☒

**Date of Interim Audit Report:** ☒ N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** July 7, 2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Valerie Wolfe Mahfood</th>
<th>Email</th>
<th><a href="mailto:WolfeMahfood@aol.com">WolfeMahfood@aol.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>American Correctional Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>206 N. Washington Street, Suite 200</td>
<td>City, State, Zip: Alexandria, VA, 22314</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>(703) 224-0000</td>
<td>Date of Facility Visit: May 17-19, 2021</td>
<td></td>
</tr>
</tbody>
</table>

### Agency Information

**Name of Agency:** Ohio Department of Rehabilitation and Correction

**Governing Authority or Parent Agency (If Applicable):** State of Ohio

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>4545 Fisher Road, Suite D</th>
<th>City, State, Zip: Columbus, OH, 43228</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>4545 Fisher Road, Suite D</td>
<td>City, State, Zip: Columbus, OH, 43228</td>
</tr>
</tbody>
</table>

**The Agency Is:**
- □ Military
- □ Private for Profit
- □ Private not for Profit
- ☒ Municipal
- □ County
- □ State
- □ Federal

**Agency Website with PREA Information:** https://www.drc.ohio.gov/prea

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Annette Chambers-Smith</th>
<th>Email</th>
<th><a href="mailto:Annette.Chambers-Smith@odrc.state.oh.us">Annette.Chambers-Smith@odrc.state.oh.us</a></th>
<th>Telephone: (614) 752-0283</th>
</tr>
</thead>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>David Kollar</th>
<th>Email</th>
<th><a href="mailto:David.Kollar@odrc.state.oh.us">David.Kollar@odrc.state.oh.us</a></th>
<th>Telephone: (330) 540-1713</th>
</tr>
</thead>
</table>

**PREA Coordinator Reports to:**
- Chief, Bureau of Operational Compliance (BOC)

**Number of Compliance Managers who report to the PREA Coordinator:** 25
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Southern Ohio Correctional Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1724 SR 728</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Lucasville, Ohio, 45699</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>☐ Military</td>
<td></td>
</tr>
<tr>
<td>☐ Private for Profit</td>
<td></td>
</tr>
<tr>
<td>☐ Private not for Profit</td>
<td></td>
</tr>
<tr>
<td>☐ Municipal</td>
<td></td>
</tr>
<tr>
<td>☒ County</td>
<td></td>
</tr>
<tr>
<td>☒ State</td>
<td></td>
</tr>
<tr>
<td>☐ Federal</td>
<td></td>
</tr>
<tr>
<td>Facility Type:</td>
<td></td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.drc.ohio.gov/prea">https://www.drc.ohio.gov/prea</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</td>
<td>☒ ACA</td>
</tr>
<tr>
<td>☐ NCCHC</td>
<td></td>
</tr>
<tr>
<td>☐ CALEA</td>
<td></td>
</tr>
<tr>
<td>☐ Other (please name or describe):</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Internal Management Audit</td>
<td></td>
</tr>
</tbody>
</table>

### Warden/Jail Administrator/Sheriff/Director

| Name: | Ronald T. Erdos |
| Email: | ron.erdos@odrc.state.oh.us |
| Telephone: | 740-259-5544 Ext. 23499 |

### Facility PREA Compliance Manager

| Name: | James Vickers |
| Email: | james.vickers@odrc.state.oh.us |
| Telephone: | 740-259-5544 Ext. 23403 |

### Facility Health Service Administrator  ☐ N/A

| Name: | Bertha Goodman |
| Email: | bertha.goodman@odrc.state.oh.us |
| Telephone: | 740-259-5544 Ext. 23355 |

### Facility Characteristics

<p>| Designated Facility Capacity: | 1,638 |
| Current Population of Facility: | 1,163 |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>1,233</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-70 years</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>6.8 years</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>GP, E, ET, EM, EN</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>411</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>411</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>411</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>604</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>54</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>1</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>40</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>23</td>
</tr>
</tbody>
</table>
### Physical Plant

#### Number of buildings:

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

| Number of buildings: | 11 |

#### Number of inmate housing units:

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

| Number of inmate housing units: | 21 |

#### Number of single cell housing units: 21
#### Number of multiple occupancy cell housing units: 0
#### Number of open bay/dorm housing units: 0
#### Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): 100

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)

- [x] Yes
- [ ] No
- [ ] N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?

- [x] Yes
- [ ] No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

- [ ] Yes
- [x] No

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

#### Are medical services provided on-site?

- [x] Yes
- [ ] No

#### Are mental health services provided on-site?

- [x] Yes
- [ ] No
Where are sexual assault forensic medical exams provided? Select all that apply.

- ☐ On-site
- ☒ Local hospital/clinic
- ☐ Rape Crisis Center
- ☐ Other (please name or describe: Ohio State University Hospital

<table>
<thead>
<tr>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal Investigations</strong></td>
</tr>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
</tr>
</tbody>
</table>
| When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply. | ☐ Facility investigators
- ☐ Agency investigators
- ☒ An external investigative entity |
| Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations) | ☐ Local police department
- ☐ Local sheriff’s department
- ☒ State police
- ☐ A U.S. Department of Justice component
- ☐ Other (please name or describe: | ☐ N/A |

| **Administrative Investigations** |
| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? | 3 |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | ☒ Facility investigators
- ☐ Agency investigators
- ☐ An external investigative entity |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations) | ☐ Local police department
- ☐ Local sheriff’s department
- ☐ State police
- ☐ A U.S. Department of Justice component
- ☐ Other (please name or describe: | ☒ N/A |
Audit Findings

Audit Narrative (including Audit Methodology)

The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor’s process for the site review.

The Prison Rape Elimination Act (PREA) Site Review of the Southern Ohio Correctional Facility (SOCF), located in Lucasville, Ohio, was conducted May 21-23, 2021. This facility is an adult male prison operated under the authority of Ohio Department of Rehabilitation and Correction (ODRC). The Southern Ohio Correctional Facility was audited through a contractual agreement between the Ohio Department of Rehabilitation and Correction and the American Correctional Association (ACA).

As such, the Southern Ohio Correctional Facility PREA audit was initially contracted by the ODRC through the ACA. As a function of that contractual agreement, approximately eight weeks prior to the on-site audit, the ACA assigned one of its contract staff workers to perform the SOCF PREA audit. On March 15, 2021, the ACA provided the SOCF with PREA Audit advisement notices to post throughout the facility for inmate/staff review. The responsibility of Auditor was assigned to Valerie Wolfe Mahfood, PhD. No support staff were assigned to this audit. As such, the auditor was responsible for conducting the site review of the entire facility, as well as interviewing both staff and offenders. The auditor was also responsible for all pre-on-site and post on-site audit obligations, reviewing facility documentation relative to the audit, completing the interim audit report if needed, and for ultimately producing the final audit report.

The current audit is a Department of Justice PREA Audit for the Southern Ohio Correctional Facility, which received its previous PREA audit on July 2, 2018. At that time, the Southern Ohio Correctional Facility had exceeded six (6) and met 37 of the 43 possible standards.

To begin the current audit process, the auditor and the ODRC Agency-Wide PREA Coordinator, David Kollar, began communications approximately ten weeks prior to the start of the on-site review. At that time, a schedule of continuing communications, as well as the production of required audit components and/or documents; to include the completion of the Pre-Audit Questionnaire by the SOCF Operation Compliance Manager was established.

Additionally, the purpose of the PREA process as a practice-based audit, as well as the role of the PREA auditor within those functions, were both discussed. The logistics relative to viewing the unit and to interviewing targeted, as well as random staff, were planned. The goals of the on-site audit and the expectations in facilitating those goals; to include unfettered access to all areas of the facility, staff, and offenders, were discussed. Lastly, along with the possibility of corrective actions being needed, the avenues by with those actions could be addressed were also discussed. The use of a Process Map, which both parties already possessed, was agreed upon as a means to maintain deadline goals, encourage continued communications, and to ensure that all other necessary components of the audit process were
satisfied. Hence, by way of the Process Map, clearly set timelines and expected milestone completion dates for the upcoming audit were established.

Approximately six (6) weeks prior to the on-site facility review, communications began with the SOCF Operation Compliance Manager, James Vickers, who served as the primary point of contact for the facility. Both the PREA Pre-Audit Questionnaire, which had been completed April 14, 2021, and its supporting documentation were subsequently provided to the auditor via a secured flash drive approximately four (4) weeks prior to the on-site audit; specifically, on April 19, 2021.

Once the PREA Pre-Audit Questionnaire was received, the auditor immediately began reviewing its contents. In doing so, the auditor looked for both the material it contained, as well as for any omitted information. To assist with this process, the auditor utilized the PREA Compliance Audit Instrument and the Checklist of Policies/Procedures and Other Documents, which then helped to generate a chronological issue log sorted by ascending standards. As needed, the auditor submitted written requests to either the ODRC PREA Coordinator or the SOCF Operation Compliance Manager for additional documents and/or clarification of the documents already provided. Agency staff quickly responded to all auditor requests for information by providing comment and/or documentation, usually within one business day of the request.

Along with the PREA Pre-Audit Questionnaire, the auditor was also provided documented proof of the PREA Audit Notice being posted throughout the facility at least six (6) weeks prior to the on-site audit, specifically on April 6, 2021. Photos documenting the proliferation of these PREA Audit Notices were provided via email. In this, the auditor was provided five (5) photos of PREA Audit Notices being posted throughout the facility in areas of high inmate traffic, such as inmate dining rooms, inmate housing areas, inmate work areas, recreational areas, educational areas, and the Law Library. These notices, posted in both English and Spanish, contained large, bolded text that provided observers with notice of the audit, assurance and limitations of confidentiality regarding contact with the PREA auditor, as well as all necessary contact information for the PREA Auditor. The electronic file associated with the photos’ properties, along with a statement provided by the SOCF Operation Compliance Manager at the time of the audit, both verified that the notices were, in fact, posted on said date.

Prior to the on-site audit, to understand the limits of confidentiality in accordance to the mandatory reporting laws for the State of Ohio, a review of state laws was conducted. As early as January 1, 1974, the State of Ohio passed legislation prohibiting sexual relations between incarcerated persons and employees of any correctional institution. Since that time, state laws have been further clarified to unequivocally declare all incarcerated persons as legally incapable of having consensual sexual relations with any correctional employee. Hence, in the State of Ohio, all correctional staff have a duty to report any knowledge of this felony offense.

Prior to the on-site audit, the definition of a youthful offender was also obtained. In 1997, the State of Ohio enacted a sight and sound restriction for any youthful offenders held within the Ohio adult prison system. Since that time, the law has been further clarified to restrict any person under the age of 18 from being housed within an adult correctional facility. As such, in accordance to statutory law, offenders under the age of 18 years of age cannot be assigned to adult facilities. Hence, the SOCF does not house any inmates who are not at least 18 years of age.

As well, prior to the on-site audit, Just Detention International, along with Ohio Alliance to End Sexual Violence, were contacted via e-mail. It should be noted that the latter agency is a rape advocacy center
specifically serving incarcerated individuals at the Southern Ohio Correctional Facility. Both agencies were asked if they had received any correspondence or other communication specific to allegations of sexual abuse and/or sexual harassment occurring at the SOCF. These agencies were also asked if they had received said communication, had persons within their agencies been allowed to communicate with the reporting individuals without undue restrictions. In response, Just Detention International stated that it had not received any information regarding the SOCF within the last 12 months. The Ohio Alliance to End Sexual Violence stated that it did serve all of the correctional facilities in Ohio, to include Southern Ohio Correctional Facility. However, that agency had not received any requests for advocacy services from inmates assigned to the SOCF.

The Ohio Department of Rehabilitation and Correction publishes its PREA policies and other relevant information on its website:

https://www.drc.ohio.gov/prea

This site contains a wealth of information related to the agency’s PREA program; including policies specific to the PREA, namely; the Prison Rape Elimination (79-ISA-01); Prison Sexual Misconduct – Reporting, Response, Investigation and Prevention of Retaliation (79-ISA-02); Sexual Abuse Response Team (79-ISA-03); PREA Risk Assessment and Accommodations Strategies (79-ISA-04); and the agency’s Lesbian, Gay, Bisexual, Transgender, and Intersex policy (79-ISA-05). The website contains all PREA reports completed within the agency from 2014 through the present year. As well, the site makes readily available the ODRC Annual Assessment reports from 2013-2019, the PREA Incident Information for Privately Operated Facilities reports from 2013-2016, and the Survey of Sexual Victimization reports from 2012-2017.

The agency website also provides users with an email link to "report sexual misconduct on behalf of an offender," links to informational posters designed to create awareness, and a direct link to the National PREA Resource Center. As a function of the audit, the ODRC online sexual misconduct reporting link was successfully tested. In this, the auditor received confirmation of email receipt within one business day.

Seven (7) weeks prior to the on-site portion of the audit, a systematic review of all links contained on the agency’s PREA web site was engaged. At that time, all links were functioning properly.

Prior to the on-site portion of the audit, a general Internet search of both the ODRC and the Southern Ohio Correctional Facility was conducted. In this, the auditor searched for any information specific to sexual abuse and sexual harassment occurring within the ODRC, but more precisely, within the Southern Ohio Correctional Facility. The auditor conducted a search of the LexisNexis database system for litigation or other judicial rulings sustaining allegations of sexual abuse and sexual harassment specific to the Southern Ohio Correctional Facility. The auditor searched the Bureau of Justice Statistics database for academic publications regarding sexual abuse and sexual harassment within a confinement setting specific to the ODRC, and more precisely, to the SOCF. The auditor searched professional publications, such as Corrections One, for information regarding sexual abuse and sexual harassment specific to the ODRC, and more precisely, to the SOCF. The auditor conducted a general search for information specific to the SOCF in both the Columbus Dispatch and The Portsmouth Daily Times, a local newspaper. Additionally, the auditor reviewed the most recent PREA and ACA audit reports for the SOCF, the ODRC 2017 Survey on Sexual Victimization, as well as the ODRC's 2019 Annual Assessment.
On May 21, 2021, at 2:00 PM, an entrance briefing for the PREA audit was conducted. In attendance were the ODRC PREA Coordinator, the SOCF Operation Compliance Manager, SOCF Warden Ronald Erdos, as well as other SOCF administrative staff. Within this meeting, the auditor provided a general overview of the auditing process, as well as the necessary actions required during the on-site portion of the PREA audit. It was further explained that a final PREA audit score report would not be provided at the close of the on-site review. Rather, due to the need to adequately exam and synthesize all the information gathered during the on-site portion of the audit, the final report would be issued no later than 45 days following the last day of the on-site audit.

Additionally, the auditor asked the SOCF Operation Compliance Manager to prepare a current list of all inmates assigned to the SOCF, as well as current lists of inmates who identify as being/having: disabilities, limited English proficiency, LBGTI, assigned to isolated or segregated housing due to their high risk of sexual victimization, reported sexual abuse at any time, and/or having reported sexual victimization during the risk screening process.

The SOCF Operation Compliance Manager was also asked to prepare a current list of all staff assigned to the SOCF, to include subgroups of specialized staff, contractors, and volunteers. The auditor asked that lists be provided for all grievances, incident reports of allegations regarding sexual abuse and sexual harassment reported for investigation, and ODRC PREA hotline calls made within the past 12 months. It was explained to agency staff that the auditor would use these lists to select both targeted and random inmates, as well as the staff needed for interview purposes. It was further explained that random correctional staff would be selected for interviews based on daily work rosters. As such, daily rosters, sorted by shift, would be necessary.

Following this meeting, the facility site review began at approximately 02:30 PM. The SOCF is a maximum-security facility that houses the state's death row population, as well as the execution chamber. Accordingly, movement throughout the facility is exceptionally restricted. To increase safety and containment measures, the SOCF operates under a telephone pole design. This means that there is one main hallway that runs down the heart of the compound, with subsequent housing unit hallways jutting off the main core. With few exceptions, the entire 22-acre facility is located under one roof.

In conducting the site review, all areas of the facility where inmates could be present were inspected. During the site review, staff were routinely observed using the PREA Buzzer to make cross-gender announcements when persons of the opposite gender entered inmate housing areas. This buzzer signal makes a distinct noise loud enough to be heard in all area housing cells. Additionally, the PREA Buzzer couples this intermittent audio notification with a flashing white light in order to provide for a visual notification system.

The strategic placement of PREA information posters and audit notices throughout the facility was noted. The bathrooms, along with other isolated places within inmate work, education, and program areas, were inspected. Any secluded areas within the health services department, such as inmate housing areas, examination rooms, and any communal areas where offenders could be isolated, were scrutinized. As well, throughout the facility, the auditor looked for areas that, either by their design or by intentional alterations, might provide others with the opportunity to isolate an inmate from the general population and/or staff monitoring systems. Lastly, any area where inmates might be required to routinely engage in a state of undress was examined to ensure that inmates are provided with all modesty measures as mandated under the PREA Standards.
During the on-site review, facility service areas were inspected. The Food Service, Commissary, Laundry, Quartermaster, Education, Chapel, Library, Law Library, and Visitation Departments all contained, or had access to, inmate bathrooms. In these instances, the bathrooms are locked when not in use. For access, an officer must unlock the door. These restrooms operate on a one in/one out principle, meaning that only one inmate may be in the restroom at a time.

At SOCF, inmates are strip searched entering and exiting the visitation area. Accordingly, this area was inspected. In this, it was noted that strip searches are done one inmate at a time and using the appropriate modesty measures. The strip search area is a male only station.

The Law Library contains computers with LexisNexis and all relevant PREA information and policies. As well, there are physical copies of the policies available for inmate review. Alternatively, the ODRC provides inmates continuous access to this information via inmate tablets.

The Medical Department was inspected. Medical examination rooms utilize portable privacy screens as needed to ensure inmates are not seen in a state of undress should there be a medical need for inmates to remove articles of clothing. In the upstairs area of the Medical Department, there is housing for those with long-term needs. There are also Hunger Strike cells, Crisis Watch cells, and Dry Cells located within the Infirmary. In this area, inmate showers have a sliding gate with fogged plastic used as a modesty screen. To ensure inmates have sufficient notice of opposite gender staff, the Medical Department also contains PREA Buzzers. Again, in an effort to help control excess inmate movement across the facility, there are actually 13 medical examinations room across the compound. Three of those are located within the Medical Department, but the remaining ten exam rooms are distributed throughout the facility. This allows medical staff to provide medical services inside the compound so that inmates have access to medical care while remaining on their housing units.

All housing units contain PREA Buzzers for opposite gender notification. All SOCF housing is single celled. Each cell contains its own toilet. Given the construction of cell doors, along with the placement of toilets immediately next to those doors, inmates are afforded privacy while utilizing said toilets. Showers are located outside of the cells. Each row of cells contains two showers on one side of the row. Each shower is in its own locked stall. Inmates are provided access to the showers one at a time. The shower stalls have solid doors that prevent the viewing of inmate genitals from members of the opposite sex. Inmate phones are located on the other side of the cell rows. On this side of each dayroom there is a bulletin board that contains posted PREA information, to include the PREA hotline number.

During the on-site review of the Inmate Receiving and Discharge area, the auditor had the opportunity to observe the initial Intake Risk Assessment. The Intake Department has modesty screens in place for strip searches, as well as the clothes changing area and restroom, if needed. After being processed into the facility, the initial PREA screening is conducted. Inmates are then required to watch the agency’s PREA video. They are subsequently provided an Orientation Handbook to review the PREA information for the facility. Afterward, the inmate is escorted to the Medical Department for a more in-depth review of PREA related risk factors.

This PREA assessment is performed in a private interview room separate from all other inmates and staff. All inmates are asked a series of standardized PREA questions to determine if they present a likely risk of being sexually abused by other offenders or sexually abusive to other inmates. The questions are presented in a non-threatening manner without any implied bias against affirmative answers to questions.
acknowledging alternative sexual orientations or gender identities. Inmates are also asked to present their own views regarding their perceived level of safety. Of which, their own views toward their sexual safety are given significant consideration. Following each screening, offenders are issued documentation detailing the institution’s zero tolerance policy, reporting procedures, investigatory processes, and inmate rights as related to allegations of sexual abuse and sexual harassment. Inmates subsequently sign for receipt of said brochures.

During the facility site review, all areas of the Southern Ohio Correctional Facility were inspected for concerns of sexual safety, to include the presence of video cameras, security mirrors, blind spots, and areas of unsecured or impeded inmate access. In doing this, it should be noted that both the external perimeter of the facility, as well as its internal operations, are monitored by about 400 closed circuit cameras. These cameras have pan, tilt, zoom, and recording capabilities. To ensure these video cameras were not broadcasting images of inmates in a state of undress, such as being trained in the shower area or having a view of designated strip search areas, live footage of the camera system was observed.

In looking at the video feed, if cameras were present in areas that would require an inmate to be in a state of undress, appropriate restrictions were found in place to prevent cross-gender viewing of inmates. In particular, SOCF uses software programs that automatically block out video coverage within a specific targeted, geographical range of all cameras that would otherwise clearly transmit this blocked-out coverage in its entirety. By utilizing this software, SOCF is able to employ video monitoring while still preventing the genital areas of any inmates from being observed in a state of undress via video transmissions. Neither in inmate housing, nor in any other feed reviewed, was it possible to see inmates in any expected state of undress.

During the facility site review, the auditor made note of offender mail and grievance collection boxes. These boxes are secured, located throughout the facility, and allow for offenders to have unimpeded access to them during the normal course of daily activities. While the State of Ohio does not process allegations of sexual abuse or sexual harassment as part of its grievance process, it should still be noted that the collection of inmate mail and grievances is restricted to designated staff only. It should also be noted that the State of Ohio does not monitor outgoing inmate mail. Accordingly, inmates may submit confidential outgoing correspondence to relevant agencies or organizations concerning allegations of sexual abuse and sexual harassment without undue restrictions.

Also, during the site review, supervisory staff were observed conducting their routine security checks within inmate housing areas and other work stations. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the buildings’ chronical activity logs, which are more formerly referred to as Employee Visit Logs.

During the site review, the auditor observed that supervisory staff used both direct and indirect practices to monitor correctional employees. As previously noted, supervisory staff were observed making routine and frequent rounds throughout the facility. Also, during supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts. During the site review, six (6) Employee Visit Logs were randomly inspected for historical evidence of supervisory presence, as well as for patterns of documentation that demonstrated the routine gender announcement of female staff.

All inmate housing areas contain several security staff posts that are continuously occupied. As well, it was noted that all areas with significant concentrations of inmates are required to maintain a security
staff post within that area during operational hours. For example, inmate recreation gyms are required, and did contain, the presence of at least one correctional employee while inmates were present in the area.

Within inmate housing areas, as well as prominently displayed throughout the entire facility, were advisement notices on how to report allegations of sexual assault and sexual harassment. These notices were posted in both English and Spanish, which are the two most commonly spoken languages on the facility. The reporting mechanisms for allegations of sexual abuse and sexual harassment allow for both internal and external reports to be made either in writing or verbally. Written reports could be mailed to an external reporting agency. Verbal reports could be made either in person or via the inmate phone system, which allows inmates confidential access to a PREA support hotline. While the PREA support hotline is designed to provide inmates with access to support services related to the trauma of sexual abuse, inmates do occasionally use this system as an external reporting hotline for said abuse. The phone number for this PREA support hotline (*89) was posted in or around all inmate phones within each housing unit.

To ensure the functionality of the PREA support hotline (*89), the system was tested. In this, the auditor called the DRC PREA Hotline and left a voice message requesting that agency staff please affirm their receipt of the message. The auditor received confirmation of the call that same day.

In addition to the PREA support hotline, numerous alternative methods to report sexual abuse/harassment were seen as readily available for inmate access. Specifically, along with the proliferation of Zero Tolerance postings throughout the facility that provide contact information for external reporting mechanisms, inmates are also issued individual copies of the SOCF Handbook upon their receipt into the facility. This booklet provides the detailed instructions of specific, as well as general facility and/or agency-based staff members to contact, either verbally or in writing, in the event inmates wish to make reports of sexual abuse/harassment.

The total number of facility staff, contractors, and volunteers currently authorized to enter the SOCF is 667 persons. Of those, the facility has about 604 full time staff positions, with approximately 81% being security staff with about 10% of security staff being supervisors. Security staff are generally assigned to work one of three shifts, with each shift covering approximately eight hours. Whereas, administrative staff are generally assigned to work normal business hours and days.

In total, 30 staff were formally interviewed. These interviews consisted of 12 random staff from all three shifts. Random staff were selected from daily shift rosters dependent on that day’s assigned duty post. Specifically, in interviewing line class staff, the auditor randomly selected staff members who were currently assigned to specific housing units, programmatic activities, or those having roving assignments. Additionally, the specific duty assignments polled were varied with each of the three shift rosters. This selection process was devised so as to encourage interviews with staff possessing cumulative experience in various functional areas throughout the facility.

Eighteen (18) specialized staff were also interviewed. In many instances, their designated protocols were responsive to the roles these staff members serve within the agency. Hence, their interview selection was targeted. Likewise, many times these staff members served in more than one PREA specific capacity. For example, the facility PREA compliance manager also serves as an Incident Review Team member. So again, this selection was deliberate, allowing some staff members to provide responses to more than one interview protocol. However, in instances where several staff members performed the same job
function, such as correctional officers, it was possible to design a stratified sampling scheme based on daily work or shift rosters.

It should be noted that given the current COVID protocols, the facility is not allowing volunteers to enter the institution. Accordingly, no volunteers were available for interview. Additionally, as the SOCF has not had any non-medical staff conduct cross-gender strip or visual searches, that interview protocol was not completed.

This understood, those 18 specialized and 12 random staff were able to provide responses to 40 interview protocols for the following audited areas: 1 Agency Head, 1 PREA Coordinator, 1 Agency Contract Administrator, 1 Warden, 1 PREA Compliance Manager, 6 Intermediate or Higher-Level Supervisors, 1 Medical Staff, 1 Mental Health Staff, 1 Human Resources Staff, 1 SAFE/SANE Nurse, 3 Contractors, 1 Investigative Staff at the Administrative Level, 1 Investigative Staff at the Criminal Level, 1 Staff who Perform Screening for Risk of Victimization and Abusiveness, 3 Staff who Supervise Inmates in Segregated Housing, 2 Staff on the Sexual Abuse Incident Review Team, 2 Designated Staff Member Charged with Monitoring Retaliation, 1 Security Staff First Responders, 1 Non-Security Staff First Responders, 1 Intake Staff, 12 Random Staff, and 2 External Reporting Entities. Additionally, 2 Mailroom Staff and 1 Unit Chaplain provided insight into facility operations.

All efforts were made to interview staff in areas convenient for them, as well as to provide them with privacy in speaking. If staff were assigned private offices, whenever possible, they would be interviewed in their offices. When it was not possible, staff would be interviewed in conference areas or other offices central to their duty station and in areas that provided privacy to their speech.

On the first day of the site review, the SOCF maintained 1,178 inmates on its facility roster. Given the overall population of the facility (1,001-2,500), the auditor was required to conduct at least 40 inmate interviews. Of these, the auditor was required to conduct at least 20 random inmate interviews and at least 20 targeted inmate interviews. Additionally, the auditor was encouraged to interview at least one inmate from each housing unit, as well as subsets of inmates within the targeted groups of inmates. Given these considerations, a simple random sampling of the population would not have produced the most effective sampling field. As such, a complex sampling scheme using stratification was designed to ensure the most inclusive, evenly distributed sampling field available while still adhering to the requirements of targeted inmates.

To do this, auditor was provided several lists of targeted inmates. These lists were generated near the first day of the site review to ensure that the offenders selected would be present on the facility. The audit also received an overall master list printed on the first day of the on-site review that included all inmates assigned to the facility. This list was organized by housing assignments.

The names of targeted inmates were selected first. These offenders were discovered based on a list provided by the facility and were then randomly selected based on their housing assignments, to ensure that whenever possible, in total, at least one person from any of the targeted subgroups was selected from each of the housing assignments.

In this, 27 targeted interview protocols were administered: 5 interview protocol for inmates with physical disabilities, 2 interview protocol for inmates who are blind, deaf, or hard of hearing, 1 interview protocols for inmates with limited English speaking skills, 5 interview protocols for inmates with cognitive disabilities, 5 interview protocols for inmates who identified as gay or bisexual, 2 interview
protocols for inmates who identified as transgender, 3 interview protocols for inmates who reported sexual abuse, and 4 interview protocols for inmates who disclosed prior sexual victimization during risk screening.

Random inmates were also selected based on their length of incarceration, race, religion, work assignments, and housing assignments, with at least one inmate being selected from each of the housing units. The interview selection process was designed in this fashion so that upon completion of the interview process, at least two inmates from each housing assignment would be selected for interview. More specifically, these interviews were intended to be more representative of not only the average inmate, but also of inmates having unique needs as addressed across the entire prison complex.

The auditor did experience three (3) barriers to speaking with inmates within each of the targeted subclassifications. Since SOCF is an adult facility, there aren’t any youthful offenders assigned to the institution. As well, there weren’t any inmates assigned to the facility who either identified or qualified to complete the Inmates Placed in Segregated Housing (For Risk of Sexual Victimization/Who Alleged to Have Suffered Sexual Abuse) protocol. Accordingly, the total required number of targeted inmate interviews (20) was obtained by over sampling from more populated targeted groups.

Additionally, over 25% of the initial inmates selected for interview refused to participate in the interview process. As this was an unusually high number of refusals, the auditor did require that each inmate refusing to interview personally conveyed his refusal to the auditor. After speaking with half a dozen of these inmates, a pervasive inmate subculture was clearly apparent. Given the auditor’s nearly three decades of experience working within actual prisons, as well as her academic credentials as a subject matter expert within the field of corrections, the auditor positively identified that inmate refusals to participate in the interview process were, in fact, at their own discretion. Facility staff were not discouraging participation in any manner.

A total of 52 inmates were given the opportunity to formally interview during the on-site visit. All inmates who chose to interview were questioned using the Random Sample of Inmates Survey protocol. Targeted inmates were also questioned using the survey sample appropriate for their targeted group. It should also be noted that if during the interview process it became apparent that any person belonged to any other subset of targeted inmates, then additional targeted protocols were administered as appropriate. As well, if inmates failed to identify within their targeted subgroup at the time of the interview, that protocol was simply not completed for that inmate.

21 Random inmates were interviewed. 
20 Targeted inmates were interviewed. 
11 Inmates refused to be interviewed.

The Vocalink Language Services system was used to interview an inmate with limited English-speaking skills. This inmate primarily spoke Spanish. The Vocalink Language Services system provided for effective translation services between the PREA auditor, who spoke English, and the inmate. In speaking with agency staff, the majority were aware that the Vocalink Language Services system could be used to facilitate sensitive communications between agency staff and inmates when staff translators were not available.
All inmate interviews were conducted in private settings to ensure inmates felt at liberty to express any concerns they may have had with the facility’s PREA compliance efforts or with their own personal safety. These interviews were primarily conducted in offices near the inmates’ housing assignments.

It should be noted that during the course of inmate interviews, 12 inmates stated that they had not received, or could not remember receiving, PREA training. According, all 41 inmate files were pulled and reviewed for evidence of PREA training. In doing so, it was noted that each of the 41 inmates had, in fact, signed documentation evidencing their receipt of PREA information. As such, no further action was needed.

Additionally, it should be noted that while some inmates had concerns unrelated to their sexual safety, all 41 inmates interviewed stated that they felt sexually safe at the SOCF. Given the design and standard operating procedures of the facility, as well as staff overview associated with those functions, not a single inmate interviewed stated that being sexually assaulted was a concern. This sense of safety is further evidenced by the number of PREA complaints received by the SOCF for the auditing time frame.

The SOCF received only six (6) allegations of sexual abuse or harassment within the last twelve months. Four (4) of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. Of the six (6) PREA allegations investigated, four (4) were unfounded, two (2) were unsubstantiated, and zero (0) were substantiated. As required by policy, when appropriate, the Ohio State Highway Patrol (OSHP) was properly notified. However, as none of the merits to these cases rose to the level of criminal abuse, the OSHP declined to pursue criminal prosecution.

The facility utilizes Ohio State University Hospital for forensic exams. There are generally SAFE/SANE nursing staff available to conduct these exams. However, SAFE/SANE nurses are not staffed on a continuous basis. As such, in the event any persons, to include incarcerated inmates, arrive at the hospital for a forensic exam when a qualified nurse is not physically present at the facility, the hospital ensures that there is always a SAFE/SANE nurse on-call who will immediately report to the hospital.

Over the past twelve months, SOCF did not receive any allegations of sexual abuse that would have necessitated that the inmates receive sexual assault forensic exams. As such, no such exams were provided.

Over the past twelve months, SOCF did not receive any reports where an inmate was at substantial risk of sexual abuse. Thus, there weren’t any records of protective measures being implemented.

While there was no evidence to suggest that any inmate suffered retaliation for having reported sexual abuse, the SOCF still monitored the conduct and treatment of all inmates who reported sexual abuse to see if there were any changes that may suggest possible retaliation by inmates or staff. Several offender records for retaliation monitoring following complaints of sexual abuse were reviewed to ensure routine monitoring occurred as required. Note: There were no retaliation monitoring documents for staff within the past 12 months. It should also be noted that there weren’t any advocate requests to subsequently speak with inmates for follow-up crisis services. As such, there were no such documents to review to ensure timely disposition of said request.
During the site review, the auditor observed designated collection boxes for inmate grievances located throughout the facility. All inmate grievances are initially received and reviewed by the facility grievance coordinator for allegations of sexual abuse/harassment. If any allegations of sexual abuse/harassment are found, those allegations are immediately forwarded to facility administration for processing in accordance with ODRC policies. This includes making appropriate notifications and referrals for investigations as needed. Inmates are subsequently notified of these actions at their initial referral points.

In other words, only complaints that do not contain any allegations of sexual abuse/harassment are investigated and addressed by the Inmate Grievance Program mechanism. If a grievance contains allegations of sexual abuse/harassment, it is immediately referred to SOCF administration for processing as a PREA related allegation. The inmate is notified of this referral. He is further informed that his grievance has been administratively closed, he has exhausted the grievance process, and his complaint is now being processed as a PREA allegation.

Inmate files were reviewed to ensure the facility conducted initial and subsequent PREA Assessment Forms and PREA trainings. It should be noted that SOCF medical staff conduct all PREA Assessment Forms in a private setting. Following that initial screening, specific referrals for mental health services are issued if needed. Employee training records were also reviewed to ensure that staff had received their required PREA training.

On May 23, 2021, upon concluding the on-site portion of the PREA audit, the auditor met with the ODRC PREA Coordinator, the SOCF Operation Compliance Manager, the SOCF Facility Warden, as well as other SOCF facility staff. Agency staff were then provided some preliminary observations; however, said staff were advised that a final audit outcome was yet to be determined.

On several occasions following the on-site portion of the audit, the agency-wide PREA Coordinator or the SOCF Operation Compliance Manager were contacted to provide follow up information and/or documentation. In this, it should be noted that during all phases of the auditing process; the pre-onsite audit, on-site audit, and post-onsite audit reviews, the auditor did not experience any barriers to completing the audit as required. Agency and facility staff were forthcoming with all information and document requests. The auditor was allowed unfettered access to all areas of the facility. All staff willingly engaged in the interview process, as well as patiently explained their roles within the facility’s PREA-based Standard Operating Procedures.
**Facility Characteristics**

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The physical location of the Southern Ohio Correctional Facility (SOCF) is 1724 SR 728, Lucasville, Ohio, 45699. The Southern Ohio Correctional Facility is operated by the Ohio Department of Rehabilitation and Correction (ODRC). The SOCF was opened in 1972 as a telephone pole style unit. As such, the prison complex only contains 11 different building, with

This facility contains 11 different buildings, with 21 inmate housing units. The facility holds inmates classified as: General Population (GP), Extended Restrictive Housing (E), Extended Restrictive Housing Transitional (ET), Extended Restrictive Housing Enhanced Behavioral Health Monitoring (EM), and Extended Restrictive Housing Ineligible for Presumptive Release (EN). Currently, the SOCF is an adult, male correctional facility holding inmates between the ages of 18-70 years old. All offenders assigned to the SOCF are classified within the male sex. The average offender assigned to SOCF has spent about 6.8 years under supervision.

The SOCF had an original design capacity of 1,638 inmates. The average daily population for the past 12 months has been 1,233 inmates. At the start of the on-site review, the SOCF housed a total of 1,178 inmates. At no time within the past twelve months has the SOCF exceeded its maximum capacity range. The SOCF is not currently under any court orders.

In total, the SOCF occupies 1,625 acres of land, with 66 of those acres being inside a secured fence. The SOCF is operational 24 hours per day. The facility utilizes both direct and indirect (i.e., video monitoring and surveillance mirrors) to supervise assigned inmates. During the normal course of facility operations, offenders are provided programmatic services, such as educational and vocational services. Inmates are routinely provided choices in non-programmatic activities, such as recreational and religious services. As well, the facility offers institutional services, like medical, cafeteria, and barber shop access.
Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

A review of all available documentation reflects that the Ohio Department of Rehabilitation and Correction (ODRC) has developed agency wide policies in compliance with both the spirit and letter of the Prison Rape Elimination Act (PREA) standards. The Southern Ohio Correctional Facility (SOCF) has incorporated these policies into its unit-based practices, programs, and services. While conducting a site review the complex, the auditor observed routine adherence to PREA standards by both staff and inmates. As well, inmate reactions to staff adherence of said standards reflected its institutionalization in common practice. Lastly, interviews with both staff and inmates generally reflected that Southern Ohio Correctional Facility employees adhered not only to the defined PREA standards, but also to the overarching principles under which they reside.

Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>115.11, 115.13, 115.14, 115.15, 115.51, 115.54, 115.71, 115.82, 115.83, &amp; 115.401</td>
</tr>
</tbody>
</table>

Standards Met

| Number of Standards Met: | 35 |

Standards Not Met

| Number of Standards Not Met: | 0 |
| List of Standards Not Met:   | NA |
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.

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- Ohio Department of Rehabilitation and Correction (ODRC) Bureau of Operational Compliance Hierarchical Chart
- 03A-23, Southern Ohio Correctional Facility (SOCF), Zero Tolerance, 11-12-19
- 03A-24, Southern Ohio Correctional Facility (SOCF), Institutional Sexual Abuse Coordinated Response Plan, 11-12-19
- SOCF Table of Organization, 12-20-20;12-28-19

Interviews:

- Agency Head
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Ohio Department of Rehabilitation and Correction PREA Coordinator oversees the Southern Ohio Correctional Facility (SOCF) PREA program.
- The SOCF Operation Compliance Manager is physically assigned to the SOCF and maintains a permanent office, with routine activities, within the institution as a function of said staff’s assignment.

Standard Subsections:

(A) Policy #79-ISA-01, Prison Rape Elimination Policy; Policy #79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy; Policy #03A-23, Southern Ohio Correctional Facility, Zero Tolerance; and Policy #03A-24, Southern Ohio Correctional Facility, Sexual Abuse Coordinated Response Plan; provide written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It also outlines both the agency’s and the facility’s approach to preventing, detecting, and responding to such conduct.

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the ODRC. The PREA Coordinator’s sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. In doing so, the PREA Coordinator is charged with the direct supervision of one Assistant PREA Coordinator. The PREA Coordinator, in coordination
with the Assistant PREA Coordinator and facility wardens, oversees the implementation of PREA standards at the facility level.

(C) The State of Ohio operates 28 penal institutions. Each warden within said institution has been charged with designating a PREA point person, who holds the supervisory rank of Operation Compliance Manager. The SOCF Warden affirms his designation of the SOCF Operation Compliance Manager to serve in this capacity. The SOCF Operation Compliance Manager further confirms both sufficient time and authority to coordinate the facility’s efforts in complying with the PREA standards.

Reasoning & Findings Statement:

This standard works to ensure the agency as a whole operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated inmates. As well, the standard requires that individual facilities operate with respect to the agency’s zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to the overall agency policy, each facility has further developed its own coordinated response plan to effectively apply the agency’s broad policy to the uniqueness of their individual units. Such forethought ensures that every facet of the agency’s policy is included in the standard operating procedures unique to every institution. Additionally, though the standard requires the minimum staffing of one agency-wide PREA Coordinator and then individual PREA Compliance Managers assigned to each facility, the State of Ohio has exceeded this requirement through the additional employment of an Assistant PREA Coordinator. The sole function of this assistant position is to better coordinate and advance the implementation of the PREA standards and policies so as to significantly increase the sexual safety of all offenders incarcerated within the ODRC. As such, both the agency and the facility has clearly exceeded the basic requirements of this standard.

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

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

**115.12 (a)**

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

**115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA
Auditor Overall Compliance Determination

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

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.

Documents:

• 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
• Statement of Fact, David Kollar, PREA Coordinator, 4-13-21
• ODRC Mandatory Use Contract For: Operation, Management, and Purchase of Correctional Facilities, 6-30-21

Interviews:

• Agency Contract Administrator
• Agency PREA Coordinator

Site Review Observations:

• The SOCF is a publicly operated correctional facility through the Ohio Department of Rehabilitation and Correction (ODRC).

Standard Subsections:

(A) The ODRC contracts for the confinement of its inmates with two private agencies; namely, CoreCivic, as well as Management and Training Corporation. The current contracts governing these relationships contain explicit language directing said agencies to adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) These contracts also contain language requiring that the ODRC monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under
ODRC’s policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the ODRC’s PREA Audit Schedule, all ODRC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the Ohio Department of Rehabilitation and Correction, complies with the PREA standards. In this, prior to engaging any contractual relationship with a private agency, the ODRC ensures that all private agencies understand that it’s the private agencies' absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the ODRC, private agencies understand their continuing duty to remain in compliance with PREA standards. To assist in their compliance with ODRC regulations, to include PREA policies, all privately operated facilities are assigned an ODRC liaison. Lastly, private facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the agency meets the established requirements under this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes  ☐ No  ☒ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes  ☐ No

115.13 (b)  

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

115.13 (c)  

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes  ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes  ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes  ☐ No

115.13 (d)  

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes  ☐ No
Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Documents:

- 50-PAM-02, Inmate Communication/Weekly Rounds, 10-7-19
- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- SOCF PREA Staffing Plan, 11-19-20
- SOCF Monthly Population Count, 2020
- SOCF 1st Shift Assignment Roster, 4-12-20
- SOCF 2nd Shift Assignment Roster, 4-12-20
- SOCF 3rd Shift Assignment Roster, 4-12-20
- SOCF Employee Visit Record, L-4, 1-2-20 to 1-26-20
- SOCF Employee Visit Record, J-2, 1-2-20 to 1-24-20
- SOCF six (6) additional Employee Visit Records reviewed on-site

Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Agency PREA Coordinator
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- All inmate housing areas contain at least one security staff post that is continuously monitored by staff. All areas of high offender traffic are assigned permanent staffing positions while in operation.
• During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All of the random staff interviewed did indicate that supervisory staff were available to them as needed and did routinely conduct unannounced rounds within the facility.

• During supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts.

• During the on-site portion of the audit, six (6) SOCF Employee Visit Records (Chronological Housing/Building Logs) were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds. Supervisory signatures were observed in red ink.

• Said Employee Visit Records were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The SOCF has developed and documented a staffing plan (11-19-20). Facility administrators are required to make their best efforts in complying with said plan on a regular basis in order to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse (79-ISA-01). As explicitly noted within the Staffing Plan Annual Review template, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies’ findings of inadequacy. The ODRC Staffing Plan Annual Review template requires that the unit considers components of the facility’s physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programing needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. When asked, facility staff consistently remarked that unit administration does consider the nature of the offender population and current issues/trends within the offender population when determining staffing levels. As noted by the SOCF Operation Compliance Manager, the facility staffing plan was predicated consistent with average daily number of inmates assigned to the SOCF.

(B) ODRC policy governs the minimum use of employee staffing (79-ISA-01). If unit staffing levels fall below these minimum requirements, ODRC policy further requires that facility staff properly document each occurrence. Within the past 12 months, the staffing levels of SOCF have not fallen below the required levels.

(C) The facility conducts an annual review of its staffing plan, with the last review being finalized as of November 19, 2020. As evidenced via interviews with agency and facility staff, in completing the SOCF staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the SOCF Operation Compliance Manager, to develop the facility staffing plan in accordance to the aforementioned 115.13(a). PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan, as well as the use of video monitoring technologies within the facility.
(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (50-PAM-02). This policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted. The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed six (6) Employee Visit Logs throughout the facility. Said documentation did reflect that not only were supervisory staff conducting unannounced rounds as required, but these rounds were also clearly documented using red ink. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds in an attempt to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds. Staff also noted that it was a violation of policy for supervisors to announce their rounds or for other staff to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random offenders, most inmates stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility. During the site review, it was further noted that offenders seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting that said staff are routinely present in inmate housing areas.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the past 12 months, the SOCF has not deviated from its staffing plan. To ensure that the sexual safety of inmates assigned to the SOCF is given sufficient weight in determining facility staffing needs, the SOCF staffing plan is reviewed annually in consideration of all SOCF PREA staffing components. Lastly, to ensure meaningful and effective correctional supervision, SOCF supervisors routinely conduct and document unannounced rounds. The auditor observed, as well as the facility provided, ample evidence of documented unannounced rounds of supervisory ranks of various levels, up to and including, the facility warden. As such, the SOCF facility has exceeded in demonstrating its compliance with this provision.

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.*

**Documents:**

- 52-RCP-01, Reception Admission Procedures, 9-14-20
- 71-SOC-05, Youthful Inmate Program Management, 9-25-17
- SOCF Statement of Facts, No Youthful Inmates
Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Random Staff
- Random/Targeted Offenders

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any offenders who appeared excessively youthful.
- In reviewing inmate documents, the auditor did not observe any offender birthdays to be less than 18 years younger than the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any knowledge of any inmates assigned to the SOCF who were not at least 18 years of age.

Standard Subsections:

(A) The ODRC policy (52-RCP-01) prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, youthful inmates may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate. The ODRC policy (71-SOC-05) further requires that should youthful inmates be within sight or sound of adult inmates, or be able to have physical contact with adult inmates, staff must maintain direct supervision over youthful inmates.

(B) As SOCF does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful offenders and adult inmates.

(C) As SOCF does not house any offender less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offender in isolation in order prevent said offender from living within sight and sound of adult offenders. Hence, the SOCF has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between youthful offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when youthful offenders and adult inmates have the possibility of sight, sound, or physical contact. The State of Ohio prohibits the assignment of youthful offenders to adult housing units. Hence, as SOCF contains only adult housing units, SOCF is prohibited from receiving, and subsequently housing, youthful offenders. As such, the facility maintains an absolute and constant sight, sound, and physical barrier between youthful offenders and incarcerated adults.
### Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

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

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes  ☐ No

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

#### 115.15 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes  ☐ No

#### 115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- 71-SOC-05, Youthful Inmate Program Management, 9-25-17
- 310-SEC-01, Incarcerated Individual and Physical Plant Searches, 9-14-20
- ODRC PREA Pat Down Video Script
- ODRC PREA Pat Down Transgender Inmates
- SOCF List of Areas and Cameras, May 2021
- SOCF Statement of Status, No cross-gender strip or visual body cavity searches, CY2020
- SOCF Employee Background Checklist, 3-16-21
- SOCF Statement of Status, SOCF only houses male inmates
- SOCF Statement of Status, No instances involving exigent circumstances of cross-gender viewing, CY2020
- SOCF PREA Training Roster, FY20
Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Random Offenders

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements when persons of the opposite gender entered offender housing areas.
- During the site review, staff were routinely observed engaging the opposite gender notification system, the PREA Buzzer, which emits a loud, intermittent buzzer and flashing white light to signal the entrance of opposite gender staff.
- Supervisory staff were observed conducting their routine security checks within inmate housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the buildings’ chronicled activity logs.
- Privacy shields were in place inhibiting the view into all inmate restrooms.
- Privacy shields were in place and/or available in medical examination rooms.
- Privacy curtains were noted in all shower areas.
- Video footage blocks out specific targeted, geographical range of all cameras that might otherwise transmit images of inmates in a state of undress.
- Observed routine pat searches of random inmates.

Standard Subsections:

(A) ODRC Policy (79-ISO-01) prohibits cross-gender strip or visual body cavity search of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 41 inmates interviewed noted that they had not been, nor had they witnessed any other inmate being, stripped or body cavity searched by a security staff member of the opposite gender.

(B) The SOCF is a male facility. As there are no female inmates incarcerated at this facility, security staff always follow policy (310-SEC-01) in refraining from conducting cross-gender pat-down searches of female inmates, even in exigent circumstances. As well, the facility has never denied any female offender access to a regularly available program or out of cell activity.

(C) Agency policy (310-SEC-01) requires that all cross-gender strip and visual body cavity searches are documented. The facility has not engaged in any cross-gender strip searches or cross-gender body cavity searches of its male prisoners within the audit period. However, under exigent circumstances, should the need arise, all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification. As the SOCF does not house female inmates, no female inmates have ever been subject to a cross-gender search.

(D) The SOCF does have a policy (79-ISO-01) in place that allows inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their
buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility does follow policy (79-ISO-01) requiring that staff of the opposite gender announce their presence when entering an inmate housing unit. In speaking with agency staff, all staff members were aware of the agency’s prohibition against cross-gender strip and visual body cavity searches. Policy 79-ISO-01, Prison Rape Elimination, requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. All female staff interviewed did confirm their adherence to said policy. As well, the majority of inmates interviewed confirmed this statement. In both staff and inmate interviews, it was noted that said announcements were generally conducted using the PREA buzzer (79-ISO-01). During the facility site review, modesty barriers and curtains were in place to inhibit the viewing of any inmate in a state of undress. As well, restrictive programs were in place for video footage to prevent transmission of inmate images in a state of undress during routine strip searches.

(E) ODRC policy (79-ISO-05) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an offender is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. It was generally expressed that to determine gender, staff would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that 100% of SOCF security staff have been trained on proper policy specific to conducting cross-gender inmate pat searches and transgender pat searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. ODRC Policy 79-ISO-05 specifies that “staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during the conversations with the inmate or by reviewing medical records. If staff members are unable to determine the inmate’s genital status, the inmate may be referred to medical for a broader medical examination conducted in private by a medical practitioner.” Policy (310-SEC-01) provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the SOCF. As well, facility training rosters reflect that all correctional staff assigned to the SOCF have been trained on how to conduct searches in a professional and least intrusive manner as possible. During the site review, security staff were observed conducting pat-down searches on a random basis in both a professional manner and in the least obtrusive manner possible consistent with security needs.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The ODRC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender strip or cavity searches, policy subsequently requires this search to be properly documented. Agency security staff are trained on the proper procedures to conduct pat searches on transgender or intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. In the event that a camera is trained in an area where
strip searches are generally conducted, the ODRC has installed software programs into its monitoring software to block out or otherwise distort the view of inmate genitalia. As well, the agency requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. Additionally, the ODRC, and more specifically, the SOCF, has installed PREA Buzzers in all inmate housing areas. These very loud notification systems use intermittent sound and lights to advise inmates both audibly and visually to the presence of opposite gender staff. The PREA Buzzer is used throughout the day, except between 10 PM - 6 AM. Given the loudness of these notification buzzers, as well as their accompanying flashing white lights, during Third Shift hours, opposite gender staff audibly announce their presence in lieu of the PREA buzzer. Certainly, the SOCF facility has exceeded the provisions within this standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No
Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

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

115.16 (b)

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Documents:

- 64-DCM-02, Inmates with Disabilities, 3-5-18
- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC Inmate Educational Video
- ODRC Correctional Training PREA E-learning Course
- ODRC Inmate Handbook, Appendix A, PREA Information
- ODRC Mandatory Use Contract For: Translation and Interpretation Service, 8-31-21
- SOCF Statement of Status, No Reasonable Accommodation Requests Denied, CY2020
- SOCF Statement of Status, No Use of Inmate Interpreter, Reader, or Other Inmate Assistant, CY2020

Interviews:

- Agency Head
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Offenders with Disabilities
- Offenders with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly announce inmate information, to include when female staff entered the housing area.
- PREA Buzzer demonstration
- Handicap accommodations were easily recognizable and accessible throughout the facility. Each shower/bathroom area contained handicap accessible showers/toilets.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the offender population; namely English and Spanish.
- Vocalink Language Services are available for staff to communicate with offenders who do not speak English.
- Staff translators are also available if needed.

Standard Subsections:

(A) The ODRC has developed agency-wide policies (64-DCM-02, 79 ISA-01, 52-RCP-10) to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; so as to provide said inmates with 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. PREA educational information is provided in writing, verbally, as well as
presented in video format (available in English and Spanish). The video format includes both a deaf interpreter and closed caption. The SOCF maintains a mandatory for use contract for translation and interpretation services to assist inmates who do not speak a language common to SOCF staff. In this, the Vocalink Language Services can be used to translate PREA, as well other confidential information.

When interviewing staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. During the inmate interview process, a Vocalink Language Services translator was effectively used to translate for one Spanish-speaking inmate with Limited English Proficiency (LEP). When speaking with this LEP inmate, he stated that his inability to speak English has not prevented him from participating in any facility-based services, to include the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were interviewed. These inmates all stated that their disabilities did not prevent them from participating in any facility-based services or that ODRC has made accommodations for their disabilities, to include the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational brochure is printed in two different languages: English and Spanish. As well, per the PREA Coordinator, the PREA Informational video can be seen by inmates in those languages, along with being illustrated via closed captioning and deaf interpreter. As needed, Vocalink Language Services can also be used to translate PREA information into other languages.

(C) The ODRC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of offender-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (64-DCM-02, 79-ISA-01). The agency has also developed agency-wide policies to enhance communication efforts with disabled offenders; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (64-DCM-02); so as to provide said offenders with an equal opportunity to directly participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of offender interpreters or other types of offender-based assistance. SOCF staff are aware of these agency policies and do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard looks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The ODRC recognizes this need and has created policies to address it. Furthermore, the agency has taken steps to ensure that the inmate population is aware of translation services via a posted notice within the Inmate Handbook. The SOCF maintains sufficient stocks of PREA informational brochures in both English and Spanish.
the SOCF routinely stocks PREA informational brochures, as well as shows PREA informational videos in Spanish, the most commonly spoken language inside of SOCF outside of English. Lastly, it should be noted that at no time during the past 12 months, has SOCF used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information.

### Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

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

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No
115.17 (c) ▪ Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d) ▪ Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

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

115.17 (f) ▪ Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

▪ Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

▪ Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g) ▪ Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

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

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 31-SEM-02, Standards of Employee Conduct, 9-3-19
- 34-PRO-07, Background Investigations, 10-1-19
- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- SOCF Background Investigation Roster, 3-16-21
- SOCF Background Investigation Checklist, 10-26-20
- SOCF Background Investigation, Local Law Enforcement Worksheet, 10-13-20
- SOCF Authority for Release of Information, 9-28-20
- SOCF PREA Background Check Authorization, 11-29-20
- SOCF Required Criminal History and PREA Interview Questions, 9-24-20
- SOCF Job Application, 8-31-20
- SOCF Background Investigation Checklist, Contractor, 4-7-20
- SOCF PREA Background Check Authorization, 8-14-14
- SOCF Background Investigation Checklist, 8-26-19
- SOCF PREA Background Check Authorization, 8-18-14
- SOCF 5 Year Background Check
- SOCF PREA Annual Acknowledgement, 11-4-20
- SOCF Acknowledgement and Waiver of Right to Representation, 11-4-20
- SOCF Statement of Status, No requests for information on substantiated allegations of sexual abuse/harassment involving former employees

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
Site Review Observations:

- Review of employee files
- Review of SOCF employee PREA training tracking spreadsheet

Standard Subsections:

(A) The ODRC has developed agency-wide policies (31-SEM-02, 34-PRO-07, 79-ISA-01) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with offenders while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, ODRC Human Resource staff ensure that criminal background checks have been conducted on the prospective employee. As well, as required by policy, ODRC/SOCF Human Resource staff ensure that all previous institutions of employment are contacted in order to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, policy also requires that the SOCF cooperates with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) ODRC policy (34-PRO-07) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the ODRC Human Resource representative, agency policy requires Human Resource staff to also verify contractor employment history.

(C) Before hiring or promoting employees, policy (34-PRO-07, 79-ISO-01) requires the agency to perform criminal background checks. Policy (34-PRO-07) also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility.

(D) Agency policy requires that prior to enlisting the services of any contractor who may have contact with offenders, the agency performs a criminal background records check on said contractor. An examination of SOCF’s current contractor background spreadsheet reflects that all persons contracted with the SOCF received an initial background check, as well as, where applicable, required subsequent checks within the required time frame.

(E) Once employed, agency policy (34-PRO-07, 79-ISO-01) requires that criminal background checks are conducted every five years to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (31-SEM-02). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (31-SEM-02).
(F) All applicants, as well as current employees, are required to submit a Personal History Questionnaire form (79-ISO-01). This document directly asks employees who may have contact with inmates to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the ODRC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (31-SEM-02).

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

(H) Agency policy allows that unless prohibited by law, the ODRC 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 (34-PRO-07).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in all hiring and promotion decisions within the agency. The agency has numerous policies in place to ensure that end. Review of employee and contractor training files reflect that the SOCF Human Resource Department is in strict compliance with agency policy. As such, the SOCF clearly meets the requirements of this standard.

---

**Standard 115.18: Upgrades to facilities and technologies**

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes  ☐ No  ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes  ☐ No  ☒ NA
**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**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.

Documents:

- SOCF PREA Staffing Plan, 11-19-20
- SOCI List of Areas and Cameras, May 2021

Interviews:

- Agency Head
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden

Site Review Observations:

- Observed video monitoring technologies present within the facility.
- Reviewed live video feed across the facility.

Standard Subsections:

(A) Per the SOCF Warden, the SOCF has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities within the previous 12 months. However, when substantial changes are made, the agency does consider the effect that the design, acquisition, expansion, or modification that the preexisting condition has upon the agency's ability to protect inmates from sexual abuse.

(B) The SOCF has installed or updated the video monitoring system or other monitoring technology since the last PREA audit. According to the SOCF Operation Compliance Manager, the facility does consider the impact of said surveillance equipment on the sexual safety of inmates.
Reasoning & Findings Statement:

Within the audit time frame, SOCF has not designed or acquired any substantial expansion or modification of its existing facilities. However, as a function of its annual staffing review, the SOCF does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. Since the last PREA audit, the SOCO has installed or updated video monitoring systems to improve the safety and security of the facility. Currently, the SOCF has approximately 400 cameras that provide sufficient coverage throughout the institution. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the SOCF seeks to maximize the facility’s ability to protect inmates from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
Auditor Overall Compliance Determination

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

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**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.*

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- 68-MED-15, Bureau of Medical Services Co-Payment Procedures, 9-10-18
- B-11, Medical Care Guidelines for Sexual Contact or Recent Sexual Abuse, 9-28-15
- ODRC Medical Services Agreement, 2017-2021
- ODRC Statement of Fact, Mark Stegemoller, PREA Coordinator
- ODRC MOU with OSHP
- ODRC PREA Victim Support Persons Training Lesson Plan, 1-18-12
- OSHP 103.07 Attachment P, Sexual Assault Evidence Collection and Analysis, 9-25-07
- OSHP OSP-100.01 Offense and Incident Reports/Reports of Investigations, 12-4-14
- SOCF Statement of Status; No sexual abuse that required forensic exam, CY2020
- SOCF PREA Victim Support Staff (VSP), 12-20-20; 5-6-20
- SOCF PREA Training Session Report, 8-21-15
- SOCF PREA Victim Support Person Training, 1-9-15
- SOCF PREA Victim Support Person Training, 8-21-15
- SOCF PREA Victim Support Person Training, 11-8-13
- SOCF PREA Incident Report Application
- SOCF Victim Support Person Activity Report, 9-11-20

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff
- Random Staff
- Medical and Mental Health Staff
• SAFE and/or SANE Staff
• Offenders Who Reported Sexual Abuse

Site Review Observations:

• Observed Medical Department and privacy screens/limitations

Standard Subsections:

(A) Agency policy (79-ISA-02) mandates that the Ohio State Highway Patrol (OSHP) is responsible for investigating criminal allegations of sexual abuse. In this, policy asks that the OSHP follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) As the SOCF does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. SOCF policy does, however, still require the agency to utilize the U.S. Department of Justice’s Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual (79-ISA-02).

(C) In accordance with agency protocol, the SOCF does ensure that all offenders are given access to forensic medical examinations without cost (65-MED-15). These exams are performed at an outside facility by qualified SAFE/SANE nursing staff. As SAFE/SANE staff are either on duty or on call 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes Ohio State University Hospital for forensic exams. In the past 12 months, the SOCF has facilitated zero (0) such exams.

(D) The agency does attempt to make a victim’s advocate available for offender support. In this, policy (79-ISA-02) requires that upon notification of an allegation of abuse, the institution Victim Support Person (VSP) shall meet with the victim. Policy also allows for the use of local advocates as available from the local rape crisis center.

(E) In accordance to policy (79-ISA-02), and as requested by the victim, the VSP or local rape crisis center advocate may remain with the inmate through the forensic medical examination process and investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals. During the course of staff interviews, several VSPs were able to provide more specific insight into their roles and responsibilities as a victim advocate.

(F) Agency policy (79-ISA-02) mandates that the Ohio State Highway Patrol (OSHP) is responsible for investigating criminal allegations of sexual abuse. To this effect, SOCF policy does ask that OSHP utilize the U.S. Department of Justice’s Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual.

(G) The auditor is not required to audit this provision.
(H) Only qualified staff members may service as VSPs. All such staff have been appropriately screened and trained for that purpose. Through a memorandum of understanding with the local rape crisis center, Crime Victims Services, the agency has ensured that all persons who have contact with SOCF inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol and forensic medical examinations. During the past 12 months, the SOCF has not initiated the evidence protocol and forensic medical examination process. As evidenced during the interview process, facility staff are very much aware of the policies and has standard practices in place to ensure the proper flow of the evidence collection process. As such, the SOCF has met the requirements of this standard.

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

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
115.22 (d)  
- Auditor is not required to audit this provision.

115.22 (e)  
- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

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.

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- AR 5120-9-24 Incident Reporting and Investigation
- ODRC Statement of Fact, David Kollar, PREA Coordinator, 4-13-21
- OSHP 103.07 Attachment P, Sexual Assault Evidence Collection and Analysis, 9-25-07
- ODRC Investigator Protocol, OSHP evidence collection
- SOCF PREA Incident Report Application, 9-11-20
- SOCF Notification of PREA Investigation to OSHP, 9-22-20
- SOCF Notification of PREA Investigation Disposition to OSHP, 9-29-20
- SOCF Four (4) PREA Investigation Files

Interviews:

- Agency Head
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff
- Medical and Mental Health Staff
Site Review Observations:

- Discussed protocol with facility staff.
- Reviewed documentary files with facility staff.
- Discussed protocol with investigative staff.
- Reviewed documentary files with investigative staff.

Standard Subsections:

(A) Policy (79-ISA-02, AR 5120-9-24, ODRC Investigator Evidence Protocol, OSHP 103.07 Attachment P) requires that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Within the last 12 months, the SOCF has received a total of one (1) sexual abuse and five (5) sexual harassment complaints. Of those, zero (0) were criminal and six (6) were administrative investigations. All reported allegations were investigated and referred in accordance to policy.

(B) The ODRC refers all allegations of sexual abuse and sexual harassment to the OSHP, an external law enforcement agency with legal authority to conduct criminal investigations. The ODRC has published this policy, as well as the criminal investigation process, on the agency website. All referrals to the OSHP are documented by the agency.

(C) In accordance with 79-ISA-02, “the agency PREA Coordinator/designee shall maintain a document that describes the responsibilities of the DRC and the OSHP for criminal investigation.” Those responsibilities are then listed in detail in Appendix A of that same policy.

(D) The auditor is not required to audit this provision.

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that proper referrals of allegations are made for further investigations. The ODRC does have appropriate policies in place mandating referrals in specific instances. In interviewing SOCF investigative staff, it is clear that SOCF staff refer all required investigations to OSHP for further processing in accordance to policy. Additionally, SOCF provided sufficient documentation to evidence the facility’s adherence to agency protocol. As such, the SOCF complies in all material ways with this standard for the relevant review period.
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 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

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.

Documents:

- 39-TRN-10, Employee Orientation Training, 3-1-21
- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC Correctional Training Academy PREA Curriculum
- ODRC LGBTI Staff Training
- ODRC PREA Appropriate Supervision of the LGBTI and Sex Offender Population Training Lesson Plan, 8-5-14
- SOCF PREA Training Roster, FY20
- SOCF Statement of Status; No staff transfers to the SOCF from a female facility, CY2020
Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Administrative (Human Resources) Staff
- Medical and Mental Health Staff
- Contractors Who May Have Contact With Offenders

Site Review Observations:

- The auditor was provided with a training list of all contract workers and SOCF staff, to include newly hired staff. During the course of all staff and contract worker interviews, all persons were asked if, and when, they had received their required PREA training. Random responses were subsequently matched against the SOCF PREA Training Completion Report to ensure the validity of said report.

Standard Subsections:

(A) Policy (79-ISA-01, 39-TRN-10) requires all employees to be fully trained on the agency’s zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. This Sexual Abuse Prevention and Response training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency’s zero-tolerance policy for sexual abuse and sexual harassment, and discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Employees are also informed that offenders have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

(B) Training curriculum reviews demonstrate that the material is appropriate for the gender of inmates at the employees’ facility. As well, agency policy (39-TRN-10) requires that “Employees who transfer to an institution that houses incarcerated individuals of a different gender shall receive training tailored to that gender of incarcerated individual as part of their orientation training and in accordance with PREA Standard 115.31b.”

(C) A review of SOCF PREA Training Completion Report reflects that all 604 actively employed staff have received their initial PREA training, as well as continued training as appropriate based on agency policy (39-TRN-01, 79-ISA-01). Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training. A review of the SOCF PREA Training Completion Report reflects continuing training schedules have all been maintained.
(D) All training is electronically verified and documented upon completion of the ODRC PREA online training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. SOCF maintains compliance with those imperatives. All training is electronically documented upon completion, with SOCF maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency’s zero-tolerance policy. As such, SOCF has clearly meet the requirements of this provision.

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

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.

Documents:

- SOCF Contractor/Volunteer/Intern Training Acknowledgement Form, 4-13-20
- SOCF PREA Training Session Report, 4-13-20
- ODRC PREA Contractor/Volunteer Training Script
- ODRC Contractor/Volunteer/Intern PREA Training Acknowledgement Form

Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Administrative (Human Resources) Staff
- Medical and Mental Health Staff
- Contractors Who May Have Contact with Offenders

Site Review Observations:

- Review of volunteer and contractor worker standard of conduct training forms.

Standard Subsections:

- Policy (79-ISA-01) requires that “all routine volunteers, special event volunteers, Long Term Contractors and Non-Escorted Contractors who have contract with inmates shall be notified of DRC’s zero-tolerance regarding sexual misconduct and how to report such incidents. All volunteers and contractors shall also 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.” At the time of the audit, the SOCF had 63 volunteers and contract workers who could have contact with offenders. As affirmed by the SOCF Operation Compliance Manager, 100% of those persons have received appropriate PREA training dependent on their level of contact with offenders within the facility.

(A) During the on-site audit, which occurred in light of the 2020 Coronavirus pandemic, nonessential persons were not present on the facility. As such, there were no volunteers available for interview. However, there were several contract workers available for interview. When interviewed, these contract workers all stated that they had been made aware of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member. Contractors’ statements of training were randomly verified against the facility’s PREA training rosters.
(B) Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. The SOCF then maintains a copy of all training files belonging to both volunteers and contractors. When asked, contract workers all confirmed that they had received PREA training prior to their actual start date with the agency.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training on the agency’s zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency’s zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. As with employee training, the SOCF has ensured both volunteers and contractors conducting business on the facility have received and subsequently documented their PREA trainings. In speaking with contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, SOCF has met the requirements of this standard.

**Standard 115.33: Inmate education**

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

**115.33 (a)**

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

**115.33 (b)**

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

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

- PREA Inmate Poster – Incidents or Suspicions of Sexual Abuse, Harassment, and Retaliation
- PREA Inmate Poster – Restrictive Housing Inmates
- PREA Inmate Poster – Break the Silence
- PREA Inmate Poster – Incidents or Suspicions of Sexual Abuse, Harassment, and Retaliation (Spanish)
- PREA Inmate Poster – Restrictive Housing Inmates (Spanish)
- PREA Inmate Poster – Break the Silence (Spanish)
- 64-DCM-02, Inmates with Disabilities, 3-5-18
- 52-RCP-01, Reception Admission Procedures, 9-14-20
- ODRC PREA Inmate Education Video
- ODRC Inmate Handbook, Appendix A, PREA Information
- ODRC Inmate Handbook, Appendix A, PREA Information (Spanish)
- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC Union Supply Direct, Commissary Exempt Package Program Order Form
- ODRC Union Supply Direct, Commissary Food Package Program Order Form
- ODRC Union Supply Direct, Commissary Sundry Package Program Order Form
- SOCF Inmate Transfer List, 2-24-20
- SOCF Inmate Orientation Checklist, 2-24-20

Interviews:

- SOCF Operation Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Offenders

Site Review Observations:

- Observed the inmate receiving and discharge area.
- Observed a PREA Risk Screening.
- Observed PREA informational postings in Offender Housing, Education, Library, Law Library, and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within the Library and Law Library areas.
- Observed Inmate PREA training video.
- Reviewed 41 inmate files for documentation of PREA training
Standard Subsections:

(A) Policy (79-ISA-01, 52-RCP-10, 64-DCM-02) requires that upon receipt into the facility, inmates shall receive information in their native language, when possible, explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the past 12 months, the SOCF has received 411 offenders during the Intake process. Of those offenders, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Offenders are then provided a more comprehensive training detailing key points of the process within seven days of intake. Every inmate transferring into SOCF, regardless of how long the inmate has been incarcerated within ODRC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response.

(C) Per the SOCF Operation Compliance Manager, as of January 2014, all inmates who were incarcerated within the ODRC were required to watch the Inmate PREA training video entitled _Prison Rape Elimination Act: Fighting Back Through Awareness_. All offenders subsequently received into the ODRC have been required to watch that same film during reception. Upon any transfer to another facility within the ODRC, inmates are again required to watch the PREA orientation video as part of the facility orientation program. The ODRC, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer. According to the agency’s PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency’s zero tolerance policy toward all forms of sexual victimization. During orientation, each facility also provides local information, including identifying its PREA point person.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the ODRC, and more specifically, the SOCF. PREA brochures and informational posters are provided in both English and Spanish, the two most common languages spoken within the SOCF. The PREA video is available in two languages: English and Spanish. The English version contains a deaf interpreter, closed captioning, and a Spanish outline of the PREA policy at the end of the video. PREA informational posters are available in large print for the visually impaired. Translation services are available for offenders who don’t speak English. As well, per policy (64-DCM-02), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, so as to ensure said inmates have equal opportunity to benefit from the PREA provisions.

(E) In accordance to policy (79-ISA-01), and confirmed by Intake Staff, at Intake, inmates are provided with a brief PREA overview. Within 7 days of Intake, inmates are then provided with a more comprehensive facility orientation, to include PREA training. The information received is documented on the Inmate Orientation Checklist (DRC 4141 E), which is then acknowledged by signature by both the inmate receiving training and the staff member providing it. During inmate interviews, 12 of the 41 inmates interviewed stated that they had not received, or did not
remember receiving, PREA training. Accordingly, all 41 inmate files were reviewed to determine compliance. At that time, it was noted that all 41 inmates had, in fact, received PREA training, as well as signed documentation acknowledging this training.

(F) While offenders are provided personal copies of the ODRC Inmate Orientation Handbook (available in English and Spanish) upon receipt into the ODRC system, they are also loaned an additional copy of the Inmate Orientation Handbook for 14 days following their SOCF facility orientation. This material, as well as a wealth of other PREA related information, is continuously available within the facility’s Law Library. It is also continuously available via inmate tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish. There are also posters providing the names and contact information for Rape Crisis Centers that provide recovery support services to incarcerated inmates.

Reasoning & Findings Statement:

This standard works to ensure that inmates are cognizant of the agency’s zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. In speaking with inmates assigned to the SOCF, every single inmate stated that he was aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, most inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the SOCF has demonstrated their compliance with the standards related to this provision.

### Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
▪ Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).) ☒ Yes ☐ No ☐ NA

▪ Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

▪ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Documents:

• SOCF Staff Certificate of Training, PREA Investigating Incidents of Sexual Abuse and Sexual Harassment, 12-11-13
• SOCF NIC PREA Investigating Sexual Abuse in a Confinement Setting, 9-28-15
• 79-ISA-01, Prison Rape Elimination, 7-23-18
• NIC Specialized PREA Training for Correctional Investigators
• ODRC Training for Trainers: Specialized PREA Training for Correctional Investigators, 12-11-13
Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Administrative (Human Resources) Staff
- Investigative Staff

Site Review Observations:

- Reviewed investigative training certifications
- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (79-ISA-01), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing SOCF and OSHP investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(B) Per policy (79-ISA-01), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, 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. In interviewing SOCF and OSHP investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. Specifically, Policy #79-ISA-01, requires that the “completion of the training shall be documented with a certificate of completion.” A review of training certifications confirms that such documentation is maintained within agency files for all investigators currently utilized within the SOCF.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The ODRC investigative staff are required to attend both general PREA training, as well as PREA trainings specific
to conducting investigations of sexual victimization in a confinement setting. SOCF investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that SOCF staff do receive specialized training in excess of the generalized training provided to all staff. As such, the SOCF meets the requirements of this standard.

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

<table>
<thead>
<tr>
<th>115.35 (a)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  ☒ Yes  ☐ No  ☐ NA</td>
<td></td>
</tr>
<tr>
<td>▪ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  ☒ Yes  ☐ No  ☐ NA</td>
<td></td>
</tr>
<tr>
<td>▪ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  ☒ Yes  ☐ No  ☐ NA</td>
<td></td>
</tr>
<tr>
<td>▪ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  ☐ Yes  ☒ No  ☐ NA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.35 (b)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  ☒ Yes  ☐ No  ☐ NA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.35 (c)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  ☒ Yes  ☐ No  ☐ NA</td>
<td></td>
</tr>
</tbody>
</table>
115.35 (d)

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

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.

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC PREA Medical & Mental Health Specialized Training Online Lesson Plan
- OSCF Staff PREA Training, FY20
- OSCF Medical PREA Training, FY20
- OSCF PREA Training Session Report, Contract & Volunteers Training, 4-13-20
- OSCF Statement of Status, Forensic exams conducted at Ohio State University Hospital
- OSCF PREA Medical & Mental Health Exam, 4-13-20

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Administrative (Human Resources) Staff
- Medical/Mental Health Staff
- SANE/SAFE Staff
Site Review Observations:

- Review of facility training records
- Interview ODRC medical/mental health staff
- Interview SANE/SAFE staff

Standard Subsections:

(A) The SOCF provides medical and mental health services to incarcerated persons assigned to its facility. Policy (79-ISA-01) requires that in addition to the generalized training provided to all staff, “all full and part-time medical and mental health staff and contractors shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct.” Interviews with Human Resource staff, SOCF medical/mental health staff, as well as with the SAFE/SANE Nurse Coordinator assigned to coordinate forensic medical services with the SOCF, all confirm that staff have received trainings as required. A review of agency training records documents staff participation in initial and/or continuing training requirements.

(B) In accordance agency policy, and verified through interviews with SOCF medical/mental health staff, medical staff at SOCF do not conduct forensic medical examinations. Rather, as confirmed by the SAFE/SANE Nurse Coordinator, inmates are transported to a nearby public medical facility, Ohio State University Hospital, for such services.

(C) A review of training records reflects that of the 30 current Medical and Mental Health employees assigned to the SOCF, 100% have received specialized training appropriate for their professional roles.

(D) As well, in accordance with their professional role, a review of training records reflects that medical and mental health practitioners have also received the generalize PREA training provided to all other staff, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training for medical and mental health services provided to victims of sexual abuse and sexual harassment. The ODRC has policies in place to ensure all SOCF medical and mental health staff are furnished this training. SOCF medical and mental health administration confirmed that said staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Also, the contracted SAFE/SANE Nurse Coordinator confirmed that all persons conducting forensic medical exams are properly certified to perform said exams. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. As such, the SOCF meets the requirements of this standard.
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

▪ Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

▪ Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

▪ Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

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

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

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

115.41 (g)
- Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

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

115.41 (i)

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**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.

Documents:

- 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, 7-29-19
- PREA Assessment Process, David Kollar
- SOCF Inmate Transfer List, 2-6-20
- SOCF Inmate Transfer List, 2-14-20
- SOCF PREA Assessment Process, 2-6-20
- SOCF PREA Assessment Process, 2-6-20a
- SOCF PREA Assessment Process, 2-14-20
- SOCF PREA Assessment Process, 2-21-20
- SOCF Incident Report, 9-11-20
• SOCF PREA Assessment Process, 10-2-20
• SOCF Statement of Status, No substantiated cases of sexual abuse

Interviews:

• Agency PREA Coordinator
• SOCF Operation Compliance Manager
• SOCF Facility Warden
• Intake Staff
• Medical and Mental Health Staff
• Staff Who Perform Screening for Risk of Victimization and Abusiveness
• Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
• Disabled Offenders
• Limited English Proficient Offenders
• Random Offenders

Site Review Observations:

• Observed a PREA intake screening
• Reviewed inmate files

Standard Subsections:

(A) Policy (79-ISA-04) requires that “all inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution.” The SOCF Intake and Medical staff affirm the facility’s adherence to agency policy. Specifically, all offenders received into the facility are screened for sexual victimization and/or sexually abusive risk factors on the same day that the inmates are received into the facility. The PREA screening process was observed by the auditor.

(B) Policy (79-ISA-04) requires that the screenings will be completed “within 72 hours of the inmate’s arrival at the facility.” In speaking with SOCF Intake and Medical staff, it was noted that said screenings take place immediately upon each inmate’s arrival to the facility. In accordance to agency policy, of the 441 inmates entering the facility (either through intake or transfer) within the past 12 months, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

(C) The PREA screening assessment is conducted using an objective screening instrument (the automated PREA Assessment Process). A review of the twenty survey questions provided to offenders does not present with either an implicit bias or leading statements. The PREA Assessment Process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the mock screening demonstration. To determine an inmate’s risk of sexual victimization, an offender is asked thirteen questions. To determine an inmate’s risk of sexual abusiveness, he is asked another seven questions.
(D) The PREA Assessment Process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate’s physical build, whether the inmate has previously been incarcerated, whether the inmate’s criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate’s own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. The risk screener is allowed to enter his/her subjective perception of the inmate’s gender expression, as well as any additional information regarding the inmate’s sexual safety. It should be noted that the ODRC does not detain offenders solely for immigration purposes. During inmate interviews, the majority of inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the SOCF. Of these, a significant number of inmates interviewed also affirmed that staff later asked them questions related to their sexual safety.

(E) In assessing inmates for their risk of being sexually abusive, the PREA Assessment Form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a mock risk screening demonstration, the auditor also reviewed several PREA Assessment Forms completed within the auditing time frame. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake and Medical staff both confirmed that offenders may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (79-ISA-04) requires that “no sooner than fifteen calendar days, but no later than thirty calendar days from the inmate’s arrival at any institution, the inmate shall be reassessed regarding their risk of victimization or abusiveness based upon any additional, relevant information received since that institution’s intake screening of the inmate.” Within the audit time frame, 100% of the 441 offenders with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the SOCF. In speaking with SOCF Unit Management staff, their adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.

(G) Policy (67-MNH-02) allows that “any employee may make a mental health referral based on his/her observation of the inmate’s behavior or at the inmate’s request, which include referrals based on concerns the inmate has been or is at high risk of being subject to sexual misconduct.” Both the SOCF Operation Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required. As well, in discussing reassessment processes with inmates, several inmates stated that after having brought concerns for their safety to the attention of security personnel, they were subsequently interviewed by either the SOCF Operation Compliance Manager or Unit Management staff regarding these concerns. Ultimately, many of these inmates believed that SOCF staff did
address their needs in a timely manner. When asked, all of these inmates, as well as all other inmates interviewed, stated that they felt their sexual safety was not at risk at SOCF.

(H) Policy (79-ISA-04) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake, Medical, and the Operation Compliance Manager affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the PREA Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions.

(I) Policy (79-ISA-04) requires that PREA “screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings.” Accordingly, all PREA screenings are provided the same level of privacy as any other medical information assessment. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to the PREA Assessment Form, that facility staff must restrict the spread of information obtained as a function of the PREA Assessment Form to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The Operation Complain Manager, Unit Managers, and other operative staff associated with the PREA Assessment Form affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA Assessment Forms did require authorized credentials in order to access said documents within the ODRC electronic data base.

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for an objective PREA Assessment Form, which is administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in inmates’ risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the SOCF. As well, the information gleamed from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering PREA Assessment Forms affirm the restricted nature of the information and their adherence to the facility’s limited distribution list. As such, the SOCF has satisfied the requirements of this standard and is found to meet its expectations.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No
115.42 (e)  
- Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)  
- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

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

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, 7-29-19
- 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, 7-9-18
- SOCF Inmate Transfer List, 2-14-20
- SOCF PREA Assessment Process, 2-14-20
- SOCF Incident Report, 9-11-20
- SOCF PREA Assessment Process, 10-2-20
- SOCF PREA Assessment Process, 1-24-20
- SOCF List of LGBTI, 11-30-20; 5-7-21; 5-17-21
- SOCF List of Inmates with Prior Victimization, 5-17-21
- SOCF List of Inmates with Cognitive Disabilities, 5-17-21
- SOCF Statement of Status, No substantiated cases of sexual abuse, CY2020

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical and Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Offenders
- Limited English Proficient Offenders

Site Review Observations:

- Observed PREA screening
- Reviewed offender files
- Observed offender housing and work assignments

Standard Subsections:

(A) Policy (79-ISA-04) requires that the agency use information from the PREA Risk Screening Form to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA Assessment Form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake and Medical staff, as well as the SOCF Operation Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other
inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (79-ISA-04) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the SOCF Operation Compliance Manager, and the SOCF Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the SOCF, most stated that their own opinions regarding their personal safety are considered by SOCF staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, they believed SOCF staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, agency policy (79-ISA-05) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the offender’s health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex offender to a specific housing or program assignment, agency policy (79-ISA-05) dictates administrators consider, on a case-by-case basis, whether such a placement would ensure the offender’s health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the SOCF Operation Compliance Manager, and the SOCF Warden, staff affirmed that an inmate’s genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (79-ISA-05) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, SOCF Unit Management staff did affirm the facility’s compliance with this policy. As well, along with routine informal safety checks by the SOCF Operation Compliance Manager and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed by agency officials every six months.

(E) Agency policy (79-ISA-05) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate’s own view with respect to his or her own safety shall be given serious consideration. When interviewed, SOCF staff and the SOCF Operation Compliance Manager affirmed that the facility strictly adherences to this policy. Additionally, during random and targeted interviews with inmates, most stated that they believed SOCF staff would consider inmates’ own views with respect to their own safety.

(F) Policy (79-ISA-04, 79-ISA-05) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with SOCF random staff, the existence of alternative shower times for transgender and intersex inmates was affirmed in accordance with policy. However, the SOCF facility does not have any multi-person showers. Rather, all showers at SOCF are single person stalls. Accordingly, there isn’t a need to require transgender persons to shower only during specified times. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate
population. However, given the privacy inherently created by the individual shower stalls, transgender inmates stated that they did not have any safety concerns in showering at the SOCF.

(G) There aren’t any correctional facilities within the ODRC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex offenders. As such, policy (79-ISA-04) expressly states that “LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification.” In speaking with the PREA Coordinator, the SOCF Operation Compliance Manager, and the SOCF Warden, staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the SOCF, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all staff affirmed that the SOCF does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The ODRC has numerous policies in place to ensure the most effective and secure use of the PREA Assessment Form. Inmates deemed to be at high risk are routinely monitored by the SOCF Operational Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the SOCF Operation Compliance Manager reflect that facility staff have discretion in managing the safety of individual inmates. The SOCF Operation Compliance Manager, as well as all other SOCF staff, affirm their adherence to agency policies and also confirm that the inmate’s own views regarding the inmate’s own safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted the use of single person shower stalls so that said inmates are never required to shower alongside persons within the general population. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and SOCF adheres to, the requirements of this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

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

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

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? ☒ Yes ☐ No

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No
115.43 (e)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- SOCF Statement of Status, No Involuntary Segregation Housing, CY20
- SOCF List of LGBTI, 11-30-20; 5-7-21; 5-17-21
- SOCF List of Inmates with Prior Victimization, 5-17-21
- SOCF List of Inmates with Cognitive Disabilities, 5-17-21

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Offenders in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews
- Inmates in Segregated Housing for High Risk of Sexual Victimization

Site Review Observations:

- Observed facility cell designs and restricted housing units
Standard Subsections:

(A) Policy (79-ISA-02) mandates that agency staff shall refrain from placing inmates at high risk for sexual victimization in “involuntary restrictive housing (RH) or in limited privileges 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.” In speaking with the SOCF Operation Compliance Manager and the SOCF Warden, staff confirm that there have not been any offenders placed in the Involuntary Transitional Program Unit (RH or LPH) during the audit time frame. As well, inmate interviews did not suggest that SOCF utilizes any form of restrictive housing as a primary means of separation for investigatory purposes. As such, there wasn’t any relevant documentation to review.

(B) Policy (79-ISA-02) allows that “the victim shall be housed in an environment that shall, to the extent possible, permit the victim the same level of privileges the victim was permitted immediately prior to the sexual abuse.” Specifically, efforts should be made to ensure these inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as offenders assigned to the general population. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document this restriction on the PREA Involuntary Restrictive Housing/Limited Privilege Housing form (DRC1184). As a function of this form, staff must further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation. In speaking with the SOCF Operation Compliance Manager and the SOCF Warden, staff confirm that there have not been any offenders placed in the Involuntary Transitional Program Unit (RH or LPH) for risk of sexual safety during the audit time frame. Additionally, no inmates stated that they had been placed in such housing. As such, there wasn’t any relevant documentation to review.

(C) Policy (79-ISA-02) mandates that the Involuntary Transitional Program Unit for inmates at a high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but no more than 24 hours without an assessment of all available alternatives has been completed. Policy (79-ISA-02) further requires that the assignment shall not ordinarily exceed a period of 30 days. In speaking with the SOCF Operation Compliance Manager and the SOCF Warden, staff confirmed that there have not been any inmates placed in the Involuntary Transitional Program Unit for risk of sexual safety during the audit time frame. Additionally, no inmates stated that they had been placed in such housing. As such, there wasn’t any relevant documentation to review.

(D) Policy (79-ISA-02) requires that upon placement of an inmate into the Involuntary Transitional Program Unit, the facility must clearly document the basis of the facility’s concern for the offender’s safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the SOCF Operation Compliance Manager and the SOCF Warden, staff confirmed that there have not been any inmates placed in the Involuntary Transitional Program Unit for risk of
sexual safety during the audit time frame. Additionally, no inmates stated that they had been placed in such housing. As such, there wasn’t any relevant documentation to review.

(E) Policy (79-ISA-02, 79-ISA-04) requires that an inmate placed in the Involuntary Transitional Program Unit due to being a high risk of sexual victimization shall have this status reviewed within seven calendar days of his initial placement and at least every 30 days thereafter. In speaking with the SOCF Operation Compliance Manager and the SOCF Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in the Involuntary Transitional Program Unit for risk of sexual safety during the audit time frame. Additionally, no inmates stated that they had been placed in such housing. As such, there wasn’t any relevant documentation to review.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary protective custody is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in the Involuntary Transitional Program Unit unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the SOCF Operation Compliance Manager and the SOCF Warden, staff confirmed that there have not been any inmates placed in the Involuntary Transitional Program Unit for risk of sexual safety during the audit time frame. Additionally, no inmates stated that they had been placed in such housing. As such, there wasn’t any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to the Involuntary Transitional Program Unit for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the SOCF has satisfied all component parts of this standard and found to have met its provisions.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

### 115.51 (c)

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

### 115.51 (d)

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

## Auditor Overall Compliance Determination

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

## 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.
Documents:

- PREA Inmate Poster – Incidents or Suspicions of Sexual Abuse, Harassment, and Retaliation
- PREA Inmate Poster – Restrictive Housing Inmates
- PREA Inmate Poster – Incidents or Suspicions of Sexual Abuse, Harassment, and Retaliation (Spanish)
- PREA Inmate Poster – Restrictive Housing Inmates (Spanish)
- 52-RCP-01, Reception Admission Procedures, 9-14-20
- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- 01-COM-08, Incident Reporting and Notification, 5-14-18
- ODRC Inmate PREA Training Video
- ODRC Employee Handbook, Department Policies
- ODRC Employee Online PREA Training Lesson Plan
- ODRC & ODYS MOU, 1-7-21
- ODRC & ODYS MOU, 4-14-15
- ODRC Inmate Handbook, Appendix A, PREA Information
- ODRC Inmate Handbook, Appendix A, PREA Information (Spanish)
- Vocalink Language Services, Over the Phone Interpreting
  - Mandatory Use Contract for Translation and Interpretation Services (through 8-31-21)
- Core Languages and Non-Core Languages and Dialects
- SOCF / DRC 3rd Party PREA Hotline, CY 2021
- SOCF 3rd Party Report via PREA Hotline, 9-9-20
- SOCF Informal Complaint Resolution, 3-16-20
- SOCF Incident Report, 3-20-20

Interviews:

- Agency Head
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Random Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Offenders

Site Review Observations:

- Reviewed documentation related to offender reports of sexual abuse and sexual harassment.
- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment.
- Observed PREA Risk Screening assessments.
- Observed informational posters throughout the facility advising offenders of various reporting mechanisms for allegations of sexual abuse and sexual harassment.
• Observed numerous PREA educational and reporting references available for offender use within the facility Law Library
• Observed PREA informational video

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening, via the PREA Assessment Form, and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within 7 days of their receipt into the facility. This orientation includes detailed training on the ODRC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an ODRC Inmate Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. In interviewing staff, all employees were aware of an inmate’s right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, the majority of inmates were able to articulate at least one manner by which a report could be made.

(B) As noted in policy (52-RCP-10), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the phone numbers to the Operation Support Center and an Outside Agency Hot Line, with calls to both of these agencies being anonymous and without cost to the inmate. Inmates are provided the address to the primary reporting entity, the Ohio Department of Youth Services, which can receive and immediately forward offender reports to agency officials for their investigation. Upon an inmate’s request, the Ohio Department of Youth Services will allow an inmate to remain anonymous. Per the agency PREA coordinator, the ODRC does not detain inmates solely for civil immigration purposes. Nonetheless, information on how to contact relevant consular officials is available in the SOCF facility Law Library.

(C) Per policy (79-ISA-02, 52-RCP-10), staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner by which they became aware of that information. In doing so, many staff stated that they would document all such reports via a DRC1000, and all staff stated they would document the information, as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. The majority of inmates
interviewed stated that they believed SOCF staff would take complaints of sexual safety seriously and act accordingly to address their concerns.

(D) Per policy (Employee Handbook, 79-ISA-02, 01-COM-08), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, per the Employee Handbook, “staff may privately report sexual misconduct by completing an Incident Report (DRC1000), marked confidential and submitting it directly to the Institutional PREA Compliance Manager or Agency PREA Coordinator. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. To test the functionality of these services, the auditor used the inmate PREA Hotline (*89) to place a test call. The auditor further utilized the weblink on the ODRC website to submit a written test complaint. In both instances, the audit received responsive comments from the agency within one business days. Additionally, while inmates are not encouraged to utilize rape counseling support service centers as reporting avenues, they will also serve in this capacity if explicitly requested by the inmate. With this in mind, the auditor solicited inmate contact information from two rape counseling centers central to the SOCF. One of centers, Just Detention International, indicated that it did not receive any complaints of sexual abuse or sexual harassment from offenders assigned to the SOCF within the reporting time frame. The Ohio Alliance to End Sexual Violence stated that it has a system in place to receive calls from all state-based correctional institutions in Ohio. The agency does regularly receive contact from inmates. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. The majority of inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the SOCF has exceeded the requirements of this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may
also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

### 115.52 (g)

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

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

☒ Meets Standard  *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- ODRC Statement of Fact, David Kollar, PREA Coordinator

Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff
- Random Offenders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed inmate complaints received by Institutional Investigator

Standard Subsections:

(A) The ODRC does not have administrative procedures to address inmate grievances regarding sexual abuse. However, per policy (79-ISA-02) for purposes of the Prison Litigation Reform Act’s “exhaustion requirement before bringing a lawsuit regarding an allegation of sexual abuse or sexual harassment, inmates must have reported the incident to facility staff in writing to Operation Support Center staff, to any outside agency DRC has identified as having agreed to receive and immediately forward the inmate reports of sexual abuse and sexual harassment to DRC officials, or to the Chief Inspector’s Office, or a third party reported an inmate is the victim of sexual abuse or sexual harassment and the alleged victim confirmed the allegation upon investigation.”
(B) Policy (79-ISA-02) does not permit offenders to submit grievances regarding allegations of sexual abuse and sexual harassment. Nonetheless, inmates may still submit reports of sexual misconduct through the appropriate channels without time limits.

(C) Policy (79-ISA-02) does not permit offenders to submit grievances regarding allegations of sexual abuse and sexual harassment. Nonetheless, inmates may still submit reports of sexual misconduct to any person without first attempting to resolve the complaint through the person with whom the complaint is against. The complaint is subsequently processed by the institutional investigator, not the person with whom the complaint is against.

(D) Policy (79-ISA-02) does not permit offenders to submit grievances regarding allegations of sexual abuse and sexual harassment. Per policy (79-ISA-02), via an alternative method of reporting, “a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within ninety (90) calendar days of the initial filing. If ninety (90) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days. The inmate shall be notified in writing of such extension and be provided a date by which a decision will be made.

(E) Policy (79-ISA-02) does not permit offenders to submit grievances regarding allegations of sexual abuse and sexual harassment. However, policy (79-ISA-02) does allow a “third party (to) report(ed) an inmate is the victim of sexual abuse or sexual harassment and the alleged victim confirmed the allegation up investigation.”

(F) Policy (79-ISA-02) does not permit offenders to submit grievances regarding allegations of sexual abuse and sexual harassment. However, policy (79-ISA-02) does allow inmates to file sexual abuse complaints. If this complaint is deemed an emergency, “the managing officer’s designee shall provide a documented initial response on the Imminent Risk of Sexual Abuse assessment within forty-eight (48) hours of the receipt of the report. The report shall document the institution’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken. The inmate shall also be notified of the initial response within forty-eight (48) hours of the receipt of the report. The documented final decision shall be made within five (5) calendar days of the initial report and… shall document the institution’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken. The inmate shall also be notified of the final decision within five (5) calendar days of the initial report.”

(G) Policy (79-ISA-02) does not permit offenders to submit grievances regarding allegations of sexual abuse and sexual harassment. However, policy (79-ISA-02) does allow that “disciplinary action may be taken when it is determined that an inmate made a false report of sexual misconduct… However, 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.”

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. Policy (79-ISA-02) does not permit
inmates to submit grievances alleging sexual abuse and sexual harassment. Rather, any grievance regarding such is administratively closed as a grievance. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. That said, the agency still investigates the allegations; it simply does so using a different mechanism. In this, the Inmate Grievance Coordinator will forward the allegations of sexual abuse or sexual harassment to the Institutional Investigator. The Institutional Investigator, in coordination with unit administration, then processes the allegations as a formal sexual abuse or sexual harassment complaint. Documentation supporting the submission of grievance referrals was reviewed to confirm SOCF Grievance staff submit said referrals in a timely fashion. As the proper submission of an inmate complaint alleging sexual abuse and sexual harassment constitutes exhaustion of administrative remedies, the SOCF meets the provisions of this standard.

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

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No
Auditor Overall Compliance Determination

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

☒  Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- SOCF MOU Sexual Assault Response Network of Central Ohio, 7-10-20
- 52-RCP-10, PREA Information for Inmate Handbook
- 52-RCP-10, PREA Information for Inmate Handbook (Spanish)
- ODRC Inmate Informational Posters
- ODRC Inmate Informational Posters (Spanish)
- ODRC Contact Information for Rape Crisis Programs in Ohio

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Medical and Mental Health Staff
- SANE/SAFE Staff
- Mailroom Staff
- Random Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Offenders
- Just Detention International
- Ohio Alliance to End Sexual Violence
- ODRC Website Third Party Reporting Coordinator
- DRC PREA Hotline

Site Review Observations:

- Reviewed PREA Risk Screening assessment and distributed information upon SOCF reception at Southern Ohio Correctional Facility
• Observed informational posters throughout the facility advising offenders of various reporting mechanisms for allegations of sexual abuse and sexual harassment
• Observed numerous PREA educational and reporting references available for offender use within the facility Law Library
• Observed offender general visitation and legal visit areas informational posters
• Observed visitation area designated for members of an approved victim advocate service

Standard Subsections:

(A) Policy (79-ISA-01) requires that “the institution OCM and the victim support person shall compile mailing address and telephone number including toll-free hotline numbers of local, state, or national victim advocacy or rape crisis organizations.” The SOCF Inmate Orientation Handbook provides contact information for reporting sexual abuse and sexual harassment. Via institutional awareness posters, inmates are also provided the physical address to write for confidential emotional support services. As well, the Law Library contains a listing of Contact Information for Rape Crisis Programs in Ohio. This reference includes the contact person, physical address, phone number, and website address for Ohio rape crisis programs as sorted by region.

Per policy (79-ISA-01) the agency does provide toll-free telephone calls to several rape crisis hotlines. Policy (79-ISA-01) also allows that communication between inmates and advocates within these rape crisis centers is as confidential as possible; however, “inmates must be notified that telephone calls are not confidential” in the event that, for security reasons, it becomes necessary to monitor said conversations. In speaking with Mailroom staff, it was noted that outgoing mail to rape crisis centers is not restricted or monitored to any extent greater than any other outgoing general correspondence. In this respect, inmates may seal all of their outgoing mail and send it without prison inspection. Additionally, the agency allows Victim Support Persons, specifically trained for this purpose, to provide inmates with emotional support related to sexual abuse and sexual harassment.

Per the agency PREA coordinator, the ODRC does not detain inmates solely for civil immigration purposes. Nonetheless, information on how to contact relevant consular officials is available in the facility’s Law Library. When interviewed, many inmates knew that the agency provided free rape crisis support services to inmates. Additionally, most offenders were aware of at least one means by which they could contact rape crisis support services, with most offenders knowing that they could access those services by way of the phone number (aka the PREA Hotline) provided via the PREA posters located throughout the facility.

(B) Per policy (79-ISA-01) inmates are notified that calls to the national hotline number (Rape, Abuse, Incest, National Network), as well as to local rape crisis centers, are subject to monitoring.

(C) The SOCF has negotiated a contract between itself and Ohio Alliance to End Sexual Violence to help provide rape crisis support services as requested by inmates assigned to the SOCF. The SOCF does maintain, and did supply, facility-based contracts for review.
Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the SOCF have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the SOCF are provided a list of national and/or state-based rape crisis support centers. This list contains a contact name within the crisis center and contact information for related services. Inmates are advised that calls to rape crisis centers are subject to monitoring. The SOCF has also secured a memorandum of understanding with a local rape crisis center for support services. When interviewed, all employees and most inmates knew that the agency provided free emotional support services to offenders upon request. As well, most offenders knew that they could initiate access to those services by contacting the rape crisis center using the information posted on the PREA awareness posters predominately displayed throughout the facility. As such, the SOCF has met the minimum standards of this provision.

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

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.
Documents:

- PREA Inmate Poster – Break the Silence
- PREA Inmate Poster – Break the Silence (Spanish)
- ODRC Website Email Address for Third Party Reporting
- SOCF ODRC PREA Hotline, CY21

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff
- Random Offenders
- Just Detention International
- Ohio Alliance to End Sexual Violence
- ODRC Website Third Party Reporting Coordinator
- DRC PREA Hotline

Site Review Observations:

- Review ODRC website specific to PREA and third-party reporting methods
- Tested ODRC online third-party reporting system
- Tested ODRC PREA Hotline (*89)
- Observed the Offender Visitation Area informational posters
- Observed informational postings and other publications throughout the offender housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (79-ISA-02) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged offenders to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by offender family and friends via the facility’s Offender Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency’s website. To verify the system was operational, the auditor submitted a test email to the agency’s online reporting address. A response was received back from the agency within one business day. Documentation review reflected that SOCF staff would accept, and process, third-party PREA allegations to the same extent as complaints made by affected inmates. All staff interviewed confirmed that the SOCF would accept third-party reports of sexual abuse. As well, most inmates interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure a publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. In accordance to policy (79-ISA-02),
the SOCF promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency’s website in order to allow the general public direct access to reporting information. To ensure the functionality of the ODRC site, all electronic links were tested and found to be operating as required. To ensure the functionality of the ODRC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods that can be used to make a third-party report. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence. As well, inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. The majority of inmates were also aware of their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is clearly institutionalized across staff and offender cultures, the SOCF has exceeded the provisions of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

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

115.61 (b)

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

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

**Auditor Overall Compliance Determination**

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

☒  Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**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.*

**Documents:**

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, 7-29-19
- 01-COM-08, Incident Reporting and Notification, 5-14-18
- SOCF Statement of Status; No inmates reporting sexual assault in the community who requested to speak with law enforcement, CY2020
- SOCF Statement of Status; No intellectually disabled inmates reporting sexual abuse in community, CY2020
- SOCF Notification of external referral, 5-19-21
• Multnomah County Sheriff’s Office Notification of referral, 5-17-20
• Multnomah County Sheriff’s Office PREA Incident, 5-17-20

Interviews:

• Agency PREA Coordinator
• SOCF Operation Compliance Manager
• SOCF Facility Warden
• Investigative Staff
• Medical/Mental Health Staff
• Random Staff
• Random Offenders

Site Review Observations:

• Employee training records

Standard Subsections:

(A) Policy (79-ISA-01, 01-COM-08) mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against offenders or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all SOCF staff had received initial PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) Policy (79-ISA-02) notifies all staff that “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 decision… Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary.” As such, employees are cautioned to share reported information only with authorized staff. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the SOCF Operation Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (79-ISA-02) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During medical/mental health services staff interviews, the need for medical staff to inform offenders (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.
(D) All inmates incarcerated within the SOCF are legally classified as adults. As such, there aren’t any juveniles assigned to this facility. However, per policy (79-ISA-04), the facility may still have persons classified as vulnerable adults. Per policy (79-ISA-04), a vulnerable adult is a person who has been “identified as having an intellectual and/or developmental disability.” If an inmate is considered a vulnerable adult, the Institutional Investigator must forward reports of prior sexual victimization to the OSHP.

(E) Policy (79-ISA-01, 79-ISA-02) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the SOCF Institutional Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs’ duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing SOCF medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the SOCF meets the provisions established within this standard.

**Standard 115.62: Agency protection duties**

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- SOCF Statement of Status, No Imminent Risk Incidents, CY2020

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical and Mental Health Staff
- Random Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Offenders

Site Review Observations:

- Review of retaliation monitoring documentation

Standard Subsections:

(A) Per policy (79-ISA-01, 79-ISA-02), when the SOCF learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the offender. In speaking with the SOCF Operation Compliance Manager, SOCF Facility Warden, SOCF Unit Managers, and random staff, a plethora of possible options were discussed specific to inmate protection measures. As the SOCF did not find any evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.
Reasoning & Findings Statement:

This standard works to actualize the processes of inmate protection. Agency policy (79-ISA-01, 79-ISA-02) requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. Provided there are no other alternative options available to ensure the inmate’s safety, policy (79-ISA-02) further allows the facility to immediately increase the safety of the at-risk inmate by placing said inmate in the Involuntary Transitional Program Unit. However, placement in Involuntary Transitional Program Unit housing would only be used if no other general housing assignments available could ensure inmate safety. During the audit time frame, the SOCF did not received any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the inmate. Hence, the SOCF has clearly realized the provisions of this standard.

<table>
<thead>
<tr>
<th>Standard 115.63: Reporting to other confinement facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Yes/No Questions Must Be Answered by the Auditor to Complete the Report</td>
</tr>
</tbody>
</table>

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

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.

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- SOCF outgoing notification to Lake Erie Correctional Institution (LECI), 6-16-20
- SOCF Incident Report, 6-24-20
- SOCF Notification of external referral, 5-19-21
- Multnomah County Sheriff’s Office Notification of referral, 5-17-20
- Multnomah County Sheriff’s Office PREA Incident, 5-17-20
- SOCF PREA Incident Report Application, 5-19-20
- SOCF Notification of Sexual Abuse Investigation Outcome 7-13-20

Interviews:

- Agency Head
- SOCF Operation Compliance Manager
- SOCF Facility Warden

Site Review Observations:

- Review of facility-to-facility referral

Standard Subsections:

(A) ODRC policy (79-ISA-02) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide written notice of these allegations to the managing officer (Warden) of the destination facility within 72 hours. A review of documents for the past twelve months reflects that there has been five (5) such referrals made by the SOCF and two (2) such referrals made to the SOCF.

(B) Per ODRC policy (79-ISA-02), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The SOCF Warden confirmed that all notices would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours. As well, all notices received by the Warden's Office within the past twelve months have been sent to SOCF within 72 hours of an inmate presenting allegations of sexual abuse and/or sexual harassment to agency staff. Documentation was reviewed to verify that at referrals were made within 72 hours of facility awareness.
(C) The SOCF documents this notification through the use of an Incident Report (DRC1000 Form) in accordance to policy (79-ISA-02, 01-COM-08).

(D) Upon receipt of said allegations, policy (79-ISA-02) requires that the Warden of the destination facility must then process these allegations in accordance to standard protocol.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the last 12 months, the SOCF has received two (2) incoming allegations of sexual abuse and sexual harassment from inmates who reported such at another ODRC facility. Within the last 12 months, the SOCF submitted five (5) outgoing allegations of sexual abuse and sexual harassment from inmates who reported to SOCF staff that such an incident occurred at another facility. A review of these notifications was made to ensure timely compliance, specifically that the notifications were made within 72 hours of agency staff learning about the alleged abuse. Accordingly, agency policy, staff comments, and collaborative documentation all reflect that the SOCF has satisfied the provisions of this standard.

### Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  ✔ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  ✔ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  ✔ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  ✔ Yes ☐ No
115.64 (b)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 03A-23, Southern Ohio Correctional Facility (SOCF), Zero Tolerance, 11-12-19
- 03A-24, Southern Ohio Correctional Facility (SOCF), Institutional Sexual Abuse Coordinated Response Plan, 11-12-19
- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, 7-24-17
- SOCF Statement of Status, No inmates reported sexual abuse to non-security staff member in CY2020
- SOCF Incident Report, 9-11-20
- SOCF Sexual Abuse First Responder Checklist, 9-11-20
- SOCF PREA Incident Report Application, 9-11-20
- SOCF Notification of Sexual Abuse Investigation Outcome, 9-29-20
- SOCF SART, 10-1-20

Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Offenders Who Reported Sexual Abuse
Site Review Observations:

- Review of employee training records
- Review of investigator narrative case files

Standard Subsections:

(A) Policy (03A-24) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy (79-ISA-01, 79-ISA-02, 03E-02, 310-SEC-13) requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an offender has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. In interviewing SOCF security first-responders, the actions taken were consistent with policy. Within the past twelve months, SOCF has received one (1) allegation from offenders who claim to have been a victim of sexual abuse. In this instances, SOCF staff were not notified within a time period that still allowed for the collection of physical evidence. The SOCF security staff member responding to the allegations took appropriate steps to preserved the crime scene and/or physical evidence on the victims’ person.

(B) Policy (03A-24) requires that non-security first responders contain and assess the situation, notify their immediate supervisor or the security shift supervisor, instruct the victim not to take any action that could destroy physical evidence, and report the specific details, in writing, to the security shift supervisor as soon as possible, and no later than the end of the day. The one incident of sexual abuse was reported to a security staff member. Nonetheless, when asked, non-security staff members were able to articulate their roles in the process should they ever be the first responder. In particular, non-security staff members noted that they would immediately notified security staff and asked the alleged victim to not take any action that could destroy physical evidence.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. The majority of staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curriculums reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification of a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff
interviews, and facility training documentation sufficiently supports the expectations required by this standard.

### Standard 115.65: Coordinated response

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

115.65 (a)

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

**Auditor Overall Compliance Determination**

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

**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.*

**Documents:**

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- 03A-24, Southern Ohio Correctional Facility (SOCF), Institutional Sexual Abuse Coordinated Response Plan, 11-12-19

**Interviews:**

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
Site Review Observations:

- Review of agency policies
- Review of departmental level facility processes

Standard Subsections:

(A) The SOCF has developed a written institutional plan; namely, SOCF Policy #03A-24, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the SOCF implemented a unit-based policy (#03A-24) that details the coordinated response plan to an incident of inmate sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the manner in which those roles interact with one another are outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As well, during inmate interviews, many were able to articulate the responsibilities of responding staff; thus, demonstrating this process has been institutionalized across the facility. As such, the SOCF has met all of the provisions within this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.
Auditor Overall Compliance Determination

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

☒  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**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.

Documents:

- ODRC Contract with OCSEA, 5-12-2018 through 2-28-21
- State of Ohio Contract with State Council of Professional Educators OEA/NEA, Legislative Draft, 12-7-18
- State of Ohio Contract with Service Employees International Union, District 1199, The Health Care and Social Service Union, Change, to Win, CLC, Legislative Draft, 9-25-18

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Administrative (Human Resources) Staff

Site Review Observations:

- Reviewed agency labor contracts

**Standard Subsections:**

(A) Per policy (79-ISA-01), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency’s behalf, are 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the State of Ohio and the Ohio Civil Service Employee Association, as well as the State Council of Professional Educators, ensures that the ODRC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy (79-ISA-01) allows for employees to be suspended from duty pending the outcome of a sexual abuse or sexual harassment investigation. In speaking with investigative staff and the SOCF Warden, the process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the ODRC; more specifically, the SOCF unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the SOCF has satisfactorily met all provisions within this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**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.

**Documents:**

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- SOCF Statement of Status; No case of individuals cooperating with a PREA who expressed fear of retaliation, CY2020
- SOCF Statement of Status; No cases of proven retaliation against inmates for cooperating with a PREA investigation, CY2020
- SOCF PREA Incident Report Application, 9-11-20
- SOCF PREA Incident Report Application, 30-day follow-up, 10-13-20
- SOCF PREA Incident Report Application, 60-day follow-up, 11-25-20
- SOCF PREA Incident Report Application, 90-day follow-up, 12-10-20

**Interviews:**

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Offenders
- Offenders Who Reported Sexual Abuse
Site Review Observations:

- Reviewed retaliation monitoring logs

Standard Subsections:

(A) Policy (79-ISA-02) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. In accordance to these policies, the SOCF Operation Compliance Manager monitors all retaliation resulting from cases of sexual harassment. The SOCF Institutional Investigator monitors all retaliation resulting from cases of sexual abuse.

(B) Per policy (79-ISA-02), the "institution shall 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 and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations."

(C) Per policy (79-ISA-02), for a minimum of three (3) months following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of:
   a. An inmate who reported an incident of sexual abuse or sexual harassment (including a third-party reporter)
   b. An inmate who was reported to have suffered sexual abuse or sexual harassment; and
   c. An employee who reported an incident of sexual abuse or sexual harassment of an inmate.
   d. Monitoring staff shall employ multiple protection measures to prevent inmate retaliation, such as reviewing inmate disciplinary, housing changes, job changes, and program changes.
   e. Monitoring staff shall employ multiple protection measures to prevent staff retaliation, such as negative performance reviews for staff and the reassignment of staff.
   f. Monitoring shall go beyond 90 days if the initial monitoring indicates a continuing need.
   g. Within the past twelve months, the SOCF has not had a reported incident of retaliation.

(D) Per policy (79-ISA-02), in the case of inmates, such monitoring shall also include periodic in-person status checks at least every 30 days.

(E) Per policy (79-ISA-02), if any other individual (staff, volunteer, contractor, offender, adolescent offender, resident, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.

(F) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. ODRC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. Both the
SOCF Operation Compliance Manager and the SOCF Institutional Investigator provided detailed explanations of the monitoring process. The auditor also observed the monitoring system currently in place at the SOCF. Given the totality of the policies provided, staff knowledge regarding the process, and a demonstration of the SOCF monitoring process, the SOCF has satisfied the basic provisions of this standard.

### Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

### 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.

**Documents:**

- 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, 7-29-19
- SOCF Statement of Fact, No Involuntary Segregation, CY2020

**Interviews:**

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Offenders in Segregated Housing
- Random Offenders
Site Review Observations:

- Observed the Involuntary Transitional Program Unit

Standard Subsections:

(A) Policy (79-ISA-04) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. Within the past twelve months, the SOCF has not placed any inmates who have suffered sexual abuse or who are at a high risk of sexual abuse in the Involuntary Transitional Program Unit pending completion of their assessment.

Reasoning & Findings Statement:

Agency policy strictly prohibits the use of involuntary segregated housing; namely, the Involuntary Transitional Program Unit, as a de facto response to inmate safety concerns. Rather, as explained by the SOCF Operation Compliance Manager, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, SOCF administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the SOCF Warden and the SOCF Operation Compliance Manager did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the SOCF has satisfied the requirements of this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No
115.71 (c)
- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

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

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

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

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

115.71 (h)
- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No
115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- ODRC MOU with OSHP, 3-31-19
- ODRC Record Retention Schedule, 02/2014
- ODRC Statement of Fact, PREA Coordinator for Chief, Bureau of Agency Policy and Operational Compliance, All OSHP Investigations Conducted in Accordance to 115.71k
- SOCF Statement of Fact; No cases of sexual abuse referred for criminal prosecution, CY20
• SOCF Statement of Fact; No cases of sexual abuse resulted in criminal investigation, CY2020, 1-4-21
• SOCF Statement of Fact; No inmate reported sexual misconduct and subsequently released in CY2020
• SOCF PREA Incident Report Application, Complete, 9-11-20
• SOCF Investigation Summary Report Administrative Investigation, 9-29-20
• SOCF Notification of Sexual Abuse Investigation Outcome, 9-29-20
• SOCF Notification of PREA Investigation Being Opened, 9-16-20
• SOCF Notification of PREA Investigation Being Opened, OSHP, 9-22-20
• SOCF Notification of PREA Investigation Being Opened, 9-16-20a
• SOCF Notification of PREA Investigation Being Closed, 9-29-20
• SOCF Notification of PREA Investigation Being Closed, OSHP, 9-29-20
• SOCF Nurse Sick Call, 9-11-20
• SOCF Sexual Abuse First Responder Checklist, 9-16-20
• SOCF Victim Support Person Activity Report, 9-11-20
• SOCF Nurse Sick Call Notes, 9-11-20
• SOCF Request for Housing Move, 9-15-20
• SOCF PREA Hotline Message, 9-9-20
• SOCF Request for housing change, 9-15-21
• SOCF PREA Incident Report Application, 6-18-20
• SOCF PREA Training: Investigating Incidents of Sexual Abuse and Sexual Harassment, 12-11-13
• SOCF NIC PREA: Investigating Sexual Abuse in a Confinement Setting, 9-28-15
• SOCF NIC PREA: Investigating Sexual Abuse in a Confinement Setting, (OSHP), 7-14-20
• Four (4) SOCF PREA criminal/administrative investigative files

Interviews:

• Agency PREA Coordinator
• SOCF Operation Compliance Manager
• SOCF Facility Warden
• Investigative Staff
• Offenders Who Reported Sexual Abuse

Site Review Observations:

• Review of case files
• Reviewed investigator training certifications
• Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

(A) Policy (79-ISA-02) requires that when the "institution conducts its own investigation into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymously."
(B) Policy (79-ISA-01, 79-ISA-02) requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the SOCF Operation Compliance Manager and the SOCF Institutional Investigator, said staff confirmed participation in numerous related courses, to include NIC’s Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums, employee training certifications, as well as completed training rosters, provided additional documentation to support facility compliance.

(C) Per policy (79-ISA-02), Institutional Investigators and/or the SOCF Operation Compliance Manager gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy (79-ISA-02) allows that Institutional Investigators and/or the SOCF Operation Compliance Manager will interview alleged victims, suspected perpetrators, and witnesses. Institutional Investigators and/or the SOCF Operation Compliance Manager are also required to review prior reports and complaints of sexual abuse involving the suspected perpetrator.

(D) Policy (79-ISA-02) allows compel interviews only after consulting with the OSHP to determine if compelled interviews may be problematic for subsequent judicial hearings, if deemed appropriate.

(E) Policy (79-ISA-02) requires that the credibility of an alleged victim, suspect, or witness will assess on an individual basis and not on the basis of that individual’s status as an inmate or staff member. Policy (79-ISA-02) further prohibits the use of a polygraph test or other truth-telling device as a condition of investigating allegations of sexual abuse or sexual harassment.

(F) Policy (79-ISA-02) requires administrative investigations to consider whether staff actions or failures to act contributed to the sexual abuse and sexual harassment. All administrative investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence and testimonial evidence, the reasoning behind credibly assessments, as well as investigative facts and findings. A review of files maintained by the SOCF Operation Compliance Manager provided detailed written reports of both the allegations and the subsequent investigation.

(G) Policy (79-ISA-02) requires that all criminal investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of files maintained by the Institutional Investigator provided detailed written reports of both the allegations and the subsequent investigation.

(H) As noted by the Institutional Investigator, and required by policy (79-ISA-02), all substantiated allegations of conduct that appear to be criminal are referred for prosecution. During the audit time frame, the SOCF referred seven such cases to the OSHP.

(I) Policy (Record Retention Schedule, 2014) requires that all ODRC Special Investigation Case Files, to include all sexual abuse and sexual harassment investigations, are retained “10 years after inmate has reached final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency.” After that time period, the documents may be shredded or
otherwise deleted. It should further be noted that all criminal investigation files maintained by the OSHP are held indefinitely at the OSP Central Records Unit at the OSHP’s General Headquarters.

(J) Policy (79-ISA-02) mandates that “the departure of the alleged abuser or victim from the employment or control of the institution or DRC shall not provide a basis for terminating an investigation.”

(K) The auditor is not required to audit this provision.

(L) Policy (79-ISA-01, 79-ISA-02) requires facility staff to cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the SOCF Operation Compliance Manager and the SOCF Institutional Investigator, it was noted that the OSHP actually maintains an office inside of the facility and generally reports to the facility on a regular basis. This facilitates communication between agency staff and the OSHP department, thus ensuring that ODRC staff remain informed on the progress of all sexual abuse investigations.

Reasoning & Findings Statement:

The Ohio State Highway Patrol operates as the law enforcement branch inside of the ODRC. As such, the ODRC conducts its own administrative investigations via agency staff and allows the OSHP to conduct all criminal investigations for allegations of sexual abuse. To work as a criminal investigator within the ODRC, personnel must have law enforcement credentials. As well, to perform administrative investigations, ODRC staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. OSHP staff do have the authority to investigate criminal cases within the ODRC, to include collecting evidence, as well as interviewing victims, suspected perpetrators, and witnesses. OSHP officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, OSHP officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with ODRC staff, OSHP officers and ODRC staff work collaboratively under a memorandum of understanding in order to facilitate communication between the two agencies. In fact, the ODRC is so dedicated to developing a cooperative relationship to facilitate sexual abuse investigations, the OSHP has an office located inside each of the agency’s prisons. This considered, the SOCF has certainly exceeded the requirements of this provision.

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

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.

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- SOCF Statement of Status, No substantiated cases of sexual abuse, CY2020, 1-4-21

Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff

Site Review Observations:

- Review of PREA case files

Standard Subsections:

(A) Policy (79-ISA-02) requires that “the DRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated.” Policy (79-ISA-02) clearly establishes the standard of proof required to substantiate claims of sexual abuse and sexual harassment. Specifically, the allegations are determined substantiated, unsubstantiated, or unfounded based on the preponderance of the evidence. For substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.

Reasoning & Findings Statement:

Agency policy requires that the ODCR establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, the SOCF Operation Compliance Manager and the SOCF Institutional
Investigator both confirmed that standard of proof to be slightly more than half. An onsite review of case files that included substantiate, unsubstantiate, and unfounded dispositions reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was merely a preponderance of evidence. As such, the SOCF has satisfied all material provisions for this standard.

### Standard 115.73: Reporting to inmates

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

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.*

Documents:

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- SOCF Statement of Status, No substantiated cases of sexual abuse, CY2020, 1-4-21
- SOCF PREA Incident Report Application, 2-9-17
- SOCF Notification of Sexual Abuse Investigation Outcome, 3-13-17
- SOCF Statement of Status, No cases of sexual abuse investigation by an outside agency, CY2020, 1-4-21
- SOCF PREA Incident Report Application, 9-11-20
- SOCF Notification of Sexual Abuse Investigation Outcome, 9-29-20
• SOCF No Substantiated cases of staff on inmate sexual abuse, CY2020, 1-4-21
• SOCF No Substantiated cases of inmate-on-inmate sexual abuse, CY2020, 1-4-21

Interviews:

• SOCF Operation Compliance Manager
• SOCF Facility Warden
• Designated Staff Member Charged with Monitoring Retaliation
• Investigative Staff
• Offenders Who Reported Sexual Abuse

Site Review Observations:

• Review of case files

Standard Subsections:

(A) Policy (79-ISA-02) requires that “the DRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated…. 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.”

(B) Policy (79-ISA-02) further requires that “if the DRC did not conduct the investigation, it shall request the relevant information from the OSHP in order to inform the inmate.”

(C) Policy (79-ISA-02) requires that when an offender has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate upon the following:
   a. The staff member is no longer posted within the inmate’s unit;
   b. The staff member is no longer employed at the facility;
   c. The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
   d. The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.

(D) Policy (79-ISA-02) requires that when an offender has filed allegations of sexual abuse against another offender, the agency must notify the offender whenever the alleged abuser has been:
   a. Indicted on a charge related to sexual abuse within the facility and
   b. Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(E) Policy (79-ISA-02) requires that the agency issue in writing all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the SOCF Operation Compliance Manager and the SOCF Institutional Investigator confirm adherence to said policy. As well, a review of documented notifications support said adherence.
(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires ODRC staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. The ODRC conducts all administrative sexual abuse/sexual harassment investigations. While all criminal sexual abuse and/or sexual harassment claims are addressed by the OSHP, agency staff do remain actively engaged in those investigations. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claims against agency staff or other offenders, receives notification upon a change in housing status for the offender or a change in job status for the employee. Lastly, policy requires these notifications to be documented. Within the previous 12 months, SOCF staff have reached disposition on six (6) PREA investigations, of which, the SOCF did provide inmates written notifications on all six (6) investigations. Documentation reflecting proper notifications were reviewed and found to be in compliance with PREA policy. As such, the SOCF is operating in accordance to all parts of this provision.

### DISCIPLINE

#### Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)
- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)
- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Documents:

- 31-SEM-02, Standards of Employee Conduct, 9-3-19
- 31-SEM-07, Unauthorized Relationships, 10-4-16
- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- SOCF Statement of Status; No staff terminations or resignations due to PREA, CY 2020, 1-4-21
- SOCF Statement of Status; No staff members disciplined, CY 2020, 1-4-21

Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff
- Random Staff

Site Review Observations:

- Review of case files

Standard Subsections:

(A) Policy (79-ISA-02) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies.” Interviews with the SOCF Operation Compliance Manager, SOCF Facility Warden, and the SOCF Institutional Investigator confirm facility adherence to agency policy specific to employee
disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) Policies (79-ISA-01, 31 SEM 02, 31 SEM 07) continues by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. As noted by the SOCF warden, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate.

(C) Policies (79-ISA-01, 31 SEM 02, 31 SEM 07) stipulate that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. Again, interviews with the SOCF Operation Compliance Manager, SOCF Warden, and the SOCF Institutional Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. In the past twelve months, there haven’t been any employees assigned to the SOCF who have engaged in any acts of sexual abuse or sexual harassment.

(D) Policy (31-SEM-07) notes that “the Ohio State Highway Patrol shall be notified of all instances of potential criminal sexual offenses committed by staff as defined by Chapter 29 of the Ohio Revised Code. The DRC shall aid in the persecution of any criminal charges to the fullest extent possible… All terminations for violations of agency sexual misconduct policies shall be reported to DRC legal services by the managing officer for notification to any licensing bodies.” In the past twelve months, the SOCF has not had any staff who have been disciplined, short of termination, for any violation of agency sexual abuse or sexual harassment policies.

Reasoning & Findings Statement:

These standards work to ensure agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Ohio has made the consequences of engaging in such behavior exceptionally clear. It should also be noted that over the past 12 months, there have been zero (0) staff members assigned to the SOCF who have violated agency sexual abuse or sexual harassment policies. As such, no staff have been terminated, disciplined, or reported to law enforcement agencies. During staff interviews, all staff expressed their knowledge of the agency’s zero tolerance policy. As such, the ODRC, as well as SOCF administration, has satisfied the provisions of this standard.

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.

Documents:

- 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, 5-28-18
- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC Standards of Conduct for Contractors, Volunteers and Interns, 11/2012
- SOCF Statement of Status; No PREA Incidents with Contractors/Volunteers, CY2020, 1-4-21

Interviews:

- Agency Contract Administrator
- SOCF Facility Warden
- Investigative Staff
- Administrative (Human Resources) Staff
- Contractors Who May Have Contact With Offenders

Site Review Observations:

- Review contractor/volunteer files
Standard Subsections:

(A) Policy (Standards of Conduct for Contractors, Volunteers and Interns) advises contractors and volunteers no person shall “allow themselves to show partiality toward, or become emotionally, physically, or financially involved with offenders, paroles, probationers, transitional controlees or their families, or establish a pattern of social fraternization with same.” Policy (79-ISA-01) further notes that “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.” Interviews with contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized.

(B) Policy (79-ISA-01) states that “the facility shall take appropriate remedial measures and terminate the contract or volunteer arrangement with independent contractors or volunteers or shall demand that the offending employee of a contractor be excluded from providing services under the contract.” Policy (71-SOC-01) states “the managing officer/designee may suspend/terminate a volunteer for any alleged violation of the Standards of Conduct for Contractors/Volunteers or any activity which threatens the orderly operation or security of the facility or APA region or safety of the volunteer, staff or offenders.” Interviews with SOCF contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized.

Reasoning & Findings Statement:

Policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates pending the outcome of the investigation. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. Over the past twelve months, the SOCF has had zero (0) contractors or volunteers engage in sexual abuse or harassment of any inmate. At the time of the onsite review, due to the COVID pandemic, there weren’t any volunteers present on the facility. However, during the SOCF contractor interviews, both the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and SOCF is in compliance with such.

---

**Standard 115.78: Disciplinary sanctions for inmates**

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

115.78 (a)

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

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.

Documents:

- 56-DSC-01, Conduct Report and Hearing Officer Procedures, 2-3-20
- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- 5120-9-06, Inmate Rules of Conduct, 7-3-19
- 5120-9-08, Disciplinary Procedures for Violations of Inmate Rules of Conduct Before the Rules Infraction Board, 10-3-19
- SOCF Statement of Status; No inmates found guilty of Rule 11 or 12, CY2020, 1-4-21
- SOCF Statement of Status, Did not discipline any inmate due to non-consensual sexual contact with a staff member, CY2020, 1-4;21
- SOCF Conduct Report, 2-28-20

Interviews:

- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Offenders

Site Review Observations:

- Review of offender disciplinary files

Standard Subsections:

(A) Policy (56-DSC-01) provides the standards associated with all disciplinary hearings, to includes hearings related to inmate-on-inmate sexual abuse/sexual harassment. Policy (79-ISA-02) further notes that following an administrative finding that an offender engaged in inmate-on-inmate sexual abuse, said offender is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the past twelve months, the SOCF has had zero (0) administrative finding of inmate-on-inmate sexual abuse and no criminal findings of inmate-on-inmate sexual abuse.

(B) Policy (56-DSC-01) ensures that disciplinary sanctions imposed 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. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an offender’s disciplinary sanctions, policy (56-DSC-01, 5120-9-08) does consider how an offender’s mental disabilities or mental illness contributed to his behavior.
(D) Per policy (79-ISA-02), “all inmates found guilty 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.”

(E) Per policy (79-ISA-02), “the DRC may discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct.”

(F) Per policy (79-ISA-02), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations.

(G) Per policy (5120-9-08), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as when one or more offenders engage in sexual conduct, including sexual contact, with another offender against his or her will or by use of force, threats, intimidation, or other coercive actions.

Reasoning & Findings Statement:

The inmate disciplinary process is a formalized means to address institutional misconduct. The SOCF uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the last 12 months, the SOCF has processed zero (0) administrative findings of guilt for inmate-on-inmate sexual abuse and zero (0) criminal findings of guilt regarding inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and offender comments, SOCF is compliant with disciplinary standards as required under this provision.

### 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.

**Documents:**

- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, 7-29-19
- SOCF Statement of Status; No reports of prior sexual abuse occurring while in the community who requested the abuse be reported, CY2020, 1-4-21
- SOCF PREA Assessment Process, 3-27-20
- SOCF Mental Health Notes, 4-2-20
- SOCF PREA Assessment Process, 6-23-20
- SOCF Mental Health Notes, 6-30-20
- SOCF PREA Classification Report, 5-8-20
- SOCF PREA Assessment Process, 3-30-20

Interviews:

- SOCF Operation Compliance Manager
- Intake Staff
- Medical/Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Offenders Who Reported Sexual Victimization During Risk Screening
- Investigative Staff

Site Review Observations:

- Observed Medical Department
- Review of Medical/Mental Health PREA Screening Form

Standard Subsections:

(A) Policy (79-ISA-04) requires that upon arrival, all SOCF inmates will be screened for sexual abuse risk factors. If the assessment indicates that the inmate has had prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will offer a follow-up meeting with a mental health or medical practitioner within fourteen calendar days of the intake screening. In the past twelve months, 100% of offenders received at the SOCF who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. A review of both medical and mental health referrals, as well as conversations with medical and mental health staff, confirms the institutionalization of this practice.

(B) Per policy (79-ISA-04), persons with a history of being sexually abusive must be referred for mental health services within 14 calendar days. In speaking with Mental Health staff, it is noted that the nature of the referral is in accordance with the individualized needs of each inmate. In the past twelve months, 100% of offenders received at the SOCF who had previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

(C) Per policy (79-ISA-04), regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days of the intake screening.
(D) Per policy (79-ISA-02) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. 115.81, 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 otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

(E) Per policy (79-ISA-04) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. §115.81, 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 otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall 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 years or considered a vulnerable adult. In speaking with medical/mental health staff, as well as the SOCF Institutional Investigator, adherence to this policy was confirmed. Additionally, SOCF documentation reflects that facility staff obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting.

Reasoning & Findings Statement:

Within the past 12 months, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a medical or mental health practitioner. Within the past 12 months, 100% of offenders who had previously perpetrated sexual abuse as indicated during risk screening were offered a follow-up meeting with a medical or mental health practitioner. As noted by medical/mental health staff, the SOCF is providing routine and regular medical screens and other health services in accordance to qualified medical assessments, as well as to policy. Documentation specific to the PREA Assessment Form for medical and mental health staff reflects the appropriate use of the screening tool to determine appropriate housing and medical needs. Lastly, all inmates are required to provide informed consent prior to facility staff reporting information about prior sexual victimization that did not occur in an institutional setting. As such, the facility is meeting all provisions as established within this standard.

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

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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.

Documents:

- 67-MNH-09, Suicide Prevention, 4-6-20
- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, 9-28-15
- SOCF Incident Report, 9-11-20
- SOCF Nurse Sick Call Notes, 9-11-20
• SOCF On-Call Emergency Psychiatry, 5-13-20
• SOCF 24-Hour Medical Schedule, 03/20
• SOCF Statement of Status; No sexual abuse cases that involved potential exposure to sexual transmitted diseases, CY20, 1-4-21

Interviews:

• SOCF Operation Compliance Manager
• Medical and Mental Health Staff
• SANE/SAFE Staff
• Security Staff and/or Non-Security Staff Who Have Acted As First Responders
• Random Staff
• Offenders Who Reported Sexual Abuse

Site Review Observations:

• Observed Medical Department
• Review of Medical/Mental Health Screening Form

Standard Subsections:

(A) In accordance to the ODRC Office of Correctional Health Care policy (B-11), “all inmates who report sexual conduct and/or recent sexual abuse shall be escorted to inmate health services as soon as possible after the reported conduct or recent sexual abuse.” In interviewing medical and mental health staff, said staff confirmed the ability to treat inmates in accordance to their professional medical judgement. It was further noted by medical and/or mental health staff, and confirmed within policy (B-11), that “if evidentiary or medically appropriate, the patient will be transported to the Emergency Department (ED) for examination, treatment, and counseling.”

(B) Policy (68-MED-01) requires the facility to maintain twenty-four (24) hour medical coverage, to include an on-call physician. Policy (67-MNH-09) further requires that “each institution shall develop a written plan for twenty-four (24) hour emergency mental health service availability. The plan shall include an on-site emergency crisis intervention.” In speaking with SOCF medical and mental health staff, 24-hour availability of qualified medical and mental health practitioners was affirmed. Additionally, staffing requirements, and subsequent scheduling documentation, confirms the continuous availability of qualified medical and mental health staff. Lastly, during interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations.

(C) Policy (B-11) requires that “each patient who is treated for sexual conduct or recent sexual abuse will be offered timely and appropriate prophylactic information and treatment for sexually transmitted diseases.” In speaking with medical staff, adherence to this policy was confirmed. Inmates who had previously made allegations of sexual abuse also confirmed that they had received medical treatment in a timely manner.
(D) Policy (79-ISA-02) notes that “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 service 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.” In speaking with medical staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

Reasoning & Findings Statement:

This standard is designed to provide offenders access to emergency medical and mental health services. In this, facility staff are meeting all of the provisions within this standard. Policy (B-11) allows that upon receipt of an offender into the Medical Department, medical staff shall determine the offender’s course of treatment; specifically, what is medically indicated on the basis of evidence collection or physical trauma. Inmate interviews further acknowledge that offenders are provided appropriate medical/mental health treatment. Lastly, documentation reflecting access to medical and mental health care, to include outside services, was reviewed. In reviewing the totality of the information provided, the SOCF has met the minimums provisions of this standard via emergency (24-hour) access to qualified medical staff. The SOCF has also exceeded the minimums provisions of this standard by not only providing timely access to mental health services, but also by ensuring that a qualified mental health practitioner is available 24-hours a day.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No
115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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.

Documents:

- 67-MNH-02, Mental Health Screening and Mental Health Classification, 3-2-20
- 67-MNH-04, Transfer and Discharge of the Mental Health Caseload, 3-2-20
- 67-MNH-15, Mental Health Treatment, 3-2-20
- 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Policy, 7-24-17
- B-11, Medical Care Guidelines for Sexual Contact or Recent Sexual Abuse, 9-28-15
- SOCF Mental Health Referral, 4-1-21
- SOCF Medical Progress Notes, 3-22-17
- SOCF Mental Health Progress Notes, 3-29-21
- SOCF Statement of Status; No females assigned to the facility, 1-4-21
- SOCF Statement of Status; No sexual abuse cases that involved potential exposure to sexual transmitted diseases, CY20, 1-4-21

Interviews:

- SOCF Operation Compliance Manager
- Medical/Mental Health Staff
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department
- Review of Medical/Mental Health PREA Screening Form

Standard Subsections:

(A) Policy (79-ISA-02) requires that all allegations of sexual assault must be evaluated immediately by the facility health staff. In this, “medical services shall 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.” In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) In reviewing a collection of mental health policies, it is evident that the ODRC offers continuing mental health services to inmates throughout their assignment to the ODRC and even upon their release from the agency. Specifically, policies (67-MNH-02, 67-MNH-04, 67-MNH-15) require
that mental health services are “notified of all requests to transfer an incarcerated individual on the Mental Health Caseload… All transferred incarcerated individuals shall be screened at the receiving institution in accord with ODRC Policy… At that time, the individual shall be scheduled for appropriate continued mental health care… All Mental Health Treatment Plans for C1 and C2 classifications shall include a goal and intervention that addresses re-entry needs.”

(C) Policy (79-ISA-02, 67-MNH-15) requires that all victims of sexual abuse shall 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. If not referred to an outside hospital emergency department, the inmate is treated in the facility infirmary after evaluation by a primary care provider. In each instance, medical and mental health services are provided in accordance to the judgement of qualified health care providers.

(D) At the time of the audit, SOCF did not have any biological females incarcerated at the facility. Accordingly, pregnancy tests are not medically appropriate.

(E) At the time of the audit, SOCF did not have any biological females incarcerated at the facility. Accordingly, pregnancy services are not medically appropriate.

(F) Policy (B-11) requires that when medically appropriate, the following tests will be ordered: serology for syphilis (RPR), GC and chlamydia, HIV, HBV, and HCV. Additionally, “each patient who is treated for sexual conduct or recent sexual abuse will be offered timely and appropriate prophylactic information and treatment for sexually transmitted diseases.” In speaking with both medical staff and inmates who had previously alleged sexual abuse, agency adherence to this policy was confirmed.

(G) Policy (79-ISA-02) notes that “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 service 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.” In speaking with medical staff, adherence to this policy was confirmed. Additionally, SOCF inmates who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

(H) Policy (79-ISA-02) requires that “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 deemed appropriate.” In speaking with mental health staff, it was noted that while agency policy allows for 60 days to evaluate abusers, to help ensure the safekeeping of all inmates, known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The SOCF offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, access to said
treatment follows the inmate throughout the ODRC system and can be coordinated with community care upon the inmate’s release from the ODRC. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the SOCF Medical and Mental Health Department has collectively exceeded the provisions of this standard.

### DATA COLLECTION AND REVIEW

**Standard 115.86: Sexual abuse incident reviews**

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  ✔ Yes  ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  ✔ Yes  ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  ✔ Yes  ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  ✔ Yes  ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

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

**115.86 (e)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**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.

**Documents:**

- 79-ISA-03, Sexual Abuse Review Team, 7-17-17
- SOCF PREA Incident Report Application, 9-11-20

**Interviews:**

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden
- Incident Review Team Member

**Site Review Observations:**

- Reviewed Incident Review documents
Standard Subsections:

(A) Policy (79-ISA-03) states that the Sexual Abuse Review Team (SART) “shall review all sexual abuse incidents, unless determined to be unfounded, within thirty (30) calendar days of the conclusion of investigation.” In the past twelve months, the SOCF had one (1) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. As such, the SOCF has conducted one (1) sexual incident reviews. In speaking with the SOCF Operation Compliance Manager, the SOCF Warden, and the SOCF Institutional Investigator, each person explained their role within the incident review process.

(B) Policy (79-ISA-03) requires the Sexual Abuse Review Team (SART) to “review all sexual abuse incidents, unless determined to be unfounded, within thirty (30) calendar days of the conclusion of investigation.” In the past twelve months, the SOCF has concluded one (1) such investigations. A review of related documentation confirmed that the incident review process did occur within 30 days following the conclusion of the investigation.

(C) Policy (79-ISA-03) requires that “each managing officer shall designate a Sexual Abuse Review Team (SART). The SART shall, at a minimum, consist of:
   a. Institution Operational Compliance Manager (OCM) – Chair;
   b. A Deputy Warden;
   c. Institutional Investigator;
   d. Designated Victim Support Person;
   e. Any other staff that may have relevant input, such as unit staff, line supervisors, medical and mental health professionals.”

(D) Policy (79-ISA-03) requires that “the SART shall consider:
   a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
   b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
   c. Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area may enable abuse;
   d. The adequacy of staffing levels in that area during different shifts;
   e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff.
   f. Following consideration, “the SART shall complete the Sexual Abuse Case Review in the electronic PREA Incident Reporting System and document the committee findings,” as well as any recommendations for improvement.

(E) Upon completion of the incident review report, the “managing officer shall implement the recommendations outlined in the Sexual Abuse Case Review for improvement or shall document its reasons for not doing so.”
   a. In speaking with the SOCF Operation Compliance Manager, the SOCF Warden, and the SOCF Institutional Investigator, each person explained their role within the incident review process.
Reasoning & Findings Statement:

Within the past 12 months, SOCF has conducted one (1) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. As such, there were one (1) corresponding sexual incident reviews. Documentation relative to these reviews was examined to ensure that the SART consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D, an incident review report was completed with appropriate subsequent action taken, and that these reviews were generally conducted within 30 days of the incident. In speaking with the SOCF Operation Compliance Manager, the SOCF Warden, and the SOCF Institutional Investigator, each person explained their role within the incident review process. Additionally, inmates were interviewed to determine what, if any, changes were needed or made to institutional policy following their reported incident. With this, given the totality of the information reviewed, policies, documented evidence, staff and offender interviews, it is apparent that the SOCF has maintained compliance with each of the aforementioned provisions and is thus in compliance with the entire standard.

Standard 115.87: Data collection

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

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

115.87 (b)
- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

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

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

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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.*

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC 2018 Annual Internal Report on Sexual Assault Data
- ODRC 2019 Annual Internal Report on Sexual Assault Data
- ODRC 2020 Annual Internal Report on Sexual Assault Data
- ODRC PREA Incident Packet Instructions

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section
- Reviewed monthly incident summaries

Standard Subsections:

(A) Policy (79-ISA-01) provides all staff within the ODRC a standardized set of definitions specific to sexual abuse/sexual harassment allegations. Policy (79-ISA-01) further mandates that all “institution investigators shall report allegations of sexual misconduct they investigated on their monthly reports, along with the dispositions of same. This information should also be provided
to the Bureau of Research for compilation and analysis.” In speaking with the SOCF Institution Investigator, adherence to this provision was confirmed.

(B) Policy (79-ISA-01) further requires that “the institution investigators shall ensure all fields in the PREA Incident Reporting System as provided by the agency PREA coordinator are accurately completed. This data shall be aggregated at least annually.” In speaking with the SOCF Institution Investigator, adherence to this provision was confirmed.

(C) Per the ODRC Annual Internal Report on Sexual Assault Data (2018 & 2019), “the ODRC completes the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report.” Furthermore, as confirmed by the ODRC PREA Coordinator, the data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

(D) Policy (79-ISA-01) requires that “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 ODRC PREA Coordinator confirmed the agency’s overall adherence to this policy. As well, the SOCF Operation Compliance Manager and SOCF Institution Investigator confirmed that above reference sources were continuously used to inform the agency’s annual statistical reports.

(E) Policy (79-ISA-01) mandates that “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 ODRC PREA Coordinator confirmed the agency’s overall adherence, as well as the specific adherence of the agency’s three ODRC private facilities, to this policy. Review of the agency’s website finds this information readily available: https://drc.ohio.gov/prea

(F) Policy (79-ISA-01) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the ODRC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.

Reasoning & Findings Statement:

This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on a monthly basis. That data is then aggregated and made available for public review. The SOCF has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as required. Hence, the SOCF has met all provisional requirements and is in compliance with this standard.
**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.

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC 2018 Annual Internal Report on Sexual Assault Data
- ODRC 2019 Annual Internal Report on Sexual Assault Data
- ODRC 2020 Annual Internal Report on Sexual Assault Data
- ODRC Website Annual Reports

Interviews:

- Agency Head
- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (79-ISA-01) requires the PREA Coordinator to prepare and aggregate data related to sexual abuse and sexual harassment across all ODRC facilities. Following which, the ODRC then uses that data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Specifically, the ODRC works to identify problem areas, take corrective action on an ongoing basis, and prepares an annual report of its findings from the data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator confirmed adherence to this policy. As well, the ODRC Annual Internal Report on Sexual Assault Data for years 2018 and 2019 does reflect the intelligent use of said data.

(B) Policy (79-ISA-01) requires that annual statistical reports “shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the DRC’s progress in addressing sexual misconduct.” The PREA Coordinator confirms adherence to this policy. As well, the ODRC Annual Internal Report on Sexual Assault Data for years 2018 and 2019 does reflect a comparative analysis across years.

(C) Policy (79-ISA-01) requires that upon completion of each year’s Annual Internal Report on Sexual Assault Data, “the report shall be approved by the Director and posted on the DRC internet site.” A review of the ODRC website indicates that upon approval from the agency
director, the report is then made available to the public through the ODRC website. The PREA Coordinator confirms adherence to this policy. Furthermore, a review of the ODRC website finds all agency PREA reports publicly available: https://drc.ohio.gov/prea

(D) Policy (79-ISA-01) requires that “any information redacted from the report due to a clear and specific threat to the safety and security of the facility must indicate the reason for redaction.” In speaking with the agency PREA Coordinator, it was noted that should the agency need to redact specific information other than publicly identifying statistics, proper procedural restraints would be applied.

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility base staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency-wide PREA Coordinator, SOCF Operation Compliance Manager, and the SOCF Warden, the manner in which person utilized the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the SOCF has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.

**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.*

Documents:

- 79-ISA-01, Prison Rape Elimination Policy, 7-23-18
- ODRC PREA Webpage
- ODRC Record Retention Schedule

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
- SOCF Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (Records Retention) requires all aggregated data to be retained permanently. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Policy (Records Retention) requires all aggregated data to be retained permanently. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the ODRC website.
(C) Policy (79-ISA-01) requires “all personal identifiers must be removed from publicly available data,” such as all annually produced statistical reports published on the agency’s website.

(D) Policy (Records Retention) requires all aggregated data to be retained permanently. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the ODRC website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is more than apparent that both the ODRC PREA Coordinator, as well as the administration of the SOCF, operate with transparency in government. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieve overall compliance.

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.

Documents:

- ODRC PREA Webpage
- ODRC Record Retention Schedule
- SOCF Posted Auditor Notice (English)
- SOCF Posted Auditor Notice (Spanish)
- SOCF Audit Notice

Interviews:

- Agency PREA Coordinator
- SOCF Operation Compliance Manager
Site Review Observations:

- On-site inspection of the entire SOCF
- Review of documentation available via the ODRC PREA website

Standard Subsections:

(A) As evidenced by presence of facility audits on the ODRC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all ODRC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.

(B) This is Audit Year 2 of Cycle 3.

(H) The auditor had full access to all areas of the facility.

(I) All documents requested by the auditor were received in a timely manner.

(M) The auditor was permitted to conduct private interviews with inmates.

(N) Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

Both the PREA Coordinator and the SOCF Operation Compliance Manager were exceptionally prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the SOCF. Accordingly, SOCF has exceeded the provisions of this standard.

**Standard 115.403: Audit contents and findings**

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Documents:

- ODRC PREA Webpage
- ODRC Record Retention Schedule
- SOCF Posted Auditor Notice (English)
- SOCF Posted Auditor Notice (Spanish)
- SOCF Audit Notice

Interviews:

- Agency PREA Coordinator

Site Review Observations:

- Review of documentation available via the ODRC PREA website

Standard Subsections:

(F.) A review of the agency website reflects that the ODRC has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator
affirms that all facilities within the ODRC have been audited, and their reports subsequently published, on the agency’s website.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency’s website. In this case, the ODRC does have an agency website and has made all facility PREA reports conveniently accessible by the public.
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.

Valerie Wolfe Mahfood 7-7-21

Auditor Signature Date

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