

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

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A  
*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      November 19, 2020

## Auditor Information

<b>Name:</b> Thomas Eisenschmidt	<b>Email:</b> Tome8689@me.com
<b>Company Name:</b> <small>Click or tap here to enter text.</small>	
<b>Mailing Address:</b> 26 Waterford Lane	<b>City, State, Zip:</b> Auburn, New York 13021
<b>Telephone:</b> 315-730-7980	<b>Date of Facility Visit:</b> October 7-9, 2020

## Agency Information

<b>Name of Agency:</b> Ohio Department of Rehabilitation and Correction (ODRC)			
<b>Governing Authority or Parent Agency (If Applicable):</b> State of Ohio			
<b>Physical Address:</b> : 4545 Fisher Road		<b>City, State, Zip:</b> City, State, Zip: Columbus, Ohio 43228	
<b>Mailing Address:</b> <small>Click or tap here to enter text.</small>		<b>City, State, Zip:</b> <small>Click or tap here to enter text.</small>	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="https://drc.ohio.gov/prea">https://drc.ohio.gov/prea</a>			

## Agency Chief Executive Officer

<b>Name:</b> Annette Chambers-Smith	
<b>Email:</b> Annette.Chambers@odrc.state.oh.us	<b>Telephone:</b> : 614-752-1164

## Agency-Wide PREA Coordinator

<b>Name:</b> Mark Stegemoller	
<b>Email:</b> Mark.Stegemoller@odrc.state.oh.us	<b>Telephone:</b> 614-752-1715
<b>PREA Coordinator Reports to:</b> Amanda Moon	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 25



## Facility Information

**Name of Facility:** Grafton Correctional Institution (GCI)

**Physical Address:** 2500 S. Avon-Belden Road

**City, State, Zip:** Grafton, Ohio 44044

**Mailing Address (if different from above):**

Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

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

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Internal Management Audit

### Warden/Jail Administrator/Sheriff/Director

**Name:** Keith Foley

**Email:** Keith.Foley@odrc.state.oh.us

**Telephone:** (440) 535-1003

### Facility PREA Compliance Manager

**Name:** Amy Fitzgerald

**Email:** Amy.Fitzgerald@odrc.state.oh.us

**Telephone:** (440) 535-1025

### Facility Health Service Administrator N/A

**Name:** David Less

**Email:** David.Less@odrc.state.oh.us

**Telephone:** (440) 535-1052

### Facility Characteristics

**Designated Facility Capacity:**

1234

**Current Population of Facility:**

1677

Average daily population for the past 12 months:	1484	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19.4 - 85.4 years	
Average length of stay or time under supervision:	10.76 years	
Facility security levels/inmate custody levels:	1,2	
Number of inmates admitted to facility during the past 12 months:	1084	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1084	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1084	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	393	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	36	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	16	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	86	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	204
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	16
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	12
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	30
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

## Audit Findings

### Pre-Audit Activities:

Notice of PREA Audit: The PREA audit notice for the Grafton Correctional Institution (GCI) in Grafton, Ohio was provided to Thomas Eisenschmidt DOJ certified PREA auditor via email on August 8, 2020 by the agency PREA Coordinator Mark Stegemoller. Audit notices (Spanish and English) were posted in common areas, the entrance to the facility and inmate living units approximately seven weeks prior to the site visit. These postings were verified by email photograph, personal observation by the auditor while on site and interviews with random inmates. The auditor did not receive any correspondence from an inmate prior to arrival.

### PRE-Audit Questionnaire and Documentation Review:

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

### Onsite Audit Activities:

An entrance briefing was held on Wednesday October 7, 2020 with the following individuals in attendance: Warden Keith Foley, OCM Amy Fitzgerald, David Kollar PREA Compliance Administrator and members of the Warden's Executive staff.

After introductions the auditor discussed the PREA audit process for the onsite phase of the audit and explained the triangulation methodology he would utilize to obtain evidence through observing facility practices; review of written policies and procedures; facility site review observations; staff and inmate interviews, and additional documentation review to confirm practice. The Auditor explained that a PREA audit process is much more invasive than a typical correctional audit and that the association between facility staff and the auditor should be a collaborative undertaking to ensure Grafton Correctional Institution achieves full compliance with each of the PREA Standards. He also advised those present that the Department of Justice (DOJ) expects that some corrective action will be necessary and is a normal part of the audit process and should not be viewed adversely. Since the last PREA audit was held in 2017 the auditor informed those present that the requirements including interviews and documentation review would be more extensive due to additional guidance provided by DOJ and the PREA Resource Center.

The audit began with a site review of the entire facility. The Grafton Correctional Institution is an adult male, medium/minimum security facility located in Grafton, Ohio. The institution is comprised of the main institution and an attached camp referred to as the Grafton Reintegration Center. The design capacity for both facilities is 1234 inmates. On the first day of the audit there were 1677 adult male inmates confined at GCI. The Grafton Correctional Institution (constructed May 1989) and the Grafton Reintegration Center (constructed June 2000) are operated by the Ohio Department of Rehabilitation

and Corrections (ODRC). The Complex is situated on 1,782 acres at 2500 Avon-Belden Rd, Grafton, Ohio. There are 16 buildings between both facilities with 10 at the main and 6 at the Camp.

Upon entering through the GCI Entry Building (A Building), which contains the GCI lock shop and armory, the 1st section of the building you will come to is visitation. The visit room is a large open area equipped with small tables with individual chairs, a children's reading room, Teleconference room, two attorney rooms, shakedown/ inmate processing room and the Investigator's office. Connected to the building and directly to the left of the visit room is the maintenance department. The maintenance department is divided into specialty shops and is responsible for all general maintenance and major construction projects throughout the institution. The rear sally port is located to the left of the maintenance Department. This is an armed post that is the entry/exit point for all deliveries. Religious Services is directly behind the Visit Room. This area consists of the Chapel, Multi-Purpose Room and Recovery Services Department. The Food Service Department is located to the right of Religious Services. Food Service consists of inmate dining areas, kitchen, storage areas, and a staff dining room. This main prison and camp prepared an average of 177,111 meals per month at an average cost of \$1.44 per meal for fiscal year 2020. The Commissary/Quartermaster area is located to the right and behind food service. This area consists of the inmate Barber Shop, Quartermaster, Laundry and Commissary. The Quartermaster provides state clothing and bedding to all inmates at GCI. The Commissary provides a variety of items for inmates to purchase. The inmates can also purchase items from approved vendors. To the right of the Commissary/Quartermaster is the Education Department. Education is divided into three areas. The first one contains the classrooms for Ashland College and the Machine shop Vocational Program. The second area contains the Tackers Program, Central Chemical Control and, Welding Vocational program. The third area contains the Library, Law Library, classrooms and Computer Lab.

The Recreation Department is located to the right of the School and the entrance is slightly set back. The recreation area consists of an inside gym including pool tables and weight machines. The outdoor recreation areas contain one softball diamond, horseshoe pits, basketball courts, hand ball courts and a running track. Structured activities and intramurals are also available.

Continuing clockwise, the next building is designated as A1/A2. The north area of the compound is where the main inmate housing units are located. These buildings are designated as A1/A2, A3/A4, B5/B6, B7/B8, and D2. Buildings A1/A2, A3/A4, B5/B6 and B7 are general population units. Each building is divided into two pods that are connected by staff offices containing the unit managers' and secretaries' offices. All buildings located in this area of the compound house correctional counselors' offices, case managers' offices, a satellite library, and television rooms.

B7/B8 consists of general population in B7 and the RTU in B8. An addition was made to the building in 2008. This area contains the Mental Health outpatient offices, Mental Health Records and group rooms.

D1 was built in 1993 and is located behind A1/A2. It is a sprung structure made of a vinyl coating over a ridged frame. D1 was re-skinned in 2010. It is utilized as a program area for our OPI Braille workshop. D2 was built in 1994 and is located behind A3/A4. The bottom half of the building is block construction and the top half is steel construction.

The last building inside the main compound is the Administration Building. This building is split into six sections: Transitional Programming Unit (TPU), Medical, Receiving/Discharge, Operations, Administration and Control. TPU is located at the north end of the building closest to B8. The unit contains 56 beds that are used for Limited Privilege Housing and Special Management. Two safe cells are utilized only for mental health with suicide/ restraint beds. Each range has one indoor and one outdoor recreation area. Also contained in this section is the Rules Infraction Board room. RIB is in session 2-3 times per week, excluding weekends and holidays. The Medical Department is located to



the right of Segregation. The Medical Department provides a full range of diagnostic and outpatient care to the population. Inmates requiring emergency care or in-hospital treatment are transferred to a local hospital. The Receiving and Discharge area is located to the right of the Medical Department. This section of the building serves as the processing point for all newly arriving and transferring inmates. The Operations area is located in front of Receiving and Discharge and is connected to the Administration area. It contains Deputy Warden's Office, Major's Office, Unit Management Chief's Office, Shift Supervisors' Office, Safety and Health Office, Inspector's Office, and Count Office. The Administration area is located beside the Operations Area. It is a two-story section of the building that contains the Warden's Office, Business Office, Parole Offices, Cashier's Office, Roll Call, employee break room, Operational Compliance Manager's Office, and the Personnel Office. The last section of the building you will come to is the Control Center. The Control Center is located at the southernmost tip of the Administration Building and it contains several touch screen computers, video camera monitors, fence alarm systems, telephone switchboard and radio charging stations. All keys and security equipment are distributed from this point. There are two buildings outside of the main compound. They are the Warehouse/Garage and Range House. The Warehouse/Garage is split into two sections. The Warehouse is located northeast of the Grafton Correctional Institution. They provide all Warehouse services for GCI, NERC and LorCI. The GCI mailroom is located in the Warehouse. The Garage is manned and operated by GCI and provides fleet services for APA, GCI, NERC and LorCI. The Range House is located on the Southwest side of the institution's perimeter and provides training space and shelter for staff on the range.

### **Camp-Grafton Reintegration Center (GRC)**

The main entrance building is designated as 'GRC Entry' and contains the Control Center, Ready Armory, Visiting Office, IT office, GRC Lock shop, and a walk-through metal detector which screens all staff and visitors entering GRC. After processing through the GRC Entry building, you will enter the institution through a secure sally port. Directly to the left of the entry building is the visiting room, Hope Center and multi-inmate program rooms. The Hope Center also includes the Warden's Office, Program Correctional Specialist's office, Training Department, the Shift Office, the GRC Unit Management Chief's Office, and Deputy Warden's Office.

The next building to the left of the Hope Center is the Inmate Service Building. This building includes the Medical/Mental Health/Dental Services, Barbershop, Package Room, Chapel, Laundry and Quartermaster, Commissary, Recreation, Food Service, Library, Education/Recovery Services, Horticulture, and the Maintenance Department.

Continuing to the right of the Inmate Service Building are the three dorm-style housing units: C1, C2, and C3. The open recreation yard is situated in the middle of the compound.

### **ON-SITE DOCUMENTATION REQUEST and REVIEW**

- 10- Random Employee background checks.
- 2- Contractor background checks.
- 20- Random Employee PREA training documentation.
- 5 -Random Medical/Mental Health PREA Specialized training documentation.
- 5- Medical/Mental Health PREA specialized training documentation.
- 5- Random Contractor/Volunteer PREA training documentation.
- 10-Random Medical/Mental Health PREA Specialized training.

- Samples of written PREA Inmate education material, i.e. Inmate handbooks, posters, brochures.
- 10-Random Inmates that received PREA comprehensive education within 30 days of arrival.
- 10- Random Inmate Risk screenings for sexual victimization/abuse to include reassessment within 30 days of arrival.
- Copies of completed sexual abuse & sexual harassment investigations; PAQ reported (all during audit period).
- Sample documentation for monitoring retaliation of sexual abuse & sexual harassment investigations.
- All Sexual Assault Reviews during (audit period) for completed investigations of sexual abuse, excluding unfounded cases.

**Staff Interviews:**

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	12
Specialized Staff* (Total):	31
Total Staff Interviewed	43
<b>Breakdown of Specialized Staff Interviews:</b>	
▪ Agency contract administrator	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	4
▪ Line staff who supervise youthful inmates - N/A	N/A
▪ Education staff who work with youthful inmates – N/A	N/A
▪ Program staff who work with youthful inmates – N/A	N/A
▪ Medical staff	1
▪ Mental health staff	1
▪ <b>Facility Victim Support Staff</b>	1
▪ Non-Medical staff involved in cross-gender strip or visual searches - N/A	N/A
▪ Administrative (human resources) staff	1
▪ SAFE and/or SANE staff - N/A	1
▪ Volunteers who have contact with inmates	N/A
▪ Contractors who have contact with inmates	2
▪ Investigative staff – agency level	1
▪ Investigative staff – facility level	1
▪ Staff who perform screening for risk of victimization and abusiveness	1
▪ Staff who supervise inmates in segregated housing	1
▪ Staff on the sexual abuse incident review team	1

▪ Designated staff member charged with monitoring retaliation	2
▪ First responders, security staff	9
▪ First responders, non-security staff	2
▪ Intake staff	1
Total Specialized Staff Interviews*	31

**Interviews were also conducted with the following people:**

Annette Chambers-Smith- Agency Director  
 Mark Stegemoller- PREA Coordinator  
 Amy Fitzgerald- Operational Compliance Manager  
 Karen Roe- Central Office HR  
 Kevin Stockdale- Contract Administrator  
 Ohio State Highway Patrol Investigator  
 NORD Center Sexual Assault Awareness Advocate

**Inmate Interviews:**

Based upon the inmate population of 1677 at Grafton on the first day of the onsite phase of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 20 targeted inmate interviews are required. The Operational Compliance Manager and other staff facilitated interviews of all inmates in a private setting located in a programming area. The random inmates were selected across all housing units including general population units and the segregation unit to ensure diversity. The auditor made selections from a list of all inmates provided by the facility on the first day of the onsite portion of the audit. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

	Number of Interviews Conducted
Random Inmates (Total)	21
Targeted Inmates* (Total):	20
Total Inmates Interviewed	41
Breakdown of Targeted Inmate Interviews: <sup>2</sup>	
▪ Youthful Inmates	N/A
▪ Inmates with a Physical Disability	2
▪ Inmates who are Blind, Deaf, or Hard of Hearing	2
▪ Inmates who are LEP	2
▪ Inmates with a Cognitive Disability	N/A
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	5
▪ Inmates who Identify as Transgender or Intersex	4
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	
▪ Inmates Who Reported Sexual Abuse	2
▪ Inmates Who Reported Sexual Victimization During Risk Screening	9

Total Targeted Inmate Interviews*	20
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**\* Although 20 inmates (targeted) were interviewed some of those had multiple breakdown categories.**

**Allegation Breakdown:**

During the previous 12 months there were 7 allegations of sexual abuse made at GCI. Each of the sexual abuse cases were referred to the OSHP. Of the 7 allegations, 6 were made against other inmates and one was made against staff. The one against staff was substantiated and the employee resigned. GCI conducted administrative investigations on each of the allegations, four of allegations against other inmates were unsubstantiated and two were unfounded. There was one allegation reported elsewhere having occurred at GCI. It was investigated. There were none reported to Grafton staff occurring at another facility.

**Onsite Visit Closeout:**

The auditor conducted an exit briefing on October 9, 2020 with: Warden Foley, OCM Amy Fitzgerald, PREA Coordinator Mark Stegemoller and the Warden’s Executive staff. The Auditor could not give an outcome of the audit but did provide some insight into his preliminary findings. The Auditor thanked facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the post site visit phase of the audit the auditor communicated with the PREA Compliance Manager via phone calls requesting additional documentation, clarification on policies, procedures and agency practices.

**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.

**Standards Exceeded**

**Number of Standards Exceeded:** 3  
**List of Standards Exceeded:** 115.31, 115.35, 115.41

**Standards Met**

**Number of Standards Met:** 40  
**List of Standards Met:** 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Standards Not Met**

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** Click or tap here to enter text.

### Summary of Corrective Action (if any)

115.15 (d) The auditor found the mental health suicide watch policy which states, “whenever possible, an employee of the same sex as the incarcerated individual shall be utilized to maintain observation whenever the individual on constant watch uses the toilet”. The facility clarified and provided the auditor with the post order and roll call read which states that in the event an inmate needs to perform bodily functions, this shall be done under the observation of same gender staff. Notification is made to a shift supervisor and is documented if an exigent circumstance arises and this process cannot be followed.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

(a) Five policies make up ODRC's protocols for dealing with the agency's zero tolerance with sexual abuse within their facilities. (79-ISA-01, 79-ISA-02, 79-ISA-03, 79-ISA-04 and 79-ISA-05). Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018 section V page 3 details for everyone ODRCs' position to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation and tracking. ODRC requires a zero tolerance for sexual misconduct in all its institutions and in any of the facilities it contracts for the confinement of their inmates. Sexual misconduct among inmates and by employees, contractors and volunteers towards inmates is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated. Definitions of prohibited acts and behaviors are found on pages 1 and 2 of this same policy. The written policy outlining the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment is found in Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 entire document.

(b)(c) Mark Stegemoller has been designated by the agency as the agency wide PREA coordinator. During his interview he confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. He informed the auditor he has 25 institutional PREA Compliance Managers who report directly to him. The auditor reviewed the agency organizational chart demonstrating the position of the PREA coordinator in the agency's organizational structure. The interview with the GCI OCM confirmed that she has enough time and authority to coordinate the facility's efforts to comply with the PREA standards. During the three days the Auditor was present and observed her during her workday. It appeared she is well known as the PREA contact person by inmates and staff at GCI and she has time and authority to conduct her role.

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

- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC Organizational Chart
- Review (PAQ)
- Interview (Warden)
- Interview (PREA Coordinator)
- Interview (OCM)

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

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a)(b) Two private companies (CorCivic and Management and Training Corporation) contract with the Ohio Department of Rehabilitation and Correction for the confinement of Ohio inmates. These companies operate the Lake Erie Correctional Institution, the North Central Correctional Complex, and the Northeast Ohio Correctional Center. Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018, section A (9) on page 6 requires all new or renewed contracts for the confinement of DRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contracts or contract renewals shall provide for contract monitoring to ensure the contractor is complying with PREA standards. The interview with Kevin Stockdale, Deputy Director for Administration for ODRC who is responsible for contract monitoring at each of these contract facilities, confirmed the contract monitor oversees all the operational practices, contract practices, and day to day operations of

that particular contracted facility. Their primary responsibility with monitoring is to ensure that each of the contracted facilities is PREA compliant and following ODRC Policies and Procedures. The agency has included in all contracts (3) the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor takes immediate action to resolve the situation. Each of these institutions have and continues to be PREA audited every three years

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

- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Review of Contract with Private Companies
- Interview (Contract Monitor)
- Review (Interview Notes)

## **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.*

(a)(b)(c) Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018 section B (1) requires Grafton Correctional Institution develop, document, and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and video monitoring, to protect inmates against sexual misconduct. This policy requires the facility when determining its' staff numbers consider: any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant including any "blind-spots" or areas where staff or inmates may be isolated; the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors. The policy further requires the Warden be informed of any deviations from the established staffing plan and the facility review the plan on an annual basis and consider the same elements found in subpart (a) of the standard. Warden Foley confirmed he would be notified of any deviations to the approved staffing plan if it were to occur. He indicated the facility and had no deviations during the prior 12 months. The documentation found in the PAQ also indicated that there were no deviations from the staffing plan during the previous 12 months as well. The auditor was provided staffing reviews conducted in 2017, 2018, and 2019. The reviews are conducted in October of each year and reviewed by the Regional Office and the Agency PREA Coordinator. Each of the reviews took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies, findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including "blind-spots" or areas where staff or inmates may be isolated. Grafton has 237 security supervision staff assigned at the facility. During the three days of the site examination on all three shifts it appeared to the Auditor that Grafton had adequate levels of supervision of inmates assigned to the facility.

(d) ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) January 2, 2018, details the purpose of the policy is to establish uniform guidelines to ensure that institution department heads, supervisors, and administrative staff conduct weekly rounds of inmate living and activity areas. Section VI A 3 (c) on page 3 requires that the shift Lieutenant and Captain conduct unannounced rounds on each shift to identify and deter staff sexual abuse and sexual harassment. The three Shift Supervisors were interviewed and confirmed they make daily-unannounced documented rounds to every area inmates may be during the shift to deter sexual abuse and sexual harassment. They indicated although the policy prohibits staff from alerting other staff when they are making rounds, they stagger times and

locations when conducting rounds. The Auditor reviewed log entries on each of the housing units during the site review and found signatures of supervisors at different times on each of the shifts in each of the logbooks checked.

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

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) January 2, 2018
- Interview (Warden)
- Interview (Shift Supervisors)
- Staffing Reviews (2017, 2018, 2019)
- Housing Unit Logbook Reviews

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Warden indicated that youthful inmates are never placed at GCI. The PAQ also noted juveniles are not placed at this facility. The auditor's observations determined GCI complies with the standard to the extent that this an adult male facility with no juveniles.

## 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.*

(a)(c) GCI staff are prohibited from performing cross gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Employees of the same gender shall conduct visual inspections of the inmate body cavities. The prohibition and requirements for searching inmates are found in ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches), March 22, 2016, section 3 (b) on page 4. Section VI A. on page 2, of this same policy, requires the facility document all cross-gender strip searches or cross gender visual body cavity searches on the agency incident form (DRC1000). The random Officers and Supervisors interviewed confirmed that cross gender strip searches or cross gender visual body cavity searches are not conducted at Grafton. Their interviews also confirmed if a cross gender frisk was ever conducted the incident would be documented and reported on form DRC 1000. The medical staff interviews confirmed that medical staff has not performed this type search (body cavity) in the last 36 months. The facility PAQ also indicated that there was none completed at GCI as well.

(b) The PAQ indicated that GCI does not house female inmates. The auditor observations confirmed the same.

(d) Section E (2)(3) on page 10 from ODRC policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018, requires Grafton ensure each inmates ability 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. It further requires all employees, contractors and volunteers of the opposite gender of the inmates announce their presence upon arrival into any of the housing units where there is not already another opposite gender staff person present. The auditor observed female staff announcing their presence when entering into the male housing areas. Interviews with random staff and inmates also confirmed females announced upon entering the male living areas. The auditor found the mental health suicide watch policy which states, "whenever possible, an employee of the same sex as the incarcerated individual shall be utilized to maintain observation whenever the individual on constant watch uses the toilet". The facility clarified and provided the auditor with the post order and roll call read which states that in the event an inmate needs to perform bodily functions, this shall be done under the observation of same gender staff. Notification is made to a shift supervisor and is documented if an exigent circumstance arises and this process cannot be followed.

(e)(f) Section F (2) on page 4 from the ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) policy, July 19, 2018, prohibits staff a from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it may be determined through conversations with the inmate or by reviewing medical records. Random staff interviews (12) confirmed if they are unable to determine the inmate's genital status and that information was needed, the inmate would be referred to medical for a broader medical examination conducted in private by a medical practitioner. The security staff also indicated that pat searching transgender and intersex inmates in a professional and respectful manner is covered in both the classroom practical application search training and in the search training video they watch. The auditor reviewed the content of the video and found it addressed the standard requirements of searching transgender and intersex inmates professionally and respectfully. The auditor also randomly sampled training documents for security staff and found the search training listed and completed. Section F (3) from the ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) policy, July 19, 2018 requires this training on conducting searches of transgender and intersex inmates in a

professional and respectful manner using the least intrusive means while maintaining consistency with security needs. The auditor interviewed four transgender inmates and questioned them about searches conducted on them. Each indicated that they were always treated professionally by staff during search procedures and were never strip searched in order to determine their genitalia.

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

- Completed PRE-Audit Questionnaire submitted by Grafton
- ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches), March 22, 2016
- ODRC policy 79-ISA-01 (Prison Rape Elimination), January 23, 2017
- ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 9, 2018
- Interviews with random staff
- Interviews with random inmates
- Interviews with targeted inmates
- Review of Suicide Watch Documentation-30 days
- Review of Mental Health Suicide Policy
- Training Documentation on Searches
- Review (Training Video)

## **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.*

(a)(b)(c) Section V from ODRC policy 64-DCM-02 (Inmates with Disabilities, March 5, 2018 on page 3 requires the Agency not discriminate against any individual(s) on the basis of disability and requires all inmates have equal access to all programs and service offered by the agency. The policy further requires that inmate orientation and the inmate handbook include an explanation of services available to inmates with disabilities who may be; limited English proficient; deaf; visually impaired; disabled; and those who have limited reading skills. The auditor found procedures in the handbook the inmate must follow to receive an accommodation, regardless of their disability. Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018 section D (7) page 9, mandates GCI staff make appropriate provisions for any inmate not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided. Staff are prohibited from utilizing an inmate interpreter, inmate reader, or other inmate assistant except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties, or the investigation of the inmate's allegations. The Director of the Agency confirmed in her interview that inmates within the ODRC system, who have a disability or who are limited English proficient, have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The intake staff person at GCI indicated information is provided to inmates in two major languages, Spanish and English. The informational video is provided in Spanish, English, sign language and closed captioned. Inmates that read or write any other language for which the facility has no staff interpreter are referred to a case manager. Inmates needing information provided in a language they understood would be brought to an office with their case manager and contact would be made with Vocalink to provide interpreter services. This interpretation service is provided under contract with ODRC. Sexual safety provisions outlined in Appendix "A" of the inmate handbook would be presented to inmate by the case manager through the interpreter. The OCM stated similar services are available for inmates who are deaf with sign language services provided through Vocalink as well. The auditor interviewed 2 inmates with limited vision, one inmate who was limited English proficient inmate and two with physical disabilities. Each of them indicated they were provided information on PREA and was made aware of how and whom to report if it became necessary.

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

- ODRC policy 64-DCM-02 (Inmates with Disabilities) March 5, 2018
- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Review (Interpretive/Translation Contract (Vocalink)
- Interview (Agency Director)
- Interview (Intake Staff)
- Interview (OCM)
- Interview (Targeted Inmates)

## 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.*

(a)(b)(c)(d)(g) Background investigations must be conducted on each state employee, intern, contractor, and volunteer under consideration for employment or entrance into correction institutions as outlined in Policy 34-PRO-07 (Background Investigations) August 10, 2017, section V on page 2. This policy explains the intent of the background investigation is to identify offenses or behaviors that may impact job performance, volunteer participation or internship work, or their ability to provide services. The Central Office Human Resources Administrator interview confirmed that prior to hiring anyone who may have contact with inmates he/she is specifically questioned if they ever: engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or been civilly; administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. She confirmed that an affirmative response to any of those questions are a permanent exclusion for employment in ODRC. She outlined the background process for every employee. Prospective employees, contractors and volunteers receives a Law Enforcement Agencies Data Systems (LEADS) background check, fingerprint check and a local law enforcement check. The Warden and the PREA Coordinator confirmed that any staff receiving a promotion receives a background check completed by the Facility Investigator, Central Office or the OSHP depending on the level and position of the promotion. The auditor reviewed 10 random employee (to include a promotion and new hires) and 5 random contractor background checks and found background clearances completed prior to their contact with inmates.

(e) Section F (2) on page 6 from Policy 34-PRO-07 (Background Investigations) dated August 10, 2017, requires a criminal background check be conducted on all employees and contractors every five (5) years. The facility investigator is the individual responsible to conduct these 5-year checks. The auditor interviewed the Investigator and reviewed random 5-year random background rechecks and found them up to date for both contractors and staff.

(f) Section VI A (6) from ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018, requires all employees at GCI, who may have contact with inmates, complete and sign the Prison Rape Elimination Act Annual Acknowledgement (DRC1214). The OCM is the staff member required to ensure this form (DRC1214) is completed by all employees by December 31st of each year and forwarded to the personnel office. This form asks the employee: have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution; have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; have you been civilly or administratively adjudicated to have engaged or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse and also reminds them as they sign it about their affirmative duty to disclose any such misconduct. The document information is

acknowledged by signature. Interviews with the GCI random staff confirmed that on an annual basis they are required to provide this information.

(h) Policy 34-PRO-07 (Background Investigations) August 10, 2017 section F (3) requires GCI upon receiving any requests from institutional employers for information on substantiated allegations of sexual abuse or sexual harassment involving a former DRC employee be forwarded or referred to DRC legal services for a response. Unless prohibited by law, DRC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied. The agency HR Administrative staff during her interview confirmed all requests for information on former staff would be immediately forward to the agency legal department and unless prohibited by law would be provided.

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

- Policy 34-PRO-07 (Background Investigations) August 10, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), January 23, 2018
- Interview (HRM-Central Office)
- Background Checks (Staff)
- Background Checks (Contractors)
- Interview (Investigator)
- Interview (OCM)
- Review of 5-year background checks.
- Review (Form DRC 1214)
- Interview (PREA Coordinator)
- Interview (Warden)
- Interview (Staff)

## **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

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(a) The Agency Director, during her interview, confirmed the agency/facility has not acquired a new facility or made any substantial expansion to GCI since the last PREA audit. This information was also provided in the PAQ.

(b) The interviews with the Warden and the OCM indicated GCI has not installed or updated their video monitoring system, electronic surveillance system, or other monitoring equipment during the previous 12 months. The Warden confirmed if the facility was to expand or change the monitoring equipment the OCM would be utilized in order to enhance sexual safety at the facility. Cameras (188) are found throughout the inside and outside of the main Grafton Correctional Institution including in the living units. There are (88) cameras at the Grafton Camp (Reintegration Center). All cameras (tilt, pan, and zoom) can be viewed in the 24-hour control center and in the offices of the Warden and Deputy Wardens. The auditor went to each location with viewing capabilities and found no privacy/cross gender viewing concerns.

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

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

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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. Section 7 (b) on page 11 from the*

(a)(b)(f) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, Section 7 (b) on page 11, requires institutional investigators: gather and preserve direct and circumstantial evidence (including any available physical and DNA evidence and any available electronic monitoring data); interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving suspected perpetrator. Appendix "A" of this same policy requires all evidence be collected in



accordance with: Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol; Ohio Department of Health Sexual Assault Evidence Collection kit Protocol (revised, February 2011); and the National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition – April 2013). The Ohio State Patrol (OSHP) has a signed MOU with ODRC to conduct all criminal investigations within ODRC facilities. The OSHP Investigator confirmed he has received numerous sexual crimes investigation trainings. One of those trainings was from the National Institute of Corrections (NIC), “PREA: Investigating Sexual Abuse in Confinement Settings. He further stated he follows uniform evidence protocols that maximize the potential for obtaining usable physical evidence for criminal prosecutions. According to this investigator OSHP protocols are developmentally appropriate for youth and adults and are based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. He also stated that qualified victim advocates from the facility or qualified community-based advocate (Nord Center) could accompany and support the victim through the forensic medical examination process and any investigatory interviews. He also confirmed the MOU requires all criminal investigations follow the requirement of subparts (a) through (e) of this standard. The facility Investigator confirmed he received the same training as the OSHP Trooper through NIC. He stated that he performs administrative investigations on every allegation made at GCI. The Auditor was provided the specialized training certificate for the investigator documenting his training.

(c) Section C (5) on page 3 from ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) dated April 15, 2010 states inmates will not be charged a co-pay for any medical services initiated from a sexual assault. Medical Staff interviewed confirmed that inmate victims of sexual assault are not ever charged for services associated with the assault. Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section B (9) requires all victims of sexual abuse have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. The Medical staff at GCI confirmed the facility does not perform forensic exams. Inmates requiring this service are taken to the Nord Center where a forensic exam is performed by a SANE practitioner. The auditor spoke with a staff member from this Center who indicated the MOU they have with GCI includes forensic exams by a Safe practitioner.

(d)(e) The Nord Center is the local community agency that provides support services to inmate victims of sexual assault incarcerated at GCI. The auditor had the opportunity to speak with the Sexual Assault Services advocate who confirmed her group provides emotional support services, crisis intervention services to inmates based on an MOU until 2022. Her agency address and hotline telephone number are provided to inmates through signage located in each of the housing units. GCI also has trained victim support staff who provide support to victims of sexual abuse when and if needed. The auditor interviewed one of the trained staff advocates and verified the training each of them receives. The auditor was informed that this one-time training included among other things the forensic exam process. The auditor was also told that this staff advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

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

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

- Ohio State Highway Patrol (OSHP) MOU Review
- ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) April 15, 2010
- Policy B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) September 28, 2015
- Interview (OSHP Trooper)
- Interview (Facility Investigator)
- Interview (Medical Staff)
- Interview (Mercy Health System)
- Interview (Facility Victim Advocate)
- Interview (Nord Center Staff)

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

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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

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(a) Section V on page 4 from policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires all allegations of sexual misconduct and/or retaliation be administratively and/or criminally investigated. The Auditor interviewed the Agency Director, Warden, Facility Investigator and the OSHP Trooper. Each of them confirmed to all allegations of sexual abuse must be investigated. There were 7 allegations of sexual abuse reported at GCI during the last 12 months. The OSHP Trooper confirmed each of these allegations were initially referred to him and found one to meet the elements of a crime. Administrative investigations were completed on each of the other 6 allegations.

(b) The MOU between ODRC and the OSHP along with Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 page requires all allegations of sexual misconduct be referred to the OSHP, the agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. As noted above each of the 7 allegations, alleged to have occurred at GCI were initially reported to OSHP for criminal investigation. One of these referrals was retained by the OSHP for criminal prosecution.

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

## Policy, Materials, Interviews and Other Evidence Reviewed

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

# TRAINING AND EDUCATION

## Standard 115.31: Employee training

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

### 115.31 (a)

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

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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(a)(b)(c) Policy 39-TRN-10 section B1(Employee Orientation Training) dated May 21, 2018 requires all new full-time employees complete at a minimum a formalized forty (40) hour orientation program prior to undertaking their assignments. Policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018. Section C (1) on page 7 of this policy requires the training curricula include: (1) the agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) inmate's right to be free from sexual abuse and sexual harassment; (4) staff and inmate's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) common reactions of sexual abuse and sexual harassment victims; (7) how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; (10) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The policy requires each facility provide training to the gender of the inmates at the facility and all staff having inmate contact requires annual

refresher PREA training. During the interviews with the Agency Director and Warden both emphasized the importance of staff training in providing a safe environment within the facility and agency. Staff interviews conducted with uniform and non-uniform staff detailed the PREA training each received. Their training included the topics described in the paragraph above and each staff member described the procedures they would follow if an inmate approached them with an allegation of sexual assault. Staff is required to receive annual refresher training. This training is provided online and each must receive a passing score of 80% or take the class again. The staff sign into the class and the passing score is their indication and verification that they understood the material presented. Random staff confirmed that their response to allegations of sexual abuse would include separating the alleged victim and abuser, securing the area the alleged abuse took place if possible, contacting their supervisor and preserving evidence from being destroyed. The non-security first responders interviewed indicated that after separating/isolating the alleged victim and abuser they would immediately contact a security staff person in the area to take control of the inmate and the situation. There were seven allegations made and investigated at GCI in which non-security staff were the first responders in five allegations. In each of those cases the documentation in the investigative file indicated that the inmate was immediately turned over to security staff. As noted earlier the auditor reviewed 10 employee PREA training records. Except for staff out on long-term absence all staff receive the mandatory PREA training for training years 2019, 2018 and 2016. The facility exceeds the standard as it provides PREA training annually exceeding the standard requirement.

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

- ODRC policy 39-TRN-10 (Employee Orientation Training) April 24, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Review of Training Curriculum (PREA)
- Interviews (Random Security)
- Training Records Review (2019, 2018 and 2017)
- Interview (Agency Director)
- Interview (Warden)
- Interviews (Security Staff)
- Interviews (Non-Security Staff)
- Review (Case Files)

### **Standard 115.32: Volunteer and contractor training**

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

##### **115.32 (a)**

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

##### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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(a)(b) Section C (6) on page 6 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018 requires all volunteers and contractors be trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training shall be based on the services they provide and the level of contact they have with inmates. Training for volunteers and contractors is documented on the PREA Contractor/Volunteer/Intern Training Acknowledgment Form (DRC1173) after being provided at GCI by the Training Officer. Interviews conducted on site with two contractors confirmed they had received the zero-tolerance policy training and signed form DRC 1173 indicating their understanding of the agency zero tolerance policy, prohibited behaviors, how and whom to report incidents of sexual abuse and consequences of policy violations. There were no volunteers present at GCI during the site visit because of the covid-19 epidemic.

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

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

## Standard 115.33: Inmate education

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

### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received 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.*

(a)(b)(e) There were 1,084 inmate arrivals during the previous 12 months at Grafton. Section D. (1)(2)(3) on page 9 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018, requires inmates arriving at GCI receive oral and written information (inmate handbook) upon arrival. This information provided inmates explains ODRC's zero tolerance policy regarding sexual misconduct prevention, self-protection, reporting and treatment. The policy further requires within seven (7) calendar days of all inmate arrivals each inmate be provided comprehensive education orientation through the viewing of the PREA education video. The PREA video provided to inmates informs inmates of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and provides them with information on reporting any such incidents. The inmate's participation in this orientation and education is documented on the Inmate Orientation Acknowledgement Checklists (DRC414E). The auditor interviewed 41 inmates while on site. All of them informed the auditor that they had received PREA information upon arrival and received additional information including a video within their first few days after arrival at the facility. The intake staff person informed the Auditor that inmates are provided a handbook upon arrival along with oral PREA information. He also stated they must view the PREA video within 7 days of arrival as well. The auditor reviewed Appendix A from this Inmate Handbook that provides inmates with information: on reporting sexual misconduct to staff; with toll free telephone numbers and information for reporting information and allegations to a private/public agency (Chief Inspectors Office Ohio Department of Youth) not associated with ODRC. The Ohio Department of Youth contact information includes a telephone number for inmates in general population and a mailing address for Inmates in segregation (TPU). This correspondence is treated as privileged mail. The Auditor placed a test reporting call (\*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction that can be used by inmates and is noted in the posters on each housing unit. The Agency was notified within three hours of the test call being made.

(c) Those who were at this facility prior to 2014 received the required PREA training prior to that audit during “town hall” meetings on each of the housing units. Since that 2014 date all inmates arriving at GCI would have received this training/information upon arrival. The previous PREA audit also documented information provided inmates prior to the 2014 date. The OCM informed the Auditor that all inmates currently placed at GCI have received information and orientation on the required PREA information.

(d) Section 5 C (2) on page 2 from the ODRC policy 64-DCM-02 (Inmates with Disabilities) dated March 5, 2018, requires inmates within ODRC, who have a disability, have equal access to all programs and service offered by the agency. This policy requires that inmate orientation and inmate handbook include an explanation of services available to inmates with disabilities in multiple formats, including those who are; limited English proficient; deaf; visually impaired; disabled; and those who have limited reading skills. The handbook describes the procedures the inmate must follow to receive an accommodation, regardless of any disability. The intake staff person confirmed during his interview that inmate handbooks are produced in Spanish and English. For those inmates not speaking either of these languages the inmate is provided the information through the agency contract with VOCALINK the interpretative service company. For those who may be deaf or hard of hearing the information is provided in writing and the PREA video is close captioned (CC). For those individuals who cannot read at all or made be low level functioning individuals, the Case Manager reads the PREA information to the inmate. The auditor did interview two inmates with sight problems, both indicated they were accommodated by the facility and provided information on PREA. The auditor interviewed 2 inmates with limited vision, one inmate who was limited English proficient inmate and two with physical disabilities. Each of them indicated they were provided information on PREA and was made aware of how and whom to report if it became necessary.

(f) Section D (4) on page 2 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 2018) requires the OCM at Grafton ensure that information is continuously and readily available to inmates through posters, handouts or manuals. She indicated to the Auditor that this is one of her primary responsibilities. The Auditor found signage (Spanish and English) throughout Grafton, housing units, the TPU, the intake area, medical, mental health unit and the facility library providing information to inmates to report allegations of sexual abuse to any staff member; the Chief Inspector; and through the hotline telephone numbers. The Auditor observed posters for third party reporting (family and friends) posted in the visitation area and in the front entry building where visitors are processed. The random interviews with inmates confirmed their knowledge of the reporting signage throughout the facility and how and whom to report incidents of sexual abuse if needed. About half of the inmates interviewed were not aware of the advocate services available and posted in each living area as it was information that did not affect them or interest them.

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

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 2018
- Inmate Orientation Acknowledgement Checklists (DRC4141)
- Inmate Handbook 2019
- Completed PRE-Audit Questionnaire submitted by Grafton
- ODRC policy 64-DCM-02 (Inmates with Disabilities) December 28, 2011
- Interview (OCM)
- Interview (Intake Staff)
- Interviews with random inmates
- Interview with targeted inmates

## 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.*

(a)(b)(c) GCI has two trained Administrative Investigators. Section C (5) on page 7 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 2018 requires prior to conducting a PREA investigation, investigators must receive specialized training that includes: conducting investigations in confinement settings; interviewing techniques for sexual abuse victims; proper use of Garrity warnings; sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Both investigators at GCI received investigator training through the National Institution of Corrections (NIC). This training was documented on the PREA Training Session Report (DRC1680). The interview with the primary GCI Investigator confirmed that his course content included interview techniques, evidence collection in confinement settings, use of Garrity warning and criteria and evidence to substantiate administrative cases. The Auditor reviewed the NIC curriculum and found in coincides with the training requirements of the standard. The case file investigation reviews by the auditor verified that a trained Investigator conducted each of the seven investigations conducted at Grafton during the previous 12 months.

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

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 2018
- Review of NIC Investigator Training
- Review of Training Reports (DRC 1680 - Investigator Training)
- Review of Training Certificates.
- Interview (Facility Investigator)
- Review (Sexual Abuse Investigation Case Files)

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

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

#### 115.35 (a)

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

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) Section C 9 (a)(b) on page 8 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018 requires that in addition to receiving the agency PREA training required of all staff, full and part-time medical and mental health care practitioners are required to receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training (Specialized Medical and Mental Health Training) is available to this staff on the Enterprise Learning Management (ELM) System (E-learning). The staff member must achieve a score of 80% in order to complete the course. The policy further requires this training be documented on the PREA Training Session Report (DRC1680). At the time of the site visit there were 41 employees in the GCI Medical Depart. The auditor reviewed the training report indicating all 41 members of the current staff had received this training. The auditor interviewed two medical/mental health staff while on site. Both indicated they were required to take this additional training, discussed the training content to include the requirements of subpart (a), and indicated they had received it. The facility exceeds the standard as the facility provides this training annually and the standard only indicates staff receive it once.

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

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 2018
- Review (Training Records)
- Interview (Medical Staff)
- Interview (Mental Health)

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

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

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

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

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

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

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

#### 115.41 (c)

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

#### 115.41 (d)

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

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

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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.*

(a)(b) Section B (1) on page 4 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2107, requires all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. Medical staff initiates these screenings in the computerized PREA risk assessment system (screen 1) during the inmates' intake medical screening. Unit management staff completes the screening within seventy-two (72) hours of the inmate's arrival back at the facility. The auditor interviewed 41 inmates while at GCI. One indicated he could not remember if an assessment was completed on his arrival or not. The Auditor reviewed his file and found his assessment was conducted on the day of his arrival. The auditor also reviewed (10) inmate risk screenings for sexual victimization/abuse to include reassessments within 30 days of arrival to the facility and found documentation of time frames within the standard requirements.

(c) The auditor discussed the objectivity of the assessment tool with the PREA Coordinator. He indicated that the questions ODRC utilizes were developed over time with input from medical and mental health practitioners. He stated that the questions are unbiased without allowing personal opinions of the individual asking the assessment questions. The auditor reviewed the document and based on his observations of similar documents believes this document is objective.

(d)(e)(f)(g)(h) The PREA Assessment Process document dated September 8, 2014 provided the auditor details of the entire risk assessment and the responsibilities for those involved in the process. The Nurse is the individual who initiates the computer-based assessment. In a private office the nurse questions him about his knowledge regarding PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the inmate from screen 1: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate's criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The Nurse also assesses if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf. She also confirmed that inmates are not disciplined if they refuse to answer any of the questions asked during the assessment. The document is then placed into a queue for the case managers. The Case Managers check their "In-Progress" assessments and complete the second screen of the

document and reviews the information provided by the nurse in screen one and also reviews the inmate disciplinary history, sex offenses (if any) and any other information available and makes a recommendation for a PREA Classification (none, potential victim, potential abuser, abuser, victim) The assessment then goes into the Unit Manager queue. The Unit Manager is notified of "Pending UM" cases and he/she determines if the inmate needs a PREA Classification based on the information provided by the inmate and on file. The Unit Management Chief is the final review in the process and determines the final classification and develops the PREA Accommodation Strategy with the Unit Management Team. This strategy addresses the inmates' housing, programs, work and education with the goal of keeping him safe. She also stated that transgender and intersex inmates are always referred to the GCI PREA Accommodation Strategy Team (PAST). This team is chaired by the PREA Operations Compliance Manager and includes the Unit Team, Medical and Mental Health. The team meets with the inmate to discuss their views and develop a PREA Accommodation Strategy. Intake assessments are reviewed between 15 – 30 days to determine if any additional information has been received by the facility or if the inmate has any additional concerns. Special assessments are also completed upon allegations of sexual abuse or at any time additional information/concerns are received. The interview with the OCM confirmed that information is shared with staff on a need to know basis for housing, programs and education assignments. Original information is password protected.

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

- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107
- DRC Policy/Operations Manual Review
- Review (PREA Assessment Process Document)
- Review of Inmate Assessment Records
- Interview (Conducts Risk Assessment)
- Interview (PREA Coordinator)
- Interview (Nurse)
- Interview (Random Inmates)
- Interview (Targeted Inmates)

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

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

#### 115.42 (b)

- 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

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(a)(b) ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2017, requires information from the risk of sexual victimization or abusiveness assessment be utilized to monitor and manage inmates in their housing, bed, work, education and program assignments based on individualized determinations. The Unit Manager Chief (UMC) confirmed for the auditor the process of classification for both inmates with a PREA designation and without a PREA designation. He stated the designation is made after the risk assessment is performed as described in 115.41 and regardless of the inmate's designation each classification is individualized. If the inmate receives a designation as a potential victim or potential abuser, he is flagged in the computer system and manually flagged by color tag in the count room. Based on this flagging bed assignments and work, education and program assignment keep separate, to the extent they can, a potential abuser and a potential victim. With bedding assignments, the Unit Management staff on each of the housing units who may have either a potential abuser and/or potential victim are told the designation of the individual(s) assigned to the unit but not the reason for the specific designation. This designation status

is also shared with program, work and educational staff in order for these areas to provide additional attention to the individuals in their areas for increased precautions. Movement from a housing or work assignment is restricted by the computer and the facility count room when trying to change bed or program assignments without the approval of classification staff. This safeguard further ensures the placement of victims and abusers together from occurring.

(c)(d)(e)(f) Sections C (2), E, F (1) on page 2-3 from the ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, dated July 13, 2015 requires staff consider on a case-by-case basis whether the housing assignment for a Transgender or Intersex inmate would ensure the inmate's health and safety and whether the placement would present management or security problems. It further requires that the transgender or intersex inmate's own views be given serious consideration during the classification process and shall be documented. Interviews conducted the UMC and the OCM confirmed transgender and intersex inmates' placement and assignments are made on a case by case determination taking into account the inmates' own views. They further stated that Grafton has a PREA Accommodation Strategy Team (PAST) consisting of the Operational Compliance Manager, Unit Management Chief, medical and mental health staff, and other staff as necessary. One of the functions of the team according to them is to assess and reassess and document all Transgender and Intersex inmates housed at the facility at least every six (6) months regarding their placement and programming assignments using the PREA Assessment Strategy with specific attention given to any threats to safety experienced by the inmate. The auditor interviewed 4 transgender inmates during the site visit. Each of them indicated upon their arrival at the facility they were questioned about any concerns they had for their safety and asked if they wanted the opportunity to shower separately from other inmates. They also indicated that each has met at a minimum at least twice a year with their respective case managers to discuss any concerns or problems they may be having with other inmates or staff. The PREA Coordinator interview confirmed that prior to placing any transgender or intersex inmate into any facility that inmate is reviewed at the Central Office by medical and mental prior to placement.

(g) Section C (3) on page 3 from the ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, dated July 13, 2015 prohibits LGBTI inmates from being placed in dedicated facilities, units, or wings solely on the basis of such identification unless placement in a dedicated facility, unit, or wing has been established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The auditor interviewed 12 inmates who identified as LGBTI. Each of them indicated during their interviews that they were never placed on any dedicated housing unit and were always placed in general population,

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

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

## **Standard 115.43: Protective Custody**

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

### 115.43 (a)

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

### 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.*

(a)(b)(c) Section F (4) on page 16 from Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, prohibits placing inmates at high risk for victimization in involuntary Restricted Housing (RH) or Limited Privilege Housing (LPH) unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse Assessment (DRC-1187) cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment. Section 5 (A) of the same policy requires inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible or document the reason(s) for the denial. The interview with Warden Foley confirmed that if it ever became necessary to safeguard an inmate at high risk of victimization the use of the Transitional Program Unit (TPU) would be his last resort. He stated his options would include a move to another unit if practical, use of a medical bed if available or movement from the facility would be his primary consideration. He further stated he could not recall a time when the TPU was ever used for the placement of an inmate considered at high risk of being abused. During the site review the auditor did not see any inmates in the TPU for the purpose of protection from possible victimization. The auditor interviewed 1 inmate who alleged sexual abuse, and he stated he was never placed in the TPU as a result of his alleged victimization. Documentation

provided and review of the PAQ indicated segregation was not used to place any inmate at high risk of victimization at Grafton over the last 12 months.

(d)(e) Section F (5) on page 17 from the Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, require form DRC1184 (PREA Involuntary Placement) shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff must clearly document the basis for the concern for the inmate's safety and the reason why no alternative means could be arranged. Every thirty (30) calendar days, the unit management staff shall afford each inmate a review to determine whether there is a continuing need for separation from general population. The Warden noted that the TPU was never used for the purpose of placement of inmates at high risk of victimization. If it was ever used for that purpose and under those circumstances the policy requiring the written notice and 30-day review would be followed.

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

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

## **REPORTING**

### **Standard 115.51: Inmate reporting**

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

##### **115.51 (a)**

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

##### **115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- 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.*

(a)(b)(e) Section VI A 1 (a)(b) on page 4 from policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 indicates that an inmate may report allegations of sexual misconduct or retaliation by other inmates or staff verbally or in writing. In addition, inmates may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member, volunteer or independent contractor. This section of the policy further states that inmates may report allegations to an outside entity that is not part of the ODRC. The agency utilizes the Ohio Department of Youth Service for this reporting. This department is contacted by inmates using the telephone phone number (\*89) and/or contacting the address provided. This outside entity reports the allegations to the Agency PREA Coordinator/designee. The check of this reporting line by the Auditor, confirmed it allows the inmate the opportunity to remain anonymous upon request. As noted in standard 115.33 reporting information is continuously and readily available to inmates through posters, handouts or manuals. The

auditor found signage (Spanish and English) indicating reporting information available to inmates through staff, the Chief Inspector Office, and hotline telephone numbers posted in each of the housing units, TPU, intake area, medical, mental health and the facility library. The auditor observed posters for third party reporting (family and friends) in the visitation area and at the front entry building where visitors are processed. As noted earlier the Auditor interviewed 41 random inmates. Each of them confirmed their knowledge of ways to report sexual abuse. They indicated the information is available in their living unit informing them on how and whom to report incidents of sexual abuse if it became necessary. About half of the inmates interviewed were not aware of the advocate services available. Upon further questioning those not aware stated it was information that did not affect or interest them. As noted earlier inmates arriving at Grafton receive an inmate handbook. Reporting information is also available to in Appendix "A" of this book with information taken from ODRC policy 52-RCP-10 June 29, 2017. This information informs inmates that reports of sexual abuse may be made, to staff (verbally/written, toll free number to Central Office, \*89 to outside agency or for inmates in TPU address for Bureau Chief of the Office of Quality Assurance and Improvement Ohio Department of Youth Services 30 West Spring Street, 5th Floor Columbus, Ohio 43215. The auditor placed a test reporting call (\*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction that can be used by inmates and documented in the posters. The Agency was notified within three hours of the test call being made. The auditor reviewed a report of calls made to \*89 during the last 12 months. There were 8 calls made all determined to be non PREA related. The auditor also reviewed the MOU with the Ohio Department of Youth Services and ODRC. This document outlines the reporting availability for inmates in restrictive housing by mail. The interview with the OCM confirmed that inmates arriving at GCI are confronted with information in the handbook each receive, the PREA video, during orientation and through the signage found throughout the facility.

(c)(d) Section 2 (b)(c) on page 5,6 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 and the Employee handbook both indicate staff may privately report sexual misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the facility OCM or Agency PREA Coordinator. All reports of allegations of sexual misconduct and retaliation, including third party and anonymous reports, shall be reported to the institutional Investigator and shall document this incident or observation on an Incident Report (DRC1000), marked confidential as well. The Auditor interviewed uniform and non-uniform staff during the site examination and specifically asked about how they could privately report sexual abuse if they had to. When each was further questioned about receiving allegations of sexual abuse all indicated they would accept any allegation made verbally, provided in writing, anonymously, and from third parties. All verbal allegations would be documented on a DRC1000 incident report form and immediately forward it to the OCM and Investigator.

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

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

## **Standard 115.52: Exhaustion of administrative remedies**

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

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

#### 115.52 (f)

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

#### 115.52 (g)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
- Review of PAQ
- Interview (Warden)
- Interview (PREA Coordinator)

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

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

### 115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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.*

(a)(b)(c) Grafton inmates are not detained for immigration purposes. Section E (4)(5) on page 10 from the ODCR policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018, requires the facility OCM to compile mailing addresses and/or telephone numbers including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organizations for the inmates. The information must be available on the living units and communicated to the inmates. Telephone calls to outside support services shall be provided in as confidential a manner as possible. During her interview the OCM confirmed that she is responsible for providing this advocate information in each of the inmate housing areas, medical unit and library. Grafton has an MOU with the Nord Center, a victim advocate center,

and provided it to the auditor. The agreement was entered into in 2019 and expires in 2022. The agency makes available to the facility a toll-free number and a mailing address to be utilized by GCI inmates. All outgoing inmate correspondence is not checked and leaves the facility sealed by the inmate and not opened by the institution. The auditor did observe the notices in each of the locations described by the OCM. Random inmates were somewhat aware of advocate services in the community but could not articulate much of what service they provide or when. Upon further questioning inmates, some stated they really had no need the service they provide because they did not read the posted information.

## 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.*

(a) The Auditor observed "Family and Friends" Posters located at the entrance of GCI and in the inmate visiting room. These posters inform family members and friends of agency phone numbers, mailing addresses and email addresses where they can report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The Auditor also reviewed the ODRC web page (<http://www.drc.ohio.gov/prea>) that also provides a means for the general public to report allegations of sexual abuse and/or sexual harassment on behalf of any inmate through this web site. During interviews with random inmates all were aware that their family members could make a call on their behalf either to the facility or to Columbus (Central Office) if necessary, to report any issues they have.

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

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

## 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.*

(a)(b) Section 2 (a) on page 5 from policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires all staff to immediately report any knowledge, suspicion, or information regarding any incident of sexual misconduct that occurred in an institution, whether or not it is part of the DRC. It further requires staff report retaliation against inmates or staff who report such incidents and any staff neglect or violation of responsibilities that may be contributed to an incident or retaliation. Section 3(b) on page 6 of this same policy requires any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. It further requires staff shall not reveal any information related to a sexual abuse to anyone other than to the extent necessary. One of the questions posed to the random staff that was interviewed was how they would respond to an allegation of sexual abuse reported to them by an inmate. All stated they would separate the alleged victim and immediately report the incident to their supervisor and not disclose any information to anyone except to the investigator or supervisor.

(c) Section 2 (a) on page 5 from policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires medical and mental health practitioners, unless otherwise precluded by federal, state, or local law, report sexual abuse pursuant to this section and to inform inmates of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. The auditor interviewed both a medical practitioner and mental health practitioner while at GCI and both confirmed their responsibility on reporting allegations of sexual abuse and their responsibility to inform inmates about the limits of confidentiality prior to initiating services.

(d) The interview with the Warden confirmed no one under the age of 18 would ever be placed at Grafton. Section IV on page 3 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2017, defines vulnerable adults as any inmate that has been identified as having an intellectual and/or developmental disability (IDD) per DRC policy 67-MNH-22, Offenders with Intellectual Disabilities and Developmental Disabilities; Screening, Evaluation,

Treatment and Reentry. Section B (2) on page 4 of this same policy requires the facility to immediately report to the OSHP any alleged victim considered a vulnerable adult as defined by this policy. The OCM, PREA Coordinator and Warden all stated that any victim of sexual assault who met the criteria as a vulnerable adult would be reported immediately to the OSHP. GCI had no incidents of sexual abuse reported by a vulnerable adult during the audit period. As noted earlier every allegation of sexual abuse is immediately reported to the OSHP.

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

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

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, Section F (1)(2)(3) on page 16 requires all reports of

inmates at substantial risk of imminent sexual abuse shall immediately be forwarded to the institutional Investigator, institution OCM, UMC, and the shift supervisor. The policy further requires security staff shall take immediate action to employ protection measures to ensure the inmate's safety. Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting System. During the random interviews with security staff each was questioned about their response to inmates who may be at substantial risk of sexual abuse. All indicated the safety of the inmate at risk would be their priority concern. Their first course of action would be to seek out the inmate, isolate him and then notify their supervisor. The interview with Warden Foley confirmed inmate safety would be his paramount concern and would hope it would be for all staff as well. He stated his own response would be predicated on the particulars of the situation but initially the inmate would be placed in the hospital and an investigation would immediately be conducted. He also informed the Auditor that GCI has had no reported any incidents of inmates at substantial risk in the last three years.

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

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

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

(a)(b)(c) Section 3 (d) on page 6 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires that upon receiving an allegation that an inmate was sexually abused while confined at another institution/facility, the Grafton Warden is to notify the managing officer of the institution/facility or appropriate office of the agency where the alleged abuse occurred. This notification is to be made with 72 hours after being informed and documented. The notification shall be documented on an Incident Report (DRC1000). The managing officer or agency office that receives such notification shall ensure the allegation is investigated in accordance with applicable provisions of the policy. There were no allegations made at Grafton occurring at other ODRC facilities. The Warden indicated if there had there been any incidents reported he would report it immediately long before the 72-hour requirement and documented it. The facility Investigator and OCM confirmed GCI received one notification from another ODRC facility of an alleged incident occurring at GCI. The incident was investigated per policy with an outcome notice sent to the inmate at his new facility.

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

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

**Standard 115.64: Staff first responder duties**

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

**115.64 (a)**

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

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

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a)(b) All Grafton staff is trained as a first responder to an allegation of sexual abuse. Section B (1) on page 6,7 from the policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires every security staff upon learning of an allegation that an inmate was sexually abused to: separate the victim and abuser; preserve the scene and evidence not allowing any washing, brushing of teeth, urinating, changing clothes, defecating, drinking or eating. The policy further requires the first non-security staff responding to any sexual assault incident separate the victim and abuser and request the alleged victim not take any actions that could destroy physical evidence and then notify the security shift supervisor. The auditor interviewed 2 non security first responders and 12 security staff who answered the question what he/she would do when responding to an inmate who alleged sexual abuse. The random security staff indicated they would follow the responses required of them as outlined in Appendix "D" of the policy and required of them under subpart (a) of the standard. The two non-security staff first responders stated that after securing the alleged victim they would immediately notify the closest security staff person. Of the reported sexual abuse cases (7) two of the first responders were security staff and five were non security. In each case involving non-security staff the review of the investigative files and the Sexual Abuse First Responder Checklist, documented the incident was reported to security staff.

## Policy, Materials, Interviews and Other Evidence Reviewed

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

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) Policy 03E-GCI-0 I (PREA Rape Elimination: Zero Tolerance) dated August 30, 2019, is the facility policy detailing the coordinated actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Auditor interviewed medical staff, mental health staff, Operational Compliance Manager, the facility investigator and multiple supervisors during the site visit. Each confirmed they were aware of their specific duties as required by this policy. A review of the investigative case records indicated a coordinated response was followed by staff to allegations of sexual abuse.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 03E-GCI-0 I (PREA Rape Elimination: Zero Tolerance) dated August 30, 2019

- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (OCM)
- Interview (Watch Commander)
- Investigative File review

## 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.*

(a) The Ohio Department of Rehabilitation and Correction has entered into a renewed collective bargaining agreement since August 20, 2012. Effective May 12, 2018 through February 28, 2021. According to the interview with the Director the current agreement allows the agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation. GCI has had no incidents requiring the removal of 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.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Review (Current Union Contract)
- Interview (Director)

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d)(f) Section D (1) on page 14 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires Grafton

to protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. The institutional Investigator is responsible for monitoring retaliation of an inmate resulting from allegations of sexual abuse. The OCM is responsible for monitoring retaliation of any staff member and/or inmate resulting from allegations of sexual harassment. Both the facility Investigator and OCM confirmed that retaliation monitoring begins at the time the allegation is made and continues for at least 90 days unless circumstances warrant an extension. If the investigation determines the allegation was unfounded or inmate is transferred then the monitoring ceases. They both confirmed they initiate periodic contact with the individual and each contact they have is documented. Monitoring of inmates by the investigator includes review of the inmates' discipline record, job evaluations, work assignments and request for bed moves. Monitoring of staff would include looking at the employee's work assignments, time off approvals and requests, facility transfers requests, and evaluations. Section D (2)(3) of ODRC policy 79-ISA-02 requires this as well. The auditor reviewed the seven investigative case files. All seven indicated retaliation monitoring began on the day the allegation was made and continued for 90 days of monitoring except for two cases determined to be unfounded.

(e) The institution reported no incidents of retaliation as a result of cooperating with the investigation(s). This was also confirmed with the facility Investigator and OCM.

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

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

### **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.

(a) Section H 2 (b) on page 8 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2017, limits involuntary TPU assignments for victims of sexual assault at GCI only until an alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days. As noted in standard 115.43 Warden Foley stated that the use of TPU to safeguard an inmate would be his last option. He would utilize other means like moving the inmate to another housing unit or placing the individual in the hospital and only utilize the TPU as a last resort. He indicated that he could not remember a time when the TPU was ever used for the placement of an inmate who is alleged to have suffered sexual abuse. The TPU staff person interviewed informed the auditor that he could not remember an inmate ever being placed in the unit because he was a victim of sexual abuse. During the site review the auditor did not see any inmates in the TPU as result of suffering sexual abuse. The auditor interviewed 1 inmate who alleged sexual abuse, and he reported that he was never placed in the TPU as a result of his alleged victimization.

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

- Interview (Warden)
- Interview (TPU staff)
- Interviews (Targeted Inmate)
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017

## **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

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(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(l) Section C 7 (a-j) on pages 13,14 form the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires investigations into allegations of sexual abuse and sexual harassment, be done promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. ODRC has an MOU with the Ohio State Patrol requiring the State Police conduct a criminal investigation promptly, thoroughly, and objectively on every allegation of sexual abuse that is received or the facility becomes aware of. Documentation and interviews confirmed GCI, and as required by policy 79-ISA-01, GCI utilizes only specially trained investigators to conduct sexual abuse administrative investigations. Policy 79-ISA-02 further requires the investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, interview of all involved and review prior complaints and report involving the alleged perpetrator. When such evidence appears to support criminal prosecution, the agency shall conduct

compelled interviews only after consulting with prosecutors. This section of the policy also requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not be determined by the person's status as inmate or staff member. Inmates who allege sexual abuse are not required submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. These policy requirements were confirmed with both the OSHP and the facility Investigator. A criminal or administrative investigation must be done on every allegation of sexual abuse that is received or the facility becomes aware of. The auditor interviewed both the OSHP Investigator and the GCI Investigator separately. The OSHP Trooper confirmed all reports of sexual abuse reported at Grafton are immediately referred to him regardless of the how the allegation is received. He makes a determination, based on the facts and information received, if elements of a crime exist. If a criminal investigation is initiated, he would begin to gather evidence to present to prosecutors. He also stated that regardless of what the individual's status is everyone involved in the incident is treated the same as it pertains to credibility. He also stated under no circumstances would he ever compel a victim to submit to any truth telling device in order to continue an investigation. Each case is assigned a case number with a separate file to document and collect all evidence associated with the alleged incident. During the investigation he indicated he would keep the facility up to date with information and provide the facility Investigator of the findings of the investigation at its conclusion. He was clear that the departure of the employee or the inmate from the custody of ODRC would not end his investigation. Once started it must be finished. If the case is not considered criminal, the GCI Investigator conducts his administrative investigation. He indicated it would involve gathering and preserving any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. He further stated that one of his responsibilities during his investigation is to determine whether staff actions or failures to act contributed to the abuse. The departure of the alleged abuser or victim from the employment or control of ODRC does not provide a basis for terminating any investigation according to him and the agency policy. The auditor reviewed the seven (7) case files for the last twelve months and found each file contained direct and circumstantial evidence as required by the standard and ODRC policy.

Grafton reported seven (7) allegations of sexual abuse during the previous 12 months. Each of the sexual abuse cases were referred to the OSHP. Only one was retained by them for a criminal investigation. That case is presently being reviewed for criminal prosecution. The employee resigned during the investigation and questioning.

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

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

## **Standard 115.72: Evidentiary standard for administrative investigations**

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

#### **115.72 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) Section 7 (i) on page 14 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires ODRC impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated in Administrative Investigations. The GCI Investigator confirmed that "preponderance" is the evidence threshold the utilizes and has utilized when determining case outcomes. A review of the completed administrative files appeared to the Auditor that a "preponderance" of evidence was the threshold used in determining the investigation outcome.

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

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

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

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(a)(b)(f) Section 6 (c)(d) on page 12 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires that following an investigation into an inmate's allegation that he/she suffered sexual abuse in an institution, the institutional investigator shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy further states if the DRC did not conduct the investigation, it shall request the relevant information from the OSHP in order to inform the inmate. During the Grafton Investigator interview he confirmed that he is responsible for notifying the inmate of the investigation outcome at the conclusion of the investigation done by either OSHP or the facility. The inmate is required to sign this notification. The Auditor interviewed one inmate, the only one still at the facility who made an allegation of sexual abuse, and he confirmed he was provided a copy of the investigation outcome from the investigator. Reviews of investigative case files confirmed signed notifications were completed. Policy 79-ISA-02 section 6 (h) states that the institution's obligation to report investigation outcomes shall terminate if the inmate is released from the DRC's custody.

(c)(d)(e) Section 6 (e) on page 12 from Policy 79-ISA-02 requires that following an inmates allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate: whenever the employee is no longer assigned on his unit; no longer employed in the facility; and if the employee was indicted or charged as a result of the allegation. The interviews with the Grafton Investigator and Warden Foley confirmed Grafton has had only one case involving staff that may require this type notification within the last 12 months and once the facility is notified of the particulars in the case the GCI Investigator would notify the inmate victim when the case against the alleged staff abuser results in an indictment and when the trial outcome is known. He stated that all notifications are documented and become part of the case file. There were no cases involving this type of conduct requiring termination or this type notification within the last 12 months. The staff member resigned from their position.

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

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

- Review (investigative Files)

## 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.*

(a)(b)(c)(d) Section VI A (2) on page 4 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018, and DRC Policy 31-SEM-02, Standards of Employee Conduct mandate all employees be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies. Policy 79-ISA-01 further requires termination for violations of DRC sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies. The interview with the Central Office HR staff person confirmed that any staff member guilty of any act of sexual abuse would be terminated with the immediate notification to law enforcement and relevant licensing bodies if required. The Warden stated that disciplinary sanctions for violations of the ODRC sexual abuse/sexual harassment policies, different from actual sexual abuse, would be commensurate with the nature and circumstances of the act committed taking into account the individuals work history and similar sanctions for similar behavior. Grafton has not terminated any staff member for violation of the agency sexual abuse policy according to the PAQ and the interview with the Warden. A staff person did resign during questioning for violation of the sexual abuse policy. The allegation was substantiated by the facility after investigation and the employee would have been terminated if they had not resigned. The allegation, like all, was reported to the OSHP and is pending criminal charges.

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

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

### **Standard 115.77: Corrective action for contractors and volunteers**

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

##### **115.77 (a)**

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

##### **115.77 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a)(b) Section VI A (3) on page 4 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018, states that in accordance with DRC Policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, and DRC Policy 39-TRN-12, Contractor Orientation, contractors or volunteers who engage in sexual misconduct will be prohibited contact with inmates and shall be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal. The interview with Warden Foley confirmed that any contractor or volunteer who violates the agency zero tolerance policy would be denied entrance to the facility. As noted, several times earlier all allegations are referred to the OSHP and if the behavior is determined to be criminal, information would be turned over to any licensing bodies as appropriate. The Auditor interviewed two contractors who confirmed that they had received PREA training including the agency zero tolerance policy against sexual abuse and sexual harassment. Each informed the auditor they were informed of the consequences for any violation of this policy during their orientation training. There were no volunteers present in the facility to interview. There were no contractors or volunteers terminated during the audit period for violation of the agency sexual abuse policy according to the PAQ and the interview with the Warden.

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

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

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

- 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.*

(a)(b)(c)(d)(e)(f)(g) Section V on page 2 of the ODRC policy 56-DSC-01 (Conduct Report and Hearing Officer Procedures) dated March 2, 2017, requires the ODRC inmate disciplinary process be carried out: promptly and fairly; allowing individuals directly affected by an inmate rule infraction to provide input into the disciplinary process; to not punish inmates for being seriously mentally ill; and to abide by the Administrative Rules. Policy 79-ISA-02 sections E (1)(2)(3)(6) on page 15 requires an inmate be disciplined for sexual contact and/or sexual conduct with staff upon a finding that the staff member did not consent to such contact or conduct. Any inmate found guilty by the Rules Infraction Board (RIB) 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 if available. 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. The interview with Warden Foley confirmed that the GCI has an inmate disciplinary process with sanctions commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. He also stated that the RIB considers whether an inmate's mental disabilities or mental illness contributed to his behavior and that any inmate charged with or suspected of any disciplinary infraction would have any disability taken into consideration when determining what type of sanction should be imposed. During the previous 12 months GCI had no sexual abuse allegations between inmates substantiated resulting in disciplinary charges.

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

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

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes  No  NA

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c) Section VI A (2) on page 3 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017 requires if the risk assessment performed on the

inmates' arrival indicates the inmate is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer this inmate a follow-up meeting with a medical or mental health practitioner within fourteen (14) calendar days of the intake screening. Inmates shall be screened by mental health in accordance with DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification. The interview with the GCI Nurse who initiates the risk assessment confirmed that any inmate who either has it in their record or informs the person who is conducting the risk assessment they were ever victimized it is noted on the computer screen, made part of his record and the inmate is offered medical/mental health services. The offer is noted on the assessment screen. The auditor interviewed nine (9) inmates who disclosed during "intake" prior victimization. All confirmed they were offered medical/mental health service and five accepted it. The auditor reviewed each of the five inmates' records. A mental health practitioner saw each of them within 14 days of the disclosure. Section A (3) of this same policy requires if the assessment indicates that the inmate has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a mental health practitioner within fourteen (14) calendar days of the intake screening. The Nurse performing the risk assessment stated she would make the notation on the form if she became aware of an abusive inmate and make the same referral to mental health.

(d) Section 3 (b) on page 6 from Policy 79-ISA-02 requires all information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The OCM, Mental Health Practitioner and the Medical Practitioner each confirmed all information is shared on a need to know basis, not readily available and password protected.

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

- Policy 79-ISA-02
- Interview (Risk Assessment Staff)
- Interview (OCM)
- Interview (Mental Health)
- Interview (Medical)
- Review of Risk Assessment (Targeted Inmates)
- Review Medical Records (Targeted Inmate)
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017

### **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.*

(a)(c)(d) Section III B on page 2 from the Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 September 28, 2015 requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Mental Health practitioner and the Medical practitioner confirmed treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each confirmed the nature and scope of the services provided to the inmate are determined according to their professional judgment. Timely information and timely access to sexually transmitted infections prophylaxis are offered/provided to victims of sexual abuse as well. The Nurse indicated that the outside hospital (Nord Center) typically starts the medication and it is then continued at the institution. The Auditor interviewed one detainee who alleged sexual abuse while on site. He indicated he was immediately seen by medical and mental health and was never charged for services,

(b) Section H (1) on page 12 from policy 67-MNH-09 (Suicide Prevention) dated February 25, 2019 requires Grafton develop a written plan for twenty-four (24) hour emergency mental health service availability. The plan shall include an on-site emergency crisis intervention. The auditor reviewed the 24 hour on call mental health list for the facility documenting coverage.

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

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

## 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.*

(a)(b)(c)(f)(g) Section B (2)(3) on page 7 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires medical services at each facility follow Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse. This document includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral for mental health evaluation to victims of sexual abuse. It further requires inmates referred to mental health by medical services following an allegation of sexual abuse be seen by a mental health professional who shall complete further screenings or assessments consistent with DRC policy 67-MNH-04, Transfer and

Discharge of the Mental Health Case Load, March 23, 2017. Section VI A (5) of this policy requires each ODRC facility ensure mental health staff at the receiving institution is informed of the transfer (victim) and shall be documented in an ECW Encounter in the inmate's ECW record as soon as possible for those inmates on the mental health caseload who are classified as SMI or have been on suicide watch in the last six (6) months prior to the transfer. Mental Health staff is responsible for the completion of the form and shall sign the Mental Health Transfer Summary (DRC5180) in DOTS Documentation shall include who specifically was contacted at the receiving institution and what information was provided. The Medical and Mental Health practitioners informed the auditor that emergency medical and crisis interventions services are available to anyone victimized by sexual abuse regardless of when or where it occurred. They each confirmed the level of care is consistent or better than the community level of care in their opinion. Both indicated during interviews that their protocols would include: evaluation and treatment of anyone victimized; follow-up services as required and needed; treatment plans, tests for sexually transmitted disease and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They also confirmed the policy and practice requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As noted earlier, the auditor interviewed an inmate alleging sexual abuse who stated he was never charged for medical/mental health services.

(d)(e) GCI is an adult male facility with no females.

(h) Section C 6 (h) on page 12 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires the Mental Health staff attempt to conduct an evaluation on all known abusers within sixty (60) calendar days of learning of such history and offer treatment when SUBJECT: Prison Sexual Misconduct Reporting, Response, Investigation, & Prevention of Retaliation PAGE 13 OF 17. DRC 1362 deemed appropriate. Mental health services shall be notified whenever an inmate is designated as an abuser in the PREA Risk Assessment System. The Mental Health practitioner indicated that when they are notified or whenever they become aware of an inmate abuser the mental health department would meet with the inmate and offer services to him.

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

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

## **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**

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(a)(b)(c)(d)(e) Section VI A,B on pages 2,3 from the ODRC policy 79-ISA-03 (Sexual Abuse Review Team) dated July 17, 2017, requires GCI to create a Sexual Abuse Review Team (SART). The team makeup at GCI consists of a Deputy Warden, the Investigator, the PREA Compliance Manager, a Mental Health Staff person, line supervisor and a victim support person. The SART team is required to review every incident of sexual abuse, within 30 days investigation conclusions, unless the allegation was determined to be unfounded. The Auditor interviewed one of the SART team members. He confirmed that the team thoroughly review substantiated and unsubstantiated incidents of sexual abuse documented in a written report. The report requires the team consider: events leading up to and following the incident; whether the actions taken were consistent with agency policies and procedures; whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts and an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. The team can make recommendations to the Warden and Operational Compliance Manager for any improvements based on the above assessments and review. The SART team member and the OCM confirmed recommendations made by the team must be implemented or the facility must document the reason(s) they were not followed. There were 7 allegations of sexual abuse requiring incident reviews by the SART team during the previous 12 months. The auditor found the reviews present in each case file requiring one (5 cases). All reviews were completed within 30 days of the conclusion of the investigation.

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

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

## **Standard 115.87: Data collection**

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

### **115.87 (a)**

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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(a)(b)(c)(d)(e)(f) ODRC Policy, 79-ISA-01, Prison Rape Elimination requires the collection of uniform data for each allegation of sexual abuse at GCI, using a standardized instrument and set of definitions. The PREA Incident Packet Instructions captures the necessary information about allegations of abuse, harassment and retaliation. Data is collected and combined with data from each ODRC facility every year and is published on the agency website. The incident-based data collected includes data used to answer all questions from the Survey of Sexual Violence-2 (SSV-2) that is submitted to the Department of Justice. Data from all incident-based documents, including reports, investigation files, and sexual abuse incident reviews are maintained, reviewed and collected as needed to complete the SSV-2. Aggregated data by the agency PREA coordinator is reviewed annually for the purpose of identifying problem areas, taking corrective action on an ongoing basis and preparing the annual report. In 2020 the agency published the 2019 ODRC Annual Internal Report on Sexual Assault Data on their website (<http://www.drc.ohio.gov/prea>). The OCM confirmed that she collects all relevant data as required and forwards it to the agency PREA Coordinator.

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

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (PREA Coordinator)
- Interview (OCM)
- ODRC 2019 Annual Internal Report on Sexual Assault Data-An Analysis of Sexual Assault Data
- PREA Incident Packet Instructions

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

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

#### **115.88 (b)**

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

#### **115.88 (c)**



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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d) Section F (3,4) on page 12 from Policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017, requires the agency review incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each unit, as well as ODRC as a whole. The Agency PREA Coordinator confirmed ODRC collects, maintain, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility in the Agency including the three private facilities it contracts with. As noted in standard 115.87 GCI provides sexual abuse statistics to Central Office to assist them in creating the ODRC Annual Report, documenting trends, concerns etc. within the aggregate data total. The auditor reviewed the annual report (2019 Annual Internal Report on Sexual Assault Data) found on the agency web page. <https://drc.ohio.gov/prea>

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

- Policy 79-ISA-01 (Prison Rape Elimination)
- Interview (PREA Coordinator)
- Review of Annual Report 2019

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

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a)(b)(c)(d) ODRC Policy, 79-ISA-01, Prison Rape Elimination 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 for 10 years after the inmate has been released. Any records pertaining to an employee named in a PREA violation are also retained for 10 years after the staff member leaves the employment of the agency. The policy further requires all case records be maintained securely and confidentiality. The OCM confirmed documents are either under double lock with a restricted key or password protected. The Records Retention Schedule indicates that file cases related to criminal investigation cases are permanently retained as are reports produced from with ODRC that contains data routinely requested by the public. ODRC Policy, 79-ISA-01, also requires that aggregated sexual abuse data from facilities under the

direct control and private facilities with which it contracts readily available to the public at least annually through its website with all personal identifiers being removed. The 2018 ODRC Annual Internal Report on Sexual Assault Data contains comparative data from 2016 and 2017. The auditor reviewed this report on the agency website: <http://drc.ohio.gov/prea> .

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

- Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- Interview (PREA Coordinator)
- Review of Annual Report

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

### 115.401 (i)

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

### 115.401 (m)

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

### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

ODRC has ensured each of their facilities operated by the agency and private organizations under contract, was audited starting August 20, 2013, and each three-year period thereafter. The entire agency was PREA compliant within the first cycle concluding in 2015 and has remained that way.

### Standard 115.403: Audit contents and findings

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

### 115.403 (f)

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

## Auditor Overall Compliance Determination

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

## 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.*

ODRC publishes all final audit reports on its website, <http://www.drc.ohio.gov/prea>. Reports from 2014-2020 can be found on the website for the public to review. ODRC routinely publishes final reports within the required 30-day timeline.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Thomas Eisenschmidt

November 19, 2020

**Auditor Signature**

**Date**

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

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