

# PREA Facility Audit Report: Final

**Name of Facility:** London Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/12/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Margaret L. Capel	<b>Date of Signature:</b> 07/12/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Capel, Margaret
<b>Email:</b>	capelmaggie@gmail.com
<b>Start Date of On-Site Audit:</b>	05/25/2022
<b>End Date of On-Site Audit:</b>	05/27/2022

FACILITY INFORMATION	
<b>Facility name:</b>	London Correctional Institution
<b>Facility physical address:</b>	1580 State Rte. 56 SW , London , Ohio - 43140
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Eric Morris
<b>Email Address:</b>	eric.r.morris@odrc.state.oh.us
<b>Telephone Number:</b>	(740) 485-0976

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Jenny Hildebrand
<b>Email Address:</b>	jenny.hildebrand@odrc.state.oh.us
<b>Telephone Number:</b>	(740) 852-2454 ext-

Facility PREA Compliance Manager	
<b>Name:</b>	Eric Morris
<b>Email Address:</b>	eric.r.morris@odrc.state.oh.us
<b>Telephone Number:</b>	O: (740) 852-2454

Facility Health Service Administrator On-site	
<b>Name:</b>	Robin Murphy
<b>Email Address:</b>	robin.murphy@odrc.state.oh.us
<b>Telephone Number:</b>	(740) 852-2424 ext.

Facility Characteristics	
<b>Designed facility capacity:</b>	1950
<b>Current population of facility:</b>	1676
<b>Average daily population for the past 12 months:</b>	2008
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18.2 yrs - 82.2 yrs
<b>Facility security levels/inmate custody levels:</b>	Level 1 & Level 2
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	257
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	109
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	139

AGENCY INFORMATION	
<b>Name of agency:</b>	Ohio Department of Rehabilitation and Correction
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4545 Fisher Road, Suite D, Columbus, Ohio - 43228
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Kollar	<b>Email Address:</b>	david.kollar@odrc.state.oh.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
3	<ul style="list-style-type: none"> <li>• 115.16 - Inmates with disabilities and inmates who are limited English proficient</li> <li>• 115.33 - Inmate education</li> <li>• 115.401 - Frequency and scope of audits</li> </ul>
<b>Number of standards met:</b>	
42	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-05-25
2. End date of the onsite portion of the audit:	2022-05-27

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Ohio Health Sexual Assault Response Network (SARNCO)

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1950
15. Average daily population for the past 12 months:	2008
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1243
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	48
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	32

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	8
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	25
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	64
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	275
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	149
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	78
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	26
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Selected offenders in each housing unit, selected inmates by age and length of time in the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	10
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	7
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility provided a listing of the inmates who reported sexual abuse while at the facility. None of the offenders were present during the on-site portion of the audit.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed the segregation roster with the listing of offenders who reported a sexual abuse at the facility, and found there were no reported victims in segregation. I compared the population roster and also found there were no inmate victims of sexual abuse listed as housed at this facility. I asked inmates during interviews if there were offender victims housed at the facility.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>I oversampled the visually impaired and blind population because the facility provides special programming for these individuals.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

### Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>20</p>
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<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>2</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>3</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Contract chaplain Horizon Prison Initiative (Religious) There has been restrictions on outside vicsitors during the COVID pandenic. There were a limited number of volunteers available for interview.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Auditor reviewed cameras and camera footage in all areas.

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The Auditor also conducted interviews with the Interviews with mailroom staff, and GTL contractor regarding the offender tablets.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	8	0	8	0
Staff-on-inmate sexual abuse	2	2	2	2
<b>Total</b>	10	2	10	2

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	2	0	0	0
<b>Total</b>	0	2	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	6	0
Staff-on-inmate sexual abuse	0	0	0	2
<b>Total</b>	0	2	6	2

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	8
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	6
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were two investigations the Auditor felt would be properly classified as sexual harassment but the facility had labeled them as sexual abuse so the Auditor included those investigations as sexual abuse.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no reports of sexual harassment allegations involving offenders, staff, contractors, or volunteers.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

American Correctional Association

**Standards****Auditor Overall Determination Definitions**

- Exceeds Standard  
(Substantially exceeds requirement of standard)
  
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
  
- Does Not Meet Standard  
(requires corrective actions)

**Auditor Discussion Instructions**

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1477 398">115.11 (a) ODRC Policy 79-ISA-01, Prison Rape Elimination states, "It is the policy of the ODRC to provide a safe, humane, appropriately secure environment, free from the threat of sexual misconduct for all incarcerated individuals by maintaining a program of prevention, detection, response, investigation, and tracking. The ODRC shall maintain zero tolerance for sexual misconduct in its institutions and in any facilities with which it contracts for the confinement of incarcerated individuals.</p> <p data-bbox="244 407 1401 501">Sexual misconduct among incarcerated individuals and by employees, contractors, interns, and volunteers towards incarcerated individuals is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated."</p> <p data-bbox="244 533 1481 622">The facility's policy that outlines how it will implement the agency PREA plan is LOCI Policy 03E-09, Zero Tolerance Policy (PREA). This policy provides definitions of prohibited behaviors regarding sexual misconduct and prevention, detection, and response procedures for reports of sexual misconduct.</p> <p data-bbox="244 654 1493 748">The agency policy ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation outlines the sanctions for inmates and/or staff who violate sexual misconduct policies and also describes the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p data-bbox="244 779 1484 972">(b) The Auditor reviewed the organizational chart for the Bureau of Operational Compliance which confirms the Agency PREA Coordinator reports directly to the Bureau Chief of Operational Compliance, who reports to the Agency Director. The agency also employs a PREA Administrator, who reports to the PREA Coordinator. Through discussions with the Bureau Chief and the agency PREA Coordinator, the Auditor confirmed the agency PREA Coordinator is an upper-level position and has the executive support and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p data-bbox="244 1003 1487 1160">The PREA Coordinator handles coordinating and overseeing PREA compliance for the ODRC. He divides these duties with the PREA Administrator. The PREA Coordinator oversees facilities in the northern portion of the state and the PREA Administrator for the southern portion. Ohio has 25 state-operated prisons and 3 privately run prisons. The PREA Coordinator explained he has sufficient time and authority to accomplish his duties. He noted that the American Correctional Association (ACA) accreditation audits and PREA compliance audits are conducted in the same week, which can be difficult.</p> <p data-bbox="244 1169 1487 1397">The PREA Coordinator said he has sufficient time and authority to develop, implement, and oversee the agency's PREA program. He explained each facility employs one PREA Manager who has dual reportability to the PREA Coordinator or the PREA Administrator and the warden. The designated PREA Coordinator (Administrator) is notified of all PREA incidents, and the facility PREA Managers complete weekly checklists and monthly reports that are sent to the assigned PREA Coordinator or PREA Administrator. The agency started Quarterly PREA Status Briefings, after learning of this practice from another state. The Quarterly PREA Status Briefings reviews the status of PREA investigations over the last quarter. The report is sent to the Agency PREA Coordinator.</p> <p data-bbox="244 1429 1461 1518">The agency PREA Administrator oversees the facility's compliance with the PREA standards at LOCI. He said he has sufficient time and authority to complete his duties. He added he has been overseeing the revised PREA risk assessment implementation at LOCI and other facilities around the states.</p> <p data-bbox="244 1550 1433 1711">(c) The Auditor reviewed the facility organizational chart which shows the PREA Manager reports directly to the Facility Warden. The PREA Manager explained he is responsible to ensure the facility maintains compliance with American Correctional Association standards and the PREA standards. He also conducts background checks for volunteers and contractors. During the COVID pandemic, he managed the weekly testing of staff. He feels he has sufficient time and authority to coordinate the facility's efforts to follow the PREA standards.</p> <p data-bbox="244 1742 466 1769">Evidence Considered:</p> <p data-bbox="244 1800 1439 1863">Policies: ODRC Policy 79-ISA-01, Prison Rape Elimination, LOCI Policy 03E-09, Zero Tolerance Policy (PREA), ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation</p> <p data-bbox="244 1895 1388 1921">Interviews: PREA Coordinator, PREA Administrator, LOCI PREA Manager, Bureau Chief, Operational Compliance</p> <p data-bbox="244 1953 673 1980">Documents: Agency Organizational Chart</p> <p data-bbox="244 2011 756 2038">The facility meets the requirements of the standard.</p>

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1490 362">(a) The Pre-Audit Questionnaire (PAQ) states the agency has three private prisons. The agency PREA Coordinator provided a memorandum stating the ODRC has contracts with two private companies for the confinement of inmates, in three institutions: Lake Erie Correctional Institution; Northeast Ohio Correctional Center; North Central Correctional Institution.</p> <p data-bbox="240 398 1490 658">The Auditor reviewed the contract between the private companies and the agency and found the contract included the following amendment: "The Contractor shall adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115). The ODRC shall monitor the Contractor to ensure such compliance. The ODRC shall ensure that Contractor has been trained on their responsibilities under ODRC Policy on sexual abuse and sexual harassment prevention, detection, and response." The Northeast Ohio Correctional Center (NEOCC) underwent a PREA audit in March 2022. The facility has not received the completed audit report at this time. The Lake Erie Correctional Institution and the North Central Correctional Institution completed PREA audits in the Fall of 2021. The Auditor verified the agency posted all completed PREA audit reports on the agency's website.</p> <p data-bbox="240 689 1490 815">(b) ODRC Policy 79-ISA-01 Prison Rape Elimination, states, "All new and renewed contracts for the confinement of ODRC incarcerated individuals must include a provision that the contractor will adopt and comply with the PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure the contractor is complying with PREA standards."</p> <p data-bbox="240 846 1490 1070">The Auditor interviewed Ken Kopycinski, Chief of Acquisition and Contract Compliance. Mr. Kopycinski explained the agency employs three Contract Monitors, one for each contracted facility. The Contract Monitors oversee the day-to-day operations of the assigned facility, including compliance with the PREA standards and agency PREA policies. The Contract Monitors report to the Assistant Chief of Acquisition and Contract Compliance. The Contract Monitors receive annual agency PREA training. The Bureau of Operational Compliance conducts annual internal management audits (ACA and PREA) to ensure continued compliance with these standards, agency policies, and other related requirements. Mr. Kopycinski was very knowledgeable about the PREA standards and the intent of the standards.</p> <p data-bbox="240 1102 464 1128">Evidence Considered:</p> <p data-bbox="240 1160 823 1187">Policies: ODRC Policy 79-ISA-01 Prison Rape Elimination</p> <p data-bbox="240 1218 823 1245">Interviews: Chief of Acquisition and Contract Compliance;</p> <p data-bbox="240 1276 1034 1303">Documents: Memorandum concerning private prisons; Private prison contracts;</p> <p data-bbox="240 1335 762 1361">The facility meets the requirements of this standard.</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) The ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "In accordance with ODRC Policy, 23-BUD-01, Staffing Requirements, and the PREA Staffing plan (DRC1189) each in situation shall develop, document, and make its best efforts to comply with the staffing plan that provides for adequate levels of staff and, where applicable, video monitoring to protect incarcerated individuals against sexual misconduct. In calculating staffing levels and determining the need for video monitoring, the institution shall consider:</p> <ul style="list-style-type: none"> <li>a. generally accepted correctional practices</li> <li>b. any judicial, federal investigative, and internal/external oversight agency findings of inadequacy</li> <li>c. the facility's physical plant including blind spots or areas where staff or incarcerated individuals may be isolated.</li> <li>d. the composition of the incarcerated population</li> <li>e. the number and placement of supervisory staff.</li> <li>(f) institution programming on a particular shift,</li> <li>(g) the prevalence of substantiated and unsubstantiated incidents of sexual abuse</li> <li>(h) applicable state or local laws, regulations, standards, and other relevant factors."</li> </ul> <p>The Auditor reviewed the current staffing plan and found the plan addresses each of the required factors. The PAQ states the staffing plan was predicated on an average daily population of 2200 inmates and the average daily population for the facility over the past 12 months is 2008. The PREA Compliance Manager explained the facility was having difficulty filling security positions so the agency leadership decided to reduce the current inmate population of the facility but will not reduce the current staffing. The facility was in the process of transferring inmates to achieve this population reduction at the time of the pre-audit phase of the audit.</p> <p>The Auditor interviewed the Facility Warden who explained the staffing plan provides for a minimum of one correctional officer in each housing unit continuously. Each housing unit is also assigned sergeants, a Unit Manager, and a Case Manager. A Captain is assigned to each shift as well as lieutenants to provide security supervision. She explained she stresses the importance of irregular but frequent unannounced rounds by the executive staff, which includes the warden, deputy wardens, major, unit management chief, unit managers, the administrative duty officer, and the investigator.</p> <p>The Deputy Warden of Operations (DWO) explained despite the problems with staff shortage and the COVID-19 global pandemic, they were able to fill mandatory posts. He explained some non-uniformed staff, for example, education staff, maintained up-to-date security training and volunteered to work security posts when the facility is short-staffed. This also provides an opportunity for these staff to earn overtime.</p> <p>The Warden, DWO, and the Chief of Security (COS) all confirmed the facility uses cameras to protect inmates against sexual abuse. The Warden said the housing unit officer can live-view the cameras. The Unit Manager, Unit Management Chief, captains, lieutenants, investigator, and wardens can view the cameras live or can review camera footage. The Warden, DWO, and Chief of Security (COS) felt the cameras helped to deter sexual misconduct at the facility in addition to aiding with investigations.</p> <p>The Warden and DWO confirmed there have been no judicial findings of inadequacy or findings of inadequacy from federal investigative agencies or internal or external oversight bodies. They confirmed the staffing plan considers blind spots, the composition of the inmate population, the number and placement of supervisory staff, and substantiated and unsubstantiated incidents of sexual misconduct when deciding staffing levels and the need for video monitoring.</p> <p>The PAQ states the facility has a total of 317 cameras (281 interior and 36 exterior cameras). The current staffing plan was approved for seventy-two additional cameras to be placed in the following areas: Powerhouse, Vocational Auto School, Quartermaster Corridor, OPI Office in the Brush shop, and laundry. The facility also requested a new server, as the current server is low on server space.</p> <p>(b) ODRC Policy 79-ISA-01 also requires the facility to document and justify any deviations from the staffing plan. The Facility Warden confirmed the facility documents any deviations from the staffing plan. The 2021 staffing plan states there were no deviations from the plan. The DWO explained even through the pandemic and the difficulties they faced filling security positions, they were always able to fill their mandatory positions using a relief pool and mandatory and non-mandatory overtime.</p> <p>(c) ODRC Policy 79-ISA-01 requires the PREA Coordinator to meet with facility staff annually to decide if adjustments are needed to the staffing plan. This is accomplished through an assessment of the current staffing plan, the use of video monitoring technologies, and the facility's available resources to ensure adherence to the staffing plan. The Auditor reviewed the annual staffing plan completed in November 2021 which was signed by the Facility Warden, Agency PREA Coordinator, Regional Director, and a representative from the Office of Administration. The Agency PREA Coordinator explained the</p>

Bureau of Compliance coordinates staffing plan meetings with all institutions, and he participates in all of these meetings.

(d) ODRC Policy 50-PAM-02, Inmate Communication/Weekly Rounds, states, "The managing officer shall assign department heads, supervisors, and administrative staff to specific living and activity areas ensuring all areas are visited on a weekly basis. The managing officer shall determine the rotation of areas in writing. Assigned staff shall visit living and activity areas weekly and cannot delegate this duty. The managing officer/designee, deputy wardens, and duty officers shall visit all living and activity areas weekly unless policy dictates more frequent visits." "In accordance with ODRC Policy 310-SEC-31, Security Inspections and Challenges, a shift supervisor (captain or lieutenant) shall conduct unannounced rounds in each inmate-occupied area at least once per shift. Unoccupied areas shall be visited at least once per week." These rounds are documented on the Employee Visitor Logs, located in each area, using red ink.

The Auditor requested documentation of unannounced rounds for six housing areas. The Auditor reviewed at least one week of unannounced rounds in each housing area (three weeks in housing areas A-2). The Auditor verified Unannounced Rounds are conducted by security supervisors for each shift. In addition, the Auditor was able to verify rounds by executive staff, department heads, supervisors, and administrative staff.

Evidence Considered:

Policies: 79-ISA-01 Prison Rape Elimination; ODRC Policy 50-PAM-02, Inmate Communication/Weekly Rounds

Interviews: PREA Coordinator, Warden, Deputy Warden of Operations; PREA Manager; Chief of Security

Documents: PAQ; 2021 LOCI PREA Staffing Plan; Shift Roster (Example), Memorandum - Relief Factor; Unannounced Rounds

The facility meets the requirements of this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1481 432">(a) (b) (c) ODRC Policy 79-SOC-05, Youthful Inmate Program Management, addresses the management of youthful offenders (under 18 years of age) within the ODRC. The facility PREA Manager provided a memorandum stating the facility does not house youthful offenders. The Auditor requested a listing of inmates under the age of 21 and over the age of 60 which is the age range specified as a risk factor on the PREA Risk Assessment. A review of this listing confirmed there were no inmates at the facility under the age of 18.</p> <p data-bbox="244 463 464 490">Evidence Considered:</p> <p data-bbox="244 521 1002 548">Policies: ODRC Policy 79-SOC-05, Youthful Inmate Program Management;</p> <p data-bbox="244 580 1046 607">Documents: Memorandum – No Youthful Offenders; Listing of Offenders by age</p> <p data-bbox="244 638 691 665">This standard is not applicable to this facility.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1497 398">(a) ORDC Policy 310-SEC-01, Incarcerated Individuals and Physical Plant Searches, states, "the institution shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners." The facility reported in a Statement of Status that there have been no cross-gender strip searches or cross-gender body cavity searches during this audit period.</p> <p data-bbox="240 432 1270 459">(b) The London Correctional Institution is an all-male facility. This standard provision is not applicable.</p> <p data-bbox="240 490 1473 618">(c) ODRC Policy 310-SEC-01, Incarcerated Individuals and Physical Plant Searches, states, "Employees must always display the highest degree of professionalism. The institution shall document all cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of female incarcerated individuals on an Incident Report (DRC1000)."</p> <p data-bbox="240 649 1485 777">(d) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "All institutions shall ensure incarcerated individuals are able to shower, perform bodily functions and change clothing without a non-medical 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, which includes viewing via video camera."</p> <p data-bbox="240 808 1485 936">During the site visit, the Auditor visited each housing area. The shower and toilet areas enable offenders to shower, change clothing, and perform bodily functions without being seen by the female staff. The Auditor reviewed camera footage of the housing areas and found the cameras do not allow viewing into these areas, even for those cameras with pan, tilt, and zoom features.</p> <p data-bbox="240 967 1485 1294">The Auditor had received correspondence from an offender about strip searches conducted by the agency's Special Response Team (SRT). This search referred to as a "clear-out", was conducted to recover suspected contraband in the housing area. The original complaint was that inmates had to remove all of their clothing in their bunk area, in the presence of their bunk mate and inmates assigned to adjacent bunks. Although this is not a recommended practice, the PREA standards do not require inmates to be afforded privacy from same-gender inmates. During offender interviews, several inmates also discussed this incident with the Auditor and explained female correctional officers were at the officer's desk while the searches were conducted, and the strip searches were videotaped. The Auditor found there were two female correctional officers at the officer's desk during the strip searches. The officer's station has a computer that enables video monitoring. The video cameras were recording at the time of the incident. When this matter was brought to the attention of staff, the video recording of the searches was restricted from viewing by staff outside of investigators.</p> <p data-bbox="240 1326 1441 1518">The Auditor determined searches were a violation of this standard when conducted in the bunk area as video cameras provide partial viewing in the bunk area and these searches should not be conducted with females in the area, except in exigent circumstances. The agency's Special Operations Commander issued orders to all SRT Commanders within the agency that unclothed searches will not be conducted where opposite gender staff can view the offenders in a state of undress and restricted unclothed searches in areas covered by video monitoring. This corrective action meets the requirements of this standard provision.</p> <p data-bbox="240 1550 1497 1776">The policy also states, "All employees, contractors, interns, and volunteers, of the opposite gender, whether assigned to the housing unit or not, shall make the following announcement upon their arrival, "Opposite gender in the housing unit." If at any time the employee leaves and returns to the housing unit, the preceding announcement shall be repeated. The announcement is only required when an opposite-gender employee, contractor, or volunteer enters the housing unit where there is not another opposite-gender employee present. The institution shall determine how to make employees aware that an opposite-gender staff is already in the housing unit. If opposite gender staff stay in the unit during shift change, the announcement shall always be made at the beginning of each shift."</p> <p data-bbox="240 1807 1497 1966">All housing units have a buzzer at the entrance of each housing unit. The policy states, "When the PREA buzzer at the entrance to each housing unit is utilized, the verbal announcement of opposite gender staff is not necessary. It is replaced with the activation of the audible sound, which must have the ability to be heard at the farthest point within the housing unit. The only exceptions will be from 10:00 p.m. to 8:00 a.m. at which time the verbal announcement shall be made instead of the use of the PREA buzzer."</p> <p data-bbox="240 1998 1485 2157">The PREA buzzer also has a light that flashes when the equipment is activated, for the hearing-impaired offenders. The correctional officers interviewed all stated opposite gender staff announces their presence when entering an area in which offenders may be showering, changing clothing, or performing bodily functions. Of the 42 offenders interviewed, 3 reported females do not announce their presence when entering the housing area. Some offenders reported female officers are more consistent about making announcements when entering the bathroom/shower areas and less consistent when entering the</p>

housing area in general. When asked most offenders did not understand that an announcement is not required if a female is present in the housing area when another female enters the area. During the site visit, the Auditor noted an announcement was made each time she entered the housing areas.

(e) ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI), states, "Staff shall not search or physically examine a Transgender or Intersex inmates for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it may be determined through conversations with the inmate or by reviewing medical records. If staff members are unable to determine the inmate's genital status, the inmate shall be referred to medical for a broader medical examination conducted in private by a medical practitioner."

Of the 12 correctional officers interviewed all confirmed searches of transgender inmates to determine their genital status are not allowed. The transgender inmates interviewed (2) reported they have not been strip-searched to determine their genital status.

(f) ODRC Policy 79-ISA-01 also states, "All security staff shall be trained on how to conduct searches of transgender and intersex inmates. Searches shall be done in a professional and respectful manner using the least intrusive means while maintaining consistency with security needs."

The Auditor reviewed a partial script of the pat-down training provided to correctional officers. The training instructs the officer on how to conduct a pat-down search of an offender in a professional manner including instructions for conducting a pat search of a transgender or intersex confined person. The Auditor also reviewed a printout of training dates of staff and confirmed staff have received this training within the past year. All officers interviewed confirmed receiving this training annually and most were able to describe procedures for conducting a proper search of a transgender offender or opposite-gender offender.

Evidence Considered:

Policies: ODRC Policy 310-SEC-01, Incarcerated Individuals and Physical Plant Searches; ODRC Policy 79-ISA-01, Prison Rape Elimination; ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)

Interviews: Correctional Officers (12); Transgender Offenders (2)

Documents: Statement of Status – No Youthful Offenders; Offender Correspondence; Email from Special Operations Commander – Unclothed Searches; Partial script of the pat-down training; Printout of Training Dates

Site Review: PREA buzzer; Camera footage; Inspection of shower and toilet areas

The facility meets the requirements of this standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 398">(a) ODRC Policy 64-DCM-02 Inmates with Disabilities, states, "It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) not to discriminate against individuals on the basis of disabilities in the provision of services program assignment, and other activities, as well as making administrative decisions, and to provide reasonable accommodation to inmates when a demonstrated need exists."</p> <p data-bbox="240 432 1485 557">The Agency Director confirmed the agency has procedures to address the needs of inmates with disabilities or who are limited English proficiency. She explained the agency's Incarcerated Adult Education Video has sign language and closed captioning. She also confirmed the agency has contracts for foreign language and sign language interpreters available to all institutions.</p> <p data-bbox="240 591 1418 680">The Auditor reviewed the agency's contract with Propio LS LLC. The contract is effective until August 31, 2022. The services included in the contract include: The contract provides on-site, telephonic, and video interpretation (over 150 languages), document translation, and sign language.</p> <p data-bbox="240 714 1490 1005">The facility has specialized in providing services to blind or low-vision inmates. Many of the visually impaired offenders are provided with a specially trained inmate assistant. The assistant guides the visually impaired offender in walking, reading, writing, and other duties. The program has an offender handbook transcribed in braille, which includes the required PREA information. PREA education is provided through a PREA video upon arrival. The video provides closed captioning, and a sign language interpreter, and is available in Spanish. This video is also available on the offender tablets, provided free of charge to all offenders. The tablets provided to offenders (free of charge) have a "talk back screen reader" feature that reads the information on the screen to the offender. In addition, the tablet reads icons to the offender as their fingers scroll over the tablet screen. The tablet also has a Select to Speak feature that allows the offender to select items on the screen and hear them read or described aloud.</p> <p data-bbox="240 1039 1442 1097">The Auditor interviewed nine offenders who were disabled or LEP and 89% reported they were provided information in a format they could understand.</p> <p data-bbox="240 1131 1469 1288">b) ODRC Policy 64-DCM-02, lists the programs and services in which an interpreter should be utilized. This includes but is not limited to medical and mental health contacts, parole board hearings, disciplinary hearings, classification reviews, education and treatment classes and activities, grievance interviews, religious services, and criminal and administrative investigations. The policy states, "Interpreting services for these programs may be provided only by non-correctional staff members or contract interpreters."</p> <p data-bbox="240 1321 1473 1447">The Auditor reviewed the agency's contract for interpretation services. The contract provides for a wide range of interpretation services including services for confined persons with limited English proficiency. The services include foreign language interpretation services in over 150 languages. Staff is provided clear instructions for accessing these services for the LEP confined persons.</p> <p data-bbox="240 1480 1423 1538">While on-site the Auditor interviewed one offender whose native tongue is Spanish, and he spoke limited English. The offender reported he was provided PREA information in a language that he could understand.</p> <p data-bbox="240 1572 1490 1662">(c) ODRC Policy 79-ISA-01 titled, Prison Rape Elimination states, "Staff shall make appropriate provisions for incarcerated individuals 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 under section VI.D.1-3 of this policy."</p> <p data-bbox="240 1695 1493 1986">ODRC Policy 64-DMC-02, Incarcerated Individuals with Disabilities, states, "Interpreting services for these programs, may be provided only by qualified, non-correctional staff members or contract interpreters. If the deaf or hard of hearing inmates approves, a qualified correctional staff member or inmate may otherwise assist in the case of an emergency when another interpreter is unavailable if confidentiality will not be violated by the use of a qualified correctional staff member or inmate. If the deaf or hard of hearing inmate approves the use of another inmate to interpret, the deaf or hard of hearing inmate must sign a statement waiving the right to an interpreter who is not an inmate. See Appendix A. Interpreters may be provided in person or through teleconferencing." The Auditor reviewed Appendix A which is a waiver form titled, Interpreter/Transliterator Waiver Form. The facility provided a statement that the facility has not utilized inmate interpreters to assist inmates wanting to report sexual misconduct during the 12-month audit period.</p> <p data-bbox="240 2020 1465 2078">Of the 12 correctional officers interviewed 7 reported offender assistants would not be used to assist offenders to report sexual abuse. The remaining officers reported an offender assistant may be used in emergency or exigent circumstances.</p> <p data-bbox="240 2112 464 2139">Evidence Considered:</p>

Policy: ODRC Policy 64-DCM-02, Inmates with Disabilities

Interviews: Agency Director, Disabled Offenders

Documents: Agency's Contract with Propio LS LLC

The facility exceeds the requirements of this standard.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 432">(a) ODRC Policy 34-PRO-07, Background Investigations states, "An applicant being considered for employment must complete a Personal History Statement (DRC1683) with required documentation provided and the Authority for Release of information (DRC 1404) prior to a background investigation being conducted." The policy details the procedures to be followed when conducting the background investigation. This includes obtaining authorization to conduct a criminal and personal background check. This includes education and employment checks.</p> <p data-bbox="240 439 1434 499">The Auditor reviewed the employment application which asks the applicant if they have any current or pending felony or misdemeanor charges, including expunged or sealed records. The applicant is also asked if they have ever been:</p> <ol data-bbox="240 506 1477 730" style="list-style-type: none"> <li>1. accused of an inappropriate relationship in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution,</li> <li>2. accused of sexual abuse or resigned from employment during a pending investigation into an allegation of sexual abuse,</li> <li>3. accused of sexual harassment,</li> <li>4. civilly or administratively adjudicated or 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.</li> </ol> <p data-bbox="240 763 1485 958">The agency also requires a check of the Ohio Abuser Registry maintained by the Ohio Department of Developmental Disabilities. Ohio law states, "Any person or governmental entity seeking to hire, contract with, or employ a person as an employee of the department, county board of developmental disabilities, or in a position that provides specialized services to an individual shall make an inquiry to the department regarding whether the person's name is on the registry. If the subject of the inquiry is on the registry, the inquiring party shall not hire, contract with, or employ the person in any of these capacities." Ohio Admin. Code 5123-17-03.</p> <p data-bbox="240 992 1453 1153">The Auditor reviewed 18 employee records, 10 contractor records, and 5 volunteer records. Of the 28 employee and contractor document reviews conducted, the Auditor found criminal background checks were completed for all employees and contractors as required. A five-year criminal background check was also completed for applicable employees and contractors. The Auditor noted on several Background Investigation Checklists (DRC 1674) were incomplete and/or the Appointing Authority/designee signed, approving the background check prior to it being conducted.</p> <p data-bbox="240 1182 1469 1243">Recommendation: The facility should ensure approving authorities only approve background investigations after they have been completed and the approving authority has an opportunity to review the document.</p> <p data-bbox="240 1272 1485 1568">(b) The Auditor interviewed Roberta Banks, Human Resource Director for the ODRC. She explained that criminal history background checks are completed for all new employees, contractors, and applicants for promotion. Background checks for unclassified positions are completed by the Ohio State Highway Police every five years. Background checks for new classified employees, contractors, and applicants for promotion are completed internally by the Institution Investigator. The Auditor interviewed the facility's Human Resource Manager who confirmed the facility considers any acts of sexual harassment when considering hiring or promoting an individual. She explained applicants who had engaged in sexual harassment would not be hired or promoted. She added the employee/ contractors are asked about prior incidents of sexual harassment during the pre-hire interview and when the employee contractor completes the PREA questions pre-employment and annually thereafter.</p> <p data-bbox="240 1597 1490 1724">The Auditor reviewed the agency employment application and found the application asks the applicant if they have ever been accused of sexual harassment, dates, employer, and the outcome of the investigation. The policy also states under Permanent Exclusions "The agency shall consider any incidents of sexual harassment in determining whether to hire ...enlist the services of any contractor, who may have contact with inmates."</p> <p data-bbox="240 1753 1485 1915">(c) ODRC Policy 34-PRO-07 states, "Consistent with federal, state, or local law, ODRC shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. If additional information is required before a determination may be made as to whether a potential employee or contractor may be considered for employment or entrance into an ODRC facility, a request shall be submitted to ODRC Chief Inspector's Office for further investigation."</p> <p data-bbox="240 1944 1474 2040">The facility's Human Resource Manager stated she does not check previous institutional employers outside of ODRC but expects applicants to divulge any sexual misconduct incidents from previous institutional employers on their application and during the interview. This practice does not meet the standard requirements.</p> <p data-bbox="240 2069 1485 2161">The Auditor discussed this finding with the facility's PREA Manager and the PREA Administrator. Corrective action was established requiring the facility to educate the facility's Human Resource Manager regarding this standard requirement and agency policy and to review all applicants, including contractors, full-time and part-time, hired since the last PREA Audit, who</p>

have inmate contact and are still employed at the facility. If the employee was previously employed in an institutional setting as defined by 42 U.S.C. 1997, the facility will contact any and all prior institutional employers concerning any incidents of sexual misconduct, including sexual harassment, and document the results of the contact. If the employment check confirms sexual misconduct, the facility will immediately take corrective action to change the employee's duties or assignment requiring contact with offenders. The facility is required to provide verification the review was completed including any corrective action.

The PREA Manager provided training verification that the Human Resource Manager was trained about the requirements of 115.17 (c). The facility immediately began a review of employees and contractors hired since the last PREA audit and determined if any of these staff had previous employment within an institution as defined by 42 U.S.C. 1997. The PREA Manager provided regular updates on the progress of this requirement. The PREA Manager provided verification that 51 employees required institutional background checks. Of these 51 employees, 8 employers did not provide congregate care. The facility attempted to contact 7 employers who either did not respond or were located outside of the United States. The facility provided the dates of each attempt to contact these employers. Of the remaining 36 employees and contractors, the HR department made contact with the previous employer and requested information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. There were no PREA issues with these employees. The facility meets the requirements of this standard provision.

Recommendation: The agency should consider revising 34-PRO-07 to include definitions of "institutional employers" consistent with this standard.

(d) The facility has ten separate contracts for services and reports criminal background checks were completed for all contract employees upon hire and every five years thereafter. Roberta Banks, Chief of the Bureau of Personnel said criminal background checks are completed for all new employees, employee promotions, and all contractors. She reported the Institution Investigator completes the background checks for facility employees except for unclassified positions. These background checks are completed by the OSHP. The Auditor selected 10 contractor records for review from the following areas: religion, medical, Horizon, GTL, Franklin University, Speech therapist, Children's Hunger Alliance, Blind program, and Aramark. Criminal background checks were completed for each contractor.

(e) ODRC Policy 79-ISA-01, Prison Rape Elimination states, "Criminal background checks shall be conducted on all employees and contractors every five years, or a system shall be in place for otherwise capturing such information, when available. All employees and contractors shall have a completed Authority for Release of Information (DRC 1404) or a PREA Background Check Authorization (DRC1422) on file prior to the five-year background check."

Chief Banks also reported criminal background checks are conducted every five years for employees and every two years for contractors. The Auditor reviewed 23 employee and contractor files and found, that although criminal background checks were not completed every two years for contractors as noted above, criminal background checks were completed at five-year intervals as required by this standard provision.

(f) The agency's continuing affirmative duty to report is addressed in ODRC Policy 31-SEM-02, Standards of Employee Conduct, which states, "Illegal activity on the part of any employee whether on or off duty in addition to being unlawful reflects upon the integrity of the Department and betrays the trust and confidence placed in it by the public. It is a reasonable expectation that employees will not only obey the letter of the law but the spirit of the law, whether engaged in personal or official activities. In the event, any employee is arrested for, charged with (including receiving a summons to appear in court), or convicted of any felony or misdemeanor, is required to be a defendant in any court action, or is incarcerated that employee shall immediately notify his/her Appointing Authority. In the event the Employer pursues disciplinary action, a reasonable nexus (tie) to job performance must be established."

The Facility Human Resource Manager confirmed all applicants and employees who have contact with inmates are asked about previous sexual misconduct during the initial hiring process, and in the event of promotion, transfer, or demotion, as well as annually. Chief Banks explained the ODRC did not think it was appropriate to ask staff the related PREA questions during an annual evaluation. Instead, the agency has all staff sign a "PREA Annual Acknowledgement" form every Fall. She also explained the Employee Standards of Conduct impose a continuing affirmative duty to disclose any previous misconduct.

The Auditor reviewed the agency employment application form and confirmed questions regarding previous sexual misconduct are included in the application process. The Auditor's review of 28 employee and contractor files confirmed each applicant answered the PREA questions regarding previous misconduct.

(g) ODRC Policy 31-SEM-02, Standards of Employee Conduct states, "Illegal conduct on the part of any employee, whether on or off duty, in addition to being unlawful, reflects upon the integrity of the Department and betrays the trust and confidence placed in it by the public. It is a reasonable expectation that employees will not only obey the letter of the law but the spirit of the law, whether engaged in personal or official activities. In the event, an employee is arrested for, charged with (including receiving a summons to appear in court), or convicted of any felony or misdemeanor is required to be a defendant in any court action, or is incarcerated, that employee shall immediately notify his/her Appointing Authority. In the event the

Employer pursues disciplinary action against an employee for such conduct, a reasonable nexus (tie) to job performance must be established."

(h) ODRC Policy 34-PRO-07 states. "Requests from institutional employers for information on substantiated allegations of sexual abuse or sexual harassment involving former ODRC employees shall be forwarded or referred to ODRC legal services for a response. Unless prohibited by law, ODRC shall provide information on sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer from whom such an employee has applied."

Chief Banks said there is no Ohio law that prohibits the agency from providing the information and the agency policies have been updated to provide this information.

Evidence Considered:

Policy: ODRC Policy 79-ISA-01, Prison Rape Elimination; ODRC Policy 31-SEM-02, Standards of Employee Conduct; ODRC Policy 34-PRO-07, Background Investigations.

Interviews: Human Resource Director; Human Resource Manager;

Documents: Ohio Admin. Code 5123-17-03; 18 employee records, 10 contractor records, and 5 volunteer records; agency employment application; training records; PREA Annual Acknowledgement form.

The facility meets the requirements of this standard.

115.18	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) The PAQ provided a statement that there has been no design, renovation, modification, or expansion during the 12-month period.</p> <p>The Agency Director explained the Construction, Activation, Maintenance, and Sustainability division handles facility modifications and works directly with the PREA Coordinator to ensure PREA-related issues are considered. These issues, as well as the need for monitoring technology, are also discussed by staff in the annual Staffing Plan meetings. The Agency Director added the agency is purchasing body cameras to be worn by security staff with offender contact. Security Supervisors are currently issued body cameras.</p> <p>In a previous audit this year, the Auditor reviewed ODRC Policy 10-SAF-22, Body Worn Cameras (BWC) which outlines the purpose of the policy and proper and improper use of the equipment. The policy did not raise any PREA-related concerns.</p> <p>The Warden stated the sallyport was the last renovation project and PREA was considered in the design of the area. The DWO confirmed there has been no renovation, remodel, or new construction during this audit period.</p> <p>(b) The Agency Director explained the annual staffing plan process prioritizes facility projects. She said the agency has invested a great deal of money in camera installation which has enabled the agency to investigate PREA incidents and conduct After-Incident Reviews more effectively. In 2021, ODRC focused on upgrading camera servers and allocated a great deal of money to the replacement of all Milestone surveillance servers. Twenty (Milestone surveillance servers) have been replaced to date. The replacements will also increase the agency's retention time of recorded footage to a minimum of 45 days. ODRC added approximately 75 new cameras statewide in 2021 for a total of 7098 cameras. An additional 1,000 cameras will be added in 2022 to cover institutional blind spots. In 2021, the agency provided all Custody Supervisors with body-worn cameras. By June of 2022, all corrections officers and unit sergeants will be provided body-worn cameras. The body-worn cameras can download and save video recordings of incidents and events.</p> <p>The Auditor reviewed the facility's 2021 staffing plan in which the facility identified blind spots in the laundry, powerhouse basement and tool room, and storage areas. These areas are provided unannounced security inspections. In the 2021 staffing plan, the facility requested 76 additional cameras for the Powerhouse, Vocational Auto School, Quartermaster corridor, OPI Office in the brush shop, and the laundry. Of the 76 cameras requested, four 360-degree cameras were requested to provide better viewing of the high school and college classrooms.</p> <p>The Warden and DWO explained when installing or updating monitoring technology, the facility administration considers how cameras and monitoring technology can enhance the facility's ability to protect offenders from sexual abuse.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 10-SAF-22, Body Worn Cameras (BWC);</p> <p>Interviews: Agency Director, Warden, Deputy Warden of Operations,</p> <p>Documents: PAQ, Statement of Status – no design, renovation, modification, or expansion; 2021 staffing plan</p> <p>The facility meets the requirements of this standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) The facility is responsible for conducting administrative investigations. Criminal investigations are conducted by the Ohio State Highway Patrol (OSHP). The uniform evidence protocol is outlined in ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation. The policy provides specific instructions to first responders, medical staff, intermediate-level staff, and investigators to ensure evidence is preserved and collected properly. The policy requires facility staff to collect evidence such as clothing and personal items from the victim. The policy provides detailed instructions to staff in collecting, preserving, and documenting the collection of evidence.</p> <p>(b) The facility does not house youthful offenders. The protocol was adapted from or otherwise based on the DOJ's most recent publication, A National Protocol for Sexual Assault Medical Forensic Examiners.</p> <p>(c) ODRC Policy 79-ISA-02 further states, "All victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial costs where evidentiary or medically appropriate."</p> <p>The Agency PREA Coordinator supplied a memorandum stating, "after the law changed many years ago to guarantee us Medicaid rates at local ERs (emergency rooms), we no longer needed contracts. So we hold no local contracts with hospitals. The only hospital contract we have that applies to PREA is with Ohio State University Medical Center. We have a grid that shows which local ERs have SAFE/SANE. However, that changes. Typically they never drop SAFE/SANE, They just add SAFE/SANE. ER ALPs (Advanced Level Practitioners) would meet the criteria of a QUALIFIED medical provider, and it would be outliers that we don't have SAFE/SANE. The ones that typically don't have SAFE/SANE locally are those places that are geographically remote for the most part. The institutions utilize local facilities and can use the Ohio State University (OSU) contract as backup, as all would have the ability to divert to OSU if they wanted."</p> <p>The PAQ provided a copy of the agreement titled, the State of Ohio, Ohio Department of Rehabilitation and Correction Medical Services Agreement. The agreement is with the Ohio State University (OSU) Hospital effective July 1, 2021, through June 30, 2025. The OSU agrees to meet the inmate's medical needs consistent with the standards of services within the community and to provide properly credentialed professionals.</p> <p>The Facility PREA Manager stated the facility normally utilizes the Ohio State University, Wexner Medical Center for forensic examinations. The Auditor made numerous attempts to speak with someone at the hospital to confirm the services provided to sexual assault victims from the facility but was unable to find a staff member who was knowledgeable about these services, except to confirm SANE providers are available through the emergency department. While on-site the Auditor learned the facility also utilizes Madison Health in London, Ohio for forensic examinations. The Auditor was able to speak with the SANE nurse on duty who confirmed her SANE certification. She explained the facility normally collects the clothing prior to transport to the emergency room. She confirmed that local advocates are offered and contact information provided to the victim, but most decline advocacy services and information.</p> <p>(d) The PREA Manager explained the facility has an MOU with the Ohio Health Sexual Assault Response Network (SARNCO) to provide advocacy services in the emergency room. He also explained the agency provides a training program for facility staff who wish to become a Victim Support Person (VSP) and provides advocacy services to the victim both at the facility and the emergency room.</p> <p>The Auditor reviewed an MOU between LOCI and SARNCO to provide confidential emotional support services for inmate sexual abuse victims. The MOU is effective from December 31, 2019, through December 30, 2022. The services provided by the rape crisis center include accompanying and supporting the victim through the forensic examination process and investigatory interviews at the hospital, providing emotional support and crisis intervention services through phone calls and written correspondence, and providing referrals for resources. The MOU defined the limits to confidentiality (intent to harm self or others or suspected child abuse or neglect). A phone number and address are provided also for the victim to contact the rape crisis center. The MOU specifies that the facility security staff will remain in the room through the forensic examination and throughout the time the advocate is present.</p> <p>The Auditor reviewed the PREA VSP Lesson Plan, the listing of 15 trained facility VSP staff, and corresponding VSP training certificates. The facility provides a current schedule of available trained VSPs and the days of the week and times they are available to provide victim advocacy services. The victim is given the option of utilizing an advocate from the rape crisis center or a facility VSP. The assignment of a victim advocate and the services provided by the advocate are documented in the electronic PREA record.</p> <p>The Auditor interviewed a trained VSP staff member. She explained the VSP training covered the symptoms of sexual abuse, the limits of confidentiality, the role of the VSP during the SANE examination and during administrative interviews, referral resources, and required documentation. The Auditor requested a listing of alleged victims present at the facility and</p>

learned there were no offenders at the facility who had reported sexual abuse.

(e) ODRC Policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, states, "Upon notification of an allegation of abuse the institution support person, shall meet with the victim. At the request of the victim: 1) The victim support person shall sit in on administrative interviews of the incarcerated individual but may not obstruct or interfere during the investigation; 2) The victim support person shall accompany the victim to the hospital accompany and support the victim through the forensic medical examination process; 3) The victim support person shall provide emotional support, crisis intervention, information, and referrals. The Victim Support Person Activity Report (DRC1178) shall be used to document the activities of the victim support person. After the form has been completed by the victim support person, the original shall be forwarded to the Institution Investigator. A copy shall be forwarded to the OCM."

"If the designated Local Rape Crisis Center was contacted, the next available institution victim support person shall contact the Local Rape Crisis Center to determine what services were provided to the victim. The institution support person shall follow up with the victim to determine if any additional services are requested. The institution support person shall document the activities of the Rape Crisis Center and the institution Victim Support Person on the Victim Support Person Activity Report (DRC1178). After the form is completed, the original shall be forwarded to the Institution Investigator. A copy shall be forwarded to the OCM."

(f) The institution investigators complete administrative investigations and the OSHP Trooper completes criminal investigations. The facility has an MOU with the OSHP effective until September 2024. The MOU requests the OSHP to follow the uniform evidence protocol adapted from DOJ publication, A National Protocol for Sexual Assault Medical forensic examination, Adults and Adolescents; victims will be offered forensic examinations by SAFE or SANE certified providers, an advocate will be allowed to accompany and support the victim through the forensic examination and the investigation process, investigators will receive training in conducting sexual abuse investigations in a confinement setting, investigators will gather and preserve direct and circumstantial evidence, compelled interviews will only be conducted after consultation with the prosecutor, victims will not be required to submit to a polygraph examination or other truth-telling device in order to proceed with the investigation, investigation reports will be documented in a written report to include a thorough description of the evidence, substantiated allegations of sexual abuse will be referred to the prosecutor, and the departure of the victim or abuser will not provide a basis for terminating the investigation.

(g) The Auditor is not required to audit this provision.

(h) The agency trains facility staff to serve as victim support persons for victims of sexual abuse. The current MOU with SARNCO does not provide victim advocacy services within the institution. The VSP program provides a victim support person shortly after the allegation is received and continues throughout the investigation process including the forensic examination.

Evidence Considered:

Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation

Interviews: PREA Coordinator, SANE provider; PREA Manager

Documents: PAQ, A National Protocol for Sexual Assault Medical Forensic Examiners; Memorandum – MOU with Hospitals; MOU with the Ohio Health Sexual Assault Response Network (SARNCO); PREA VSP Lesson Plan; MOU with the OSHP

The facility meets the requirements of this standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 432">(a) The ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, requires an administrative investigation, and criminal investigation if applicable to be completed for all allegations of sexual misconduct. In 2021 and 2022, the facility had eight allegations of sexual misconduct, and an investigation was completed for each allegation. The facility reviews each allegation with the assigned OSHP Trooper to decide if a criminal investigation is indicated. An administrative and/or criminal investigation was completed for each allegation.</p> <p data-bbox="242 463 1485 624">The Agency Director confirmed agency policy requires all facilities to refer all sexual abuse and sexual harassment allegations to the Institution Investigator. She explained the institution investigators complete the administrative investigations and the OSHP completes the criminal investigations. She added the agency is fortunate to have a state trooper assigned to each facility. The facility provides each trooper with an office and the institution investigators work closely with the assigned OSHP trooper.</p> <p data-bbox="242 656 1485 882">(b) The Auditor reviewed the agency website and found the following PREA-related policies available to the public: Prison Rape Elimination (79-ISA-01); Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (79-ISA-02), which requires all allegations of sexual abuse or sexual harassment to be referred for a criminal investigation to the OSHP. Sexual Abuse Response Team (79-ISA-03); PREA Risk Assessment and Accommodation Strategies (79-ISA-04); Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) policy (79-ISA-05). The Auditor reviewed eight sexual abuse allegations occurring in 2021 and 2022. The facility referred all investigations to the OSHP Trooper assigned to the facility and documented the referral in the PREA electronic record.</p> <p data-bbox="242 913 1461 972">(c) ODRC Policy 79-ISA-02, describes the responsibilities of the institution investigator and the OSHP trooper assigned to the facility. This policy is published on the ODRC website.</p> <p data-bbox="242 1003 727 1032">(d) Auditor is not required to audit this provision.</p> <p data-bbox="242 1064 727 1093">(e) Auditor is not required to audit this provision.</p> <p data-bbox="242 1124 464 1153">Evidence Considered:</p> <p data-bbox="242 1184 1485 1214">Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation</p> <p data-bbox="242 1245 528 1274">Interviews: Agency Director</p> <p data-bbox="242 1305 828 1335">Documents: Agency website, Sexual abuse Investigations</p> <p data-bbox="242 1366 762 1395">The facility meets the requirements of this standard.</p>

115.31	<b>Employee training</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) ODRC Policy 79-ISA-01, Prison Rape Elimination states, "All new employees shall receive instruction related to the prevention, detection, response and investigation of sexual misconduct during New Employee Orientation (NEO) training with the Corrections Training Academy (CTA). This training shall be documented on the Ohio Corrections Training Academy NEO topic sheet (DRC 1329). This training shall include but is not limited to, a. ORDC policies that address the agency's zero-tolerance for sexual misconduct, b. The employee's responsibilities regarding sexual misconduct prevention, detection, reporting and response policies, and procedures, c. The incarcerated person's right to be free from sexual misconduct, d. The incarcerated individual's and the employee's right to be free from retaliation for reporting sexual misconduct, e. Dynamics of sexual misconduct in confinement and the common reactions of sexual misconduct victims f. How to avoid inappropriate relationships with incarcerated individuals, g. Effective and professional communication with incarcerated individuals including lesbian, gay, bisexual, transgender, intersex, and gender-nonconforming incarcerated individuals, h. How to comply with laws for mandatory reporting of sexual abuse to outside authorities, and i. How to detect and respond to signs of threatened and actual sexual abuse."

The Auditor reviewed ODRC Policy 39-TRN-10, Employee Orientation Training, which requires all new full-time employees, at a minimum, to complete the NEO training program before undertaking their assignment. This training program includes PREA training.

The Auditor reviewed training slides for ODRC PREA training. The training includes the agency's zero-tolerance policy for sexual abuse; how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policy; inmate's rights to be free from sexual misconduct and retaliation, and staff's right to be free from retaliation for reporting sexual misconduct; dynamics of sexual abuse and sexual harassment in confinement to include common reactions of sexual abuse or sexual harassment victims, detection and response to signs of threatened or actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively with LGBTI and gender non-conforming offenders; and mandatory reporters of sexual abuse.

During the pre-audit phase, the Auditor reviewed 18 training records for newly hired employees (6), promotions (5), and randomly selected full-time employees (7). The Auditor verified each had received comprehensive PREA training. In addition, the Auditor interviewed 12 randomly selected correctional officers from each of the four shifts. All correctional officers said they had received PREA training and were knowledgeable about how to fulfill their responsibilities in detecting, preventing, and responding to sexual abuse.

(b) ODRC policy 79-ISA-01 also states, "Each institution shall provide training on sexual misconduct annually during staff in-service. Such training shall be tailored to the gender of the incarcerated individuals at that facility. This training shall be completed and documented in the Ohio Learn System. "

The policy further states, "Employees who transfer to an institution that houses incarcerated individuals of a gender shall receive training to that gender of the incarcerated individual as part of their orientation training as mandated in ODRC Policy 30-TRN-10, Employee Orientation Training."

The PAQ provided an example of an employee who transferred from a female facility to LOCI. The employee received orientation training which included gender-specific PREA training.

(c) The Auditor also verified PREA training for 12 correctional officers interviewed during the on-site portion of the audit. Although the policy requires annual training, the Auditor was able to verify each employee had received refresher training within the past two years.

(d) The Auditor reviewed the online PREA training course. The course covers agency policies and procedures regarding PREA and agency statistics regarding sexual misconduct. At the completion of the PREA course, participants must take a test and pass with a score of 80% or higher to verify the employee's understanding of the information. The Auditor verified the employees signed acknowledging attendance and understanding of the PREA training.

Evidence Considered:

Policy: ODRC Policy 79-ISA-01, Prison Rape Elimination; ODRC Policy 39-TRN-10, Employee Orientation Training

Interviews: Correctional Officers

Documents: PAQ, Training slides for ODRC PREA training; Training Records for newly hired employees (6), promotions (5), and general (7) during the pre-audit phase; training verification for Correctional Officers interviewed; online PREA training course

The facility meets the requirements of this standard.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 432">(a) The Auditor reviewed the Contractor Volunteer Training script. The training covers the volunteer and contractor responsibilities under agency policies and procedures about sexual abuse and sexual harassment prevention, detection, and response. Contractors sign a training acknowledgment form following the training verifying the contractor received and understood the PREA training provided. The PAQ stated the facility has 248 contractors and volunteers who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment</p> <p data-bbox="240 465 1485 589">During the pre-audit phase, the Auditor randomly selected 10 contractors and 5 volunteers and reviewed training documentation. The Auditor was able to verify each contractor and volunteer had received the required PREA training. The Auditor also interviewed three contractors and two volunteers and each acknowledged receipt of the PREA training and was knowledgeable about their responsibilities regarding PREA.</p> <p data-bbox="240 622 1485 779">(b) All contractors and volunteers receive the same PREA training but receive more specific information about their specific roles and responsibilities within their assigned areas. For example, medical staff receives PREA training specific to their duties. All contractors and volunteers interviewed were aware of the agency's zero-tolerance policy and knew how to report any knowledge of sexual abuse. The Auditor verified medical contractors receive specialized training in addition to the PREA training provided to all volunteers and contractors.</p> <p data-bbox="240 813 1485 869">(c) The volunteer and contract employees reviewed each signed acknowledging receipt and understanding of the PREA training provided.</p> <p data-bbox="240 902 464 931">Evidence Considered:</p> <p data-bbox="240 965 600 994">Interviews: Contractors, volunteers</p> <p data-bbox="240 1028 1485 1084">Documents: Contractor Volunteer Training script; PREA Contractor Training Acknowledgement, PREA Training Session Report, Contractor and volunteer PREA training verification; Specialized training records for medical and mental health staff.</p> <p data-bbox="240 1117 762 1146">The facility meets the requirements of this standard.</p>

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 398">(a) ODRC Policy 79-ISA-01, Prison Rape Elimination states, "Oral and written information shall be given to all incarcerated individuals upon their arrival at a reception center or parent institution which explains ODRC's zero-tolerance policy regarding sexual misconduct and shall include: a. Prevention, b. Self-protection, c. Reporting and, d. Treatment and Counseling."</p> <p data-bbox="240 432 1465 557">During the pre-audit phase, the Auditor reviewed an Inmate Transfer List of and the corresponding Inmate Orientation Checklist (DRC4141). The Inmate Orientation Checklist documents the information provided to the incoming offender, any assistance provided to the offender, receipt of the inmate handbook, and verbal information provided concerning sexual misconduct prevention, self-protection, reporting, and treatment counseling.</p> <p data-bbox="240 591 1441 680">The Intake Supervisor explained that incoming offenders are provided an inmate handbook, which they can keep for two weeks until their tablet is issued. The newly received offenders are also shown the comprehensive PREA video, which provides information in Spanish, closed captioning, and sign language interpretation.</p> <p data-bbox="240 714 1481 804">The Auditor interviewed 10 randomly selected offenders who were received in 2021 and 2022. Of these offenders, 8 reported receiving PREA information and education upon arrival. The Auditor reviewed documentation that verified through the offender's signature that the offenders received PREA education while in intake.</p> <p data-bbox="240 837 1493 927">The Auditor reviewed the PREA section of the inmate handbook, which is available in English and Spanish and is also available on the offender tablets in English and Spanish. The PREA information can also be read to offenders from the tablet for those offenders who have limited reading skills or are visually impaired.</p> <p data-bbox="240 960 1477 1016">(b) ODRC Policy 79-ISA-01 also states, "Within seven (7) calendar days of arrival at a reception center or parent institution, all incarcerated individuals shall be provided comprehensive education through the viewing of the PREA education video.</p> <p data-bbox="240 1028 1477 1120">The PREA education video shall inform the incarcerated individual of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The PREA education video shall also include the ODRC policy and procedures for responding to such incidents."</p> <p data-bbox="240 1153 1485 1209">The PAQ states the facility admitted 999 inmates in the past 12 months whose length of stay was 30 days or more, and each of these offenders received comprehensive PREA education within 30 days of intake.</p> <p data-bbox="240 1243 1477 1402">The Intake Supervisor explained he shows the PREA educational video to all incoming offenders during the intake process. The Auditor was able to confirm this through a review of 25 offender records during the pre-audit phase and interviews with 11 offenders received in 2021 and 2022. For those offenders who could not recall receiving the PREA education upon arrival, the Auditor was able to confirm the offenders received the PREA education through a review of their records and signature acknowledging receipt of the PREA education.</p> <p data-bbox="240 1435 1426 1525">(c) The PAQ states all offenders received comprehensive PREA by January 2014. The Auditor reviewed 25 randomly selected offender records and interviewed 43 offenders. The Auditor was able to verify each offender had received the required PREA education.</p> <p data-bbox="240 1559 1477 1650">(d) ODRC Policy 52-RCP-10, Inmate Orientation, states "Facility orientation handbooks shall be translated into the inmate's native language, where possible. Staff shall explain the information to inmates where obvious barriers to comprehension exist and document this assistance on the Inmate Orientation Checklist (DRC4141)".</p> <p data-bbox="240 1684 1477 1776">The policy further states, "There shall be a formal orientation program in place at all institutions for newly arriving inmates to be orientated to their new surroundings. When a literacy or language prevents them from understanding any of the information provided during this period, a staff member or translator shall assist the inmate."</p> <p data-bbox="240 1809 1477 1968">The incarcerated individual's handbook states, "Within seven days of your arrival or transfer to an institution, you will watch an Ohio Department of Rehabilitation and Correction, Prison Rape Elimination Act (PREA) education video. This video will inform you of AORDC's zero-tolerance policy against sexual misconduct. The video is in English with a deaf interpreter. It also is closed-captioned with a Spanish outline at the end of the video. If you need additional assistance understanding the PREA inmate education video or institution inmate handbook, see your unit staff."</p> <p data-bbox="240 2002 1477 2159">While on-site the Auditor verified the PREA video includes a deaf interpreter, closed captioning, and a Spanish outline at the end of the video. The facility implemented a new procedure in intake to ensure disabled offenders receive PREA education in a format they can understand. The PREA Manager explained the listing of incoming offenders is forwarded to the education, medical, and mental health departments. Staff in each department reviews the incoming offenders listing to determine if any incoming offender has a disability that may affect their ability to understand the PREA education. In this</p>

case, that department will provide a staff member to assist the offender to understand the orientation material, which includes the PREA education.

The agency has designated the LOCI to provide specialized services and programming for visually impaired offenders within the system. A housing unit is designated for housing and services for these offenders. These services include assigning an inmate assistant when necessary, providing tablets with a feature that will read information to the offender (also assists those offenders with limited reading skills), and an inmate handbook in braille is available in the Visually Impaired Housing Unit.

The inmate handbook and PREA educational material are also available in Spanish. The facility also provides a specialized trained occupational therapist (contractor) to work with these offenders.

The Auditor reviewed GTL training slides for Accessibility Tools Training which explains how to set up an offender tablet to utilize the TalkBack screen reader which speaks image and text contexts on a screen. This feature is provided for offenders who are visually impaired or have limited reading skills.

(e) ODRC Policy 79-ISA-01 states, "The individual's participation in the orientation and education sessions, ... shall be documented on the Incarcerated Individual Orientation Checklist." The Auditor verified the inmate's participation in PREA education is documented on the Orientation Checklist. A review of offender records (25) and interviews with 43 offenders while on-site confirm the offenders received the required PREA education. For those offenders who could not recall if they received the PREA education, the Auditor confirmed they received the PREA education through a review of their records and signature acknowledging receipt and understanding of the PREA education.

(f) ODRC Policy 79-ISA-01 requires facility PREA Managers, at a minimum, to post sexual abuse reporting posters including the hotline numbers and local rape crisis center posters (when available) in all housing units, restrictive housing units, receiving and discharge departments, medical, behavioral health, and the library. PREA information is available in the Inmate Handbook in English and Spanish.

During the site visit, the Auditor observed the following postings in the housing areas, intake, medical, mental health departments, and the library: A poster titled PREA ... Reporting ...the Road to Recovery (English and Spanish) which provides information for reporting sexual abuse verbally, in writing, by calling an internal reporting line and by calling an external confidential, anonymous reporting number; a poster titled PREA Sexual Abuse Anywhere is Wrong! (English and Spanish) and provides a mailing address for confidential emotional support services. The facility also posts information from the Warden explaining how offenders may make a private, unrecorded call to the emotional support services through their case manager.

Evidence Considered:

Policy: ODRC Policy 79-ISA-01, Prison Rape Elimination; ODRC Policy 52-RCP-10, Inmate Orientation

Interviews: Intake Supervisor, PREA Manager, Offenders, Warden

Documents: PAQ, Offender Records, inmate handbook, GTL training slides for Accessibility Tools Training; Inmate Transfer List, Inmate Orientation Checklist

Site Review: PREA Video, PREA Postings throughout the facility

The facility exceeds the requirements of this standard.

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1493 465">(a) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "Prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include but not limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training is documented in the PREA Training Session Report (DRC1680). The training may be received through the National Institute of Corrections (NIC). Completion of the training shall be documented with a certificate of completion."</p> <p data-bbox="242 499 1481 622">During the pre-audit phase, the Auditor reviewed the training slides for investigator training provided through the National Institute of Corrections (NIC) and the training agenda for the specialized investigator training provided by the Moss group on December 9 – 11, 2013. The Auditor also reviewed NIC investigator training certificates for the PREA Manager, two institution investigators, and the OSHP Trooper.</p> <p data-bbox="242 656 1474 813">The Auditor interviewed the Institution Investigator and OSHP Trooper assigned to the facility. Both investigators said they had received training through the NIC for conducting sexual abuse investigations in a confinement setting and were able to discuss the topics covered in the training. The Institution Investigator also discussed a very extensive training conducted at the OHSP academy presented by the Moss group and also stated the PREA Managers and Institution Investigators periodically review and critique PREA cases.</p> <p data-bbox="242 846 1442 1003">(b) The NIC course referenced in the previous provision, trains investigators in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The investigators interviewed were knowledgeable about interviewing techniques for sexual abuse victims, the use of Miranda and Garrity warnings, evidence collection, and the requirements to substantiate a case for administrative or prosecution referral.</p> <p data-bbox="242 1037 774 1066">(d) The Auditor is not required to audit this provision.</p> <p data-bbox="242 1099 464 1128">Evidence Considered:</p> <p data-bbox="242 1162 815 1191">Policy: ODRC Policy 79-ISA-01, Prison Rape Elimination,</p> <p data-bbox="242 1225 788 1254">Interviews: Institution Investigator, OSHP Investigator,</p> <p data-bbox="242 1288 1235 1317">Documents: PREA Training Session Report, Moss group training agenda, NIC Training Certificates</p> <p data-bbox="242 1350 762 1379">The facility meets the requirements of this standard.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">(a) (d) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "Full and part-time medical and behavioral health staff and contractors shall receive specialized training to include, but not limited to: How to detect signs of sexual misconduct, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual misconduct, how and to whom to report allegations or suspicions of sexual misconduct."</p> <p data-bbox="240 434 1485 757">During the pre-audit phase, the Auditor reviewed the specialized training course provided for health care staff. The E-learning course titled 2021 PREA Medical and Mental Health Specialized Training, is offered through the agency training academy. The course covers how to detect and assess signs of inmate sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse or sexual harassment, and how to and to whom to report allegations or suspicions of sexual abuse or sexual harassment. After completing the course, each student must take an exam and score 80% or higher on the exam to pass the course. The Auditor reviewed the electronic training records showing the specialized training completion dates for medical and mental health staff. During the pre-audit phase, the Auditor also reviewed training records for four randomly selected medical and mental health staff. Each of the staff had received the PREA training provided to all employees and had received specialized training.</p> <p data-bbox="240 792 1485 846">The PAQ states the facility has 53 medical and mental health practitioners who work regularly at the facility and 100% of the staff have received the training required by the agency policy.</p> <p data-bbox="240 882 1485 1070">The Auditor interviewed the facility's Health Services Administrator, two registered nurses, the Behavioral Health Supervisor, Mental Health Supervisor, and a psychologist. All confirmed receiving annual PREA training which covers how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training documentation verified each staff member interviewed received the specialized training.</p> <p data-bbox="240 1106 1485 1160">(b) The facility provided a Statement of Status stating the facility's medical staff do not conduct forensic examinations. The Auditor confirmed this through interviews with medical staff.</p> <p data-bbox="240 1196 1485 1285">(c) Documentation of the specialized training is recorded in the employee's electronic training record. The facility supplied a copy of the most recent specialized training completed by health care staff and the Auditor verified the facility's medical and mental health staff have completed the required training.</p> <p data-bbox="240 1321 467 1348">Evidence Considered:</p> <p data-bbox="240 1384 810 1411">Policy: ODRC Policy 79-ISA-01, Prison Rape Elimination</p> <p data-bbox="240 1447 1002 1473">Interviews: Health Services Administrator, Medical staff, Mental Health staff</p> <p data-bbox="240 1509 1437 1563">Documents: PAQ, Training Slides: PREA Medical and Mental Health Specialized Training; Specialized Medical Mental Health Personnel List, Statement of Status</p> <p data-bbox="240 1599 762 1626">The facility meets the requirements of this standard.</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 465">(a) (b) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies states, "All incarcerated individuals shall be assessed for risk of sexual victimization or abusiveness upon arrival (at) intake and upon transfer to another institution. These screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings conducted pursuant to ODRC Policy 52-RCP-06, Reception Medical Intake Screening, and during health screenings pursuant to ODRC Policy 68-MED-01, Medical Services. Unit management shall complete the screening within seventy-two (72) hours of the incarcerated individual's arrival at the facility."</p> <p data-bbox="240 499 1485 589">The PAQ states the facility has admitted 999 offenders within the past 12 months whose length of stay in the facility was for 72 hours or more, and 100% were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.</p> <p data-bbox="240 622 1485 712">The Auditor interviewed three staff (R.N., Case Manager, and Unit Manager) who conduct risk screenings, and each confirmed all incoming offenders are screened to assess their risk of sexual victimization or sexual abusiveness the day they arrive.</p> <p data-bbox="240 745 1485 875">The Auditor interviewed 12 offenders who were admitted to the facility in 2021 and 2022. There were seven offenders who recalled staff asking questions related to whether the offender was in jail or prison before, whether the offender had a history of sexual abuse, whether the offender identifies as lesbian, gay, or bisexual, and whether the offender had concerns for their safety. There were five offenders who said the staff did not ask or the offender did not recall being asked these questions.</p> <p data-bbox="240 880 1485 1010">The Auditor reviewed the electronic PREA record for each of these offenders and verified that the above questions were asked of the offender and the risk assessment was completed and an initial PREA classification was determined within 72 hours of transfer to the facility. In each case, the risk assessment was completed the day following the offender's transfer to the facility.</p> <p data-bbox="240 1043 1485 1099">(c) The PREA Coordinator provided an explanation of the risk screening process. The document explains in detail the risk assessment and the automated PREA assessment process.</p> <p data-bbox="240 1133 1485 1290">The agency has revised its risk assessment since the last audit. The revised assessment has not been incorporated into the automated PREA assessment tool. The facility staff has converted all risk assessments to the new instrument. Staff reviewed each converted assessment to determine if there was a change in the offender's PREA classification. If the PREA classification is changed, housing, programming, work assignments, and the like were reviewed, and changes are implemented if necessary.</p> <p data-bbox="240 1323 1485 1581">The PREA Administrator explained "Each question is now weighted, to remove any subjective decisions by those completing the assessment. Additionally, the questions regarding mental disability, physical disability, and developmental disability were separated and given their own respective weights. Once the assessment is complete, a score is calculated for both risks of sexual victimization and the risk of sexual abusiveness, respectively. If the incarcerated adult receives a score of 6 or above on the risk of sexual victimization or a score of 4 or above on risk of sexual abusiveness, they will be given a PREA classification of "Potential Victim" or "Potential Abuser". If the individual has previously been a victim of sexual abuse while incarcerated or perpetuated sexual abuse while incarcerated, they will automatically be given a PREA classification of "Victim" or "Abuser". All others will be "No Classification".</p> <p data-bbox="240 1615 1485 1671">The Auditor found the revised risk assessment to be objective and designed to obtain the required information in a professional manner.</p> <p data-bbox="240 1704 1485 1827">(d) The revised risk assessment considers each of the required risk factors except for the risk factor related to being detained solely for civil immigration purposes because the agency does not house these individuals. There were three staff interviewed who conduct risk screenings. The staff was knowledgeable about the risk factors considered in the risk assessment and were able to describe the risk assessment instrument and process.</p> <p data-bbox="240 1861 1485 1984">(e) The revised risk assessment considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The revised risk assessment considers whether the offender has experienced sexual abuse or perpetrated sexual abuse during incarceration and which the agency has determined increases the risk of sexual abuse during incarceration.</p> <p data-bbox="240 2018 1485 2141">(f) During the pre-audit phase the Auditor conducted a document review of nine offenders received in 2021 and 2022. An initial risk assessment and a 30-day review were completed for each of these offenders. The Auditor interviewed 12 offenders while on-site who were received in 2021 and 2022 and verified an initial and a 30-day assessment was completed for each offender. Two of the three staff responsible for completing risk assessments reported a reassessment is completed</p>

within 30 days. One the risk screening staff is only involved in completing one part of the risk assessment and is not involved in completing the 30-day reassessments.

The PAQ states there were 999 offenders that entered the facility in the past 12 months whose length of stay was 30 days or longer. Of these offenders 100% were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days of their arrival at the facility based upon any additional relevant information received since intake.

(g) During the pre-audit phase the Auditor conducted a document review of eight sexual abuse investigations (inmate on inmate (6), staff-on-inmate (2)) completed in 2021 and 2022. A risk assessment was completed for each alleged victim and alleged abuser within 48 hours of receipt of the allegation and a risk assessment was completed for each alleged victim and alleged abuser within 72 hours of completion of the investigation.

(h) ODRC Policy 79-ISA-04 states, "Incarcerated individuals shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions concerning: mental, physical or developmental disabilities; whether the incarcerated individual is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-confirming; whether the incarcerated individual has previously experienced sexual victimization; or the incarcerated individual's perception of their own vulnerability." All risk screening staff interviewed confirmed offenders are not disciplined for refusing to answer or for not disclosing the above information.

(i) The agency has restricted access to the offender's responses to the risk assessment to those staff with a need to know. The offender's PREA classification is less restrictive. The agency PREA Coordinator explained the PREA Risk Assessment system is password protected and restricted to Medical and mental health staff, and unit management staff. Access to the PREA risk assessment system must be approved by the PREA Coordinator. Two of the three risk assessment staff interviewed confirmed the information from the risk assessment is restricted.

Evidence Considered:

Policy: ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies

Interviews: Offenders, Staff Responsible for Risk Screening, PREA Administrator; PREA Coordinator

Documents: PAQ; PREA Assessment Process; Revised Risk Assessment; Revised Risk Assessment; Email – Revised Risk Assessment; Review of (12) offender intake records; Sexual Abuse Investigation Packets (8)

The facility meets the requirements of this standard.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 566">(a) (b) The agency PREA Coordinator provided a document explaining the risk screening process for auditors. He explains the medical staff completes the first part of the risk assessment when the offender is received. The risk assessment then is placed in a queue for the case managers, The case managers check their "In process" assessments, and the case manager completes the second part of the risk assessment. The case manager then places the assessment in a queue for the Unit Manager's review. The Unit Manager reviews the assessment and decides if the offender needs a PREA classification. If a PREA classification is indicated, the Unit Manager makes a PREA classification recommendation which is sent to the Unit Management Chief (UMC) who makes the final determination regarding the offender's PREA classification. The UMC collaborates with the Unit Management team to develop an individualized PREA Accommodation Strategy addressing housing, program, work, and education placement with the goal of keeping the inmates safe.</p> <p data-bbox="242 600 1461 689">The PAQ stated there were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of the risk assessment. The Auditor found staff completed most risk assessments within 48 hours of the offender's arrival at the facility.</p> <p data-bbox="242 723 1461 813">The PREA Manager confirmed the risk assessment process as stated above. The staff responsible for completing the risk assessment confirmed the information gained from the risk assessment is used to make proper housing, work, and programming placement, consistent with the offender's PREA classification.</p> <p data-bbox="242 846 1484 1003">(b) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, states, "Based on the information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgment, the UMC, or in their absence the Acting UMC, shall complete a PREA accommodation strategy to make individualized determinations about how to ensure the safety of each incarcerated individual. Incarcerated individuals assigned no classification in the PREA risk assessment system shall not require a PREA accommodation strategy."</p> <p data-bbox="242 1037 1484 1193">The risk screening staff explained the risk assessment separates those most vulnerable to sexual abuse from those at risk of sexual abusiveness. One staff member added the PREA accommodation Strategy team makes individualized determinations about housing, programming, and work assignments based on this information. The Auditor interviewed offenders who were younger than 21 years of age and over 65 years of age and each offender felt safe in their housing assignment.</p> <p data-bbox="242 1227 1436 1451">(c) The PREA Coordinator explained all transgender and intersex inmates are referred to the PREA Accommodation Strategy Team. The PREA Compliance Manager chairs the team. The team includes Unit Management, Medical, and Mental Health staff. This team will meet with the inmate to discuss their views and develop a PREA Accommodation Strategy. This team also considers whether the transgender offender would prefer to shower separately from the other inmates, whether the offender prefers to be pat searched by opposite-gender staff, whether the offender would be more comfortable in a cross-gender institution and whether the offender prefers cross-gender undergarments, clothing, or grooming items.</p> <p data-bbox="242 1485 1493 1675">The Auditor interviewed two transgender offenders. Both offenders said the staff asked questions about the offender's safety and both denied being placed in a housing area designated for transgender inmates or being strip-searched to determine their genital status. The PREA Manager confirmed the Accommodation Strategy team meets with the transgender or intersex offender, and considers the information from the risk assessment, the safety of the offender, management or security concerns, and the opinion of the offender when determining appropriate housing, work, education, and programming placement.</p> <p data-bbox="242 1709 1490 1798">(d) The PREA Manager confirmed the PREA Accommodation Strategy Team meets with the transgender offender every six months to reassess placement and programming assignments. This was also confirmed through interviews with transgender offenders and staff responsible for risk screening.</p> <p data-bbox="242 1832 1436 1888">The transgender offenders and unit management staff members who conduct Part 2 of the risk screening confirmed the PREA Accommodation Strategy Team meets with transgender or intersex offenders every six months.</p> <p data-bbox="242 1921 1445 1977">(e) The PREA Manager, risk screening staff, and transgender offenders confirmed the transgender offender's opinion of their safety is given serious consideration.</p> <p data-bbox="242 2011 1484 2134">(f) The PREA Manager explained transgender offenders are given the option to shower separately from other offenders. This is accomplished by allowing the transgender offenders to shower during times when the shower area is closed to other offenders. The transgender offenders reported they are given the option to shower separately from other offenders. Two of the three risk screening staff said transgender offenders are allowed to shower separately from other offenders.</p>

(g) The Auditor interviewed six offenders who identified as gay, bisexual, or transgender. Five of the six offenders stated they were not placed in a housing area designated for gay or bisexual offenders.

The Auditor reviewed the housing assignment for each of the offenders interviewed and found these six offenders were housed in four different housing areas.

During the site visit, the Auditor did not find any housing areas designated exclusively for gay, bisexual, or transgender offenders.

The PREA Coordinator explained his office checks the housing of LGBTI offenders periodically and the annual Internal Management Audits also check the housing of these offenders to ensure these offenders are not placed in dedicated housing areas. The PREA Manager also confirmed gay, bisexual, or transgender offenders are not housed in dedicated housing areas.

Evidence Considered:

Policy: ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies

Interviews: PREA Coordinator, PREA Manager, Risk Screening Staff, Offenders

Documents: PAQ, Initial, and 30-day Risk Assessments

Site Visit: Inspection of housing areas

The facility meets the requirements of this standard.

115.43	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(</p> <p>(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, states, "Incarcerated individuals at high risk of sexual victimization shall not be placed in involuntary RH (Restrictive Housing) or LPH (Limited Privilege Housing) unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse (DRC1187) assessment cannot be completed immediately, the incarcerated individual may be held in involuntary RH or LPH for less than twenty-four (24) hours, while completing the assessment."</p> <p>The PAQ states there were no offenders at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of a risk assessment.</p> <p>The facility provided a Statement of Status that states there were no offenders placed in involuntary segregated housing during this audit period.</p> <p>The Auditor interviewed one offender with a PREA classification of Potential Victim (PV). This offender was housed in the general population.</p> <p>The Auditor reviewed a listing of all offenders with a PREA classification. There were no offenders with a PREA classification of Victim or Potential Victim housed in the TPU.</p> <p>The Warden stated that involuntary segregation is a last resort. Other options are available which include housing in the infirmary or transferring the abuser.</p> <p>(b) ODRC Policy 79-ISA-02, further states, "The PREA Involuntary Placement in RH/LPH (DRC 1184) shall be completed in an involuntary TPU assignment is made pursuant to this section. Staff shall clearly document the basis for the concern for the incarcerated individual's safety and the reason why no alternative means could be arranged." "Incarcerated individuals placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, staff shall document: Opportunities that have been limited, duration of limitations, reasons for such limitations." "Involuntary TPU assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days.</p> <p>The facility provided a statement that there have been no offenders at high risk for sexual victimization placed in involuntary segregation. A review of offenders classified as Victim or Potential Victim verified no offenders were housed in segregation.</p> <p>(c) The PAQ states in the past 12 months, there were no offenders at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The DWO stated these offenders are not placed in involuntary segregation but if necessary, the offender would be placed in TPU for less than 24 hours.</p> <p>(d) There were no incidents in which an offender at high risk for victimization was placed in segregated housing.</p> <p>(e) ODRC Policy 79-ISA-02 further states, "Every thirty (30) calendar days, unit management staff shall afford each incarcerated individual a review to determine whether there is a continuing need for separation from the general population."</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation</p> <p>Interviews: Warden, DWO</p> <p>Documents: PAQ; Statement of Status</p> <p>The facility meets the requirements of this standard.</p>

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 432">(a) ODRC Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation states, "An incarcerated individual may report allegations of sexual misconduct or retaliation by other incarcerated individuals or staff, verbally and in writing. In addition, incarcerated individuals 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 contractor."</p> <p data-bbox="240 465 1477 624">The inmate handbook also explains multiple ways for inmates to report sexual misconduct or retaliation for reporting sexual misconduct. During the site visit, the Auditor found posters in all of the housing areas and program areas. These posters are titled PREA: Reporting .... The Road to Recovery is posted in English and Spanish and provides the offenders with multiple means of reporting sexual abuse. The poster states offenders can report verbally or in writing to any staff member, by calling the Operations Support Center (number provided) or through calls outside of the agency (*89).</p> <p data-bbox="240 658 1493 781">The Auditor conducted Individual Inmate Interviews with 43 offenders and found that 93% of the offenders could name at least one way of reporting sexual abuse, with most offenders listing two or more options for reporting sexual abuse. Of the 12 correctional officers interviewed 100% were able to list at least one avenue for offenders to report sexual abuse, with most reporting two or more options.</p> <p data-bbox="240 815 1481 938">(b) "Incarcerated individuals may also report allegations to an outside entity that is not part of the ODRC by using the phone number and/or address provided. This outside entity shall then report the allegation to the agency PREA Coordinator/designee. Incarcerated individuals shall be given the opportunity to remain anonymous upon request to the outside entity."</p> <p data-bbox="240 972 1481 1229">The Auditor reviewed the MOU between the ODRC and the Ohio Department of Youth Services. The MOU states, "Inmates housed in restrictive housing with the Ohio Department of Rehabilitation and Correction (ODRC) shall be permitted to anonymously report allegations of sexual abuse and sexual harassment in writing to the Ohio Department of Youth Services (ODYS) Chief Inspector. "When the ODYS Chief Inspector receives the written report alleging sexual abuse or harassment, they shall immediately notify ODRC Chief Inspector's Office via email of the allegation. Upon notification, the ODYS Chief Inspectors Office administrative professional or designee will ensure the written report is provided to the ODRC Chief Inspectors Office so that an investigation shall be initiated." The most recent MOU was signed on 1/7/2021 and is effective for three years.</p> <p data-bbox="240 1263 1493 1621">The MOU provides that the ODRC will maintain a phone number and voice mailbox that is managed through the Chief Inspectors Office where youth held in any DYS facility can call, free of charge, to report sexual abuse, sexual harassment, and/or retaliation and where the youth may remain anonymous upon request. Employees of the Chief Inspector's Office will be responsible to manage the calls, and/or voice mails received to the dedicated line. The dedicated line is checked daily for voicemails, or reports received to the DYS PREA Administrator, Alexander Stojsavljevic@dys.ohio.gov. DYS will maintain a phone number and voice mailbox that is managed through its Chief Inspectors Office where inmates held at any DRC facility can call, free of charge, to report sexual abuse, sexual harassment, and/or retaliation and where the inmate may remain anonymous upon request. Employees of the Division of Professional Standards &amp; Chief Inspectors Office will be responsible to manage the calls and/or voicemails received to the dedicated line. The dedicated line is checked daily for voicemails. The DYS employee will promptly forward any voicemails or reports received by the DRC Chief Inspectors Office."</p> <p data-bbox="240 1655 1477 1778">The PREA Manager explained if offenders dial *89 the call is forwarded to the Chief Inspector's Office at the Department of Youth Services. The message is recorded, transcribed verbatim, and sent to the Chief Inspector's Office at ODRC. The ODRC Chief Inspector notifies the PREA Coordinator and the facility of the report. The Auditor tested the reporting line and found the report submitted by the Auditor was received at the facility within one hour.</p> <p data-bbox="240 1812 1481 1912">The Inmate Handbook states, "Inmates in Restrictive Housing may also anonymously report sexual misconduct or retaliation by writing (address provided). Inmates shall be given the opportunity to remain anonymous upon request to the outside agency."</p> <p data-bbox="240 1946 1493 2002">During the site visit, the Auditor observed a locked mailbox that is wheeled to the individual cell for the segregated offender to insert any outgoing correspondence. The mail clerk screener explained they do not screen outgoing correspondence.</p> <p data-bbox="240 2036 1477 2159">The Auditor reviewed another MOU with the DYS which provides a means for offenders housed in segregated housing to anonymously report allegations of sexual abuse or sexual harassment in writing to the DYS Chief Inspector. When the DYS Chief Inspector receives the written report alleging sexual abuse or sexual harassment, they shall immediately notify the ODRC Chief Inspector's Office via email of the allegation. Upon notification, the ODYS Chief Inspector's Office</p>

administrative professional or designee will ensure the written report is provided to the ODRC Chief Inspector's Office so that an investigation is initiated.

Of the 43 Individual Inmate Interviews conducted, 98% were aware of at least one way to report sexual abuse and 65% of the offenders were aware that they could make a report anonymously.

(c) ODRC Policy 79-ISA-02 states, "Any staff member that observes incidents or behaviors that cause a reasonable concern that an incarcerated individual may be a substantial risk of sexual victimization shall document this incident or observation on an Incident Report (DRC1000), marked confidential, consistent with ODRC Policy 01-COM-08, Incident Reporting, and Notification. A copy of this report shall immediately be forwarded to the institution investigator, shift supervisor, Unit Management Chief (UMC), and the PREA Coordinator."

"Any employee who receives a written or verbal report from an incarcerated individual, an anonymous source, or a third party of sexual misconduct or retaliation shall immediately notify the Shift Supervisor and complete an Incident Report (DRC1000), marked confidential, with a copy to the OCM and institution investigator."

Of the 12 correctional officers interviewed 100% reported they would accept reports of sexual abuse made verbally, in writing, anonymously, or through a third party and 92% reported they are required to document the report immediately or as soon as possible.

(d) The ODRC Employee Handbook explains, "Staff may privately report sexual misconduct by completing an Incident Report (DRC 1000), marked confidential and submitting it directly to the Institutional PREA Compliance Manager or Agency PREA Coordinator." The facility provided an example of a completed sexual misconduct incident report form marked "confidential".

All of the correctional officers interviewed were aware of at least one way of privately reporting sexual misconduct.

Evidence Considered:

Policy: ODRC Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation

Interviews: Correctional Officers, Offenders, PREA Manager, Mail clerk screener

Documents: Inmate Handbook, ODRC Employee Handbook, MOU with DYS,

Site Review: Observations of PREA-related posters throughout the facility.

The facility meets the requirements of this standard.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 398">(a) (b) (c) (d) (e) (f) (g) The agency PREA Coordinator provided a memorandum that states the agency is exempt from this standard because it does not have administrative procedures to address inmate grievances regarding sexual abuse. He went on to say, "The Ohio Department of Rehabilitation and Correction does not utilize the inmate grievance process as an administrative procedure for handling allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 432 1490 624">All cases of sexual abuse or sexual harassment 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 the 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."</p> <p data-bbox="242 656 464 683">Evidence Considered:</p> <p data-bbox="242 714 560 741">Interviews: Institution Inspector</p> <p data-bbox="242 772 628 799">Documents: Exemption Memorandum</p> <p data-bbox="242 831 555 857">This standard is not applicable.</p>

115.53	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-01, Prison Rape Elimination states, "The institution OCM and the victim support person shall compile mailing addresses and telephone numbers including toll-free hotline numbers of local, state, and national victim advocacy or rape crisis organizations. This information shall be provided to unit staff for communication to the incarcerated individual."</p> <p>Of the 43 offenders interviewed, only 21% reported they were aware of outside of the facility for dealing with sexual abuse.</p> <p>During the site visit, the Auditor verified this information is provided to all offenders at intake and is posted in the housing and programming areas. In this Auditor's experience, it is common for offenders not to retain this information. The facility has added this information to the offender tablets and instituted a new procedure in which offenders who have experienced prior sexual abuse are provided a pamphlet concerning these services at reception. The behavioral health staff interviews each offender who reports a sexual abuse history. During this meeting, these services are discussed with the offender and a pamphlet is provided if needed. In addition, the facility provides this information to all offenders who report sexual abuse while incarcerated.</p> <p>(b) The inmate handbook states, "The victim shall be given access to victim advocates for emotional support, if needed, by providing them with mailing addresses and telephone numbers, including toll-free hotline numbers of local, state, and national victim advocacy or rape crisis organizations. This information shall be provided to the unit staff for communication to the inmates. Telephone calls to outside support services shall be provided in as confidential a manner as possible."</p> <p>The PREA Manager also issued a memorandum that states, "Mental health professionals who provide mental health services to an incarcerated adult who has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, shall provide a copy of the attached confidential emotional support services pamphlet to the incarcerated adult. If the incarcerated adult suffers from cognitive, hearing, or vision impairment, the mental health professional will ensure the incarcerated adult understands the information they are receiving. Also make a notation in the incarcerated adult's mental health file of the receipt of the pamphlet."</p> <p>The Warden also issued a memorandum regarding confidential calls for emotional support services. The memorandum states, "Effective immediately, confidential emotional support services are available for incidents related to sexual abuse through the Sexual Assault Network of Central Ohio (SARNCO) via telephone. Offenders who wish to receive these services can notify their unit staff, and the call will be made in the unit staff member's office. The unit staff member shall dial the agency and then step out of the office until the call is completed. The inmate will be observed by the unit staff member throughout the call."</p> <p>(c) There is an MOU in effect between the ODRC and the Ohio Sexual Response Network of Central Ohio to provide advocacy services at the hospital during forensic examinations and law enforcement interviews, emotional support, and crisis intervention through phone calls or correspondence as well as referrals for resources. The MOU is in effect until December 30, 2022.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-01, Prison Rape Elimination, Inmate Handbook</p> <p>Interviews: Offenders</p> <p>Documents: MOU with Ohio Sexual Response Network of Central Ohio, Memorandum – Confidential Calls for Emotional Support Services, Memorandum - Confidential Emotional Support Services Pamphlet</p> <p>Site Review: Observed Confidential Emotional Support Services posters</p> <p>The facility meets the requirements of this standard.</p>

115.54	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 398">(a) The agency website provides a link to an agency email address for family and friends to report sexual misconduct. The agency also provides a Family and Friends PREA Poster which provides a phone number and email address for family or friends to report sexual abuse, sexual harassment, or retaliation. During the site visit, the Auditor observed these postings in the visitation area.</p> <p data-bbox="244 432 464 459">Evidence Considered:</p> <p data-bbox="244 488 536 515">Documents: Agency website</p> <p data-bbox="244 544 1331 571">Site Review: Observed posting in visitation area for visitors to report sexual abuse, harassment, or retaliation</p> <p data-bbox="244 600 759 627">The facility meets the requirements of this standard.</p>

115.61	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation states, "Pursuant to ODRC Policy 01-COM-08, Incident Reporting, and Notification, staff shall report any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred in an institution, whether it is part of the ODRC. Staff shall also report retaliation against incarcerated individuals or staff who report such incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Unless otherwise precluded by federal, state, or local law, medical and behavioral health practitioners shall be required to report sexual abuse pursuant to this section and to inform incarcerated individuals of the practitioner's duty to report and the limits of confidentiality at the initiation of services."</p> <p>The Auditor interviewed 12 randomly selected correctional officers from each shift, which includes a fourth shift which is typically correctional officers working special assignments Monday through Friday. All randomly selected staff reported the agency requires all staff to report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment, retaliation for reporting sexual abuse, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.</p> <p>(b) The policy continues, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and behavioral health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary."</p> <p>The correctional officers interviewed reported they would immediately contact their supervisor/Shift Commander. The targeted staff interviewed were also aware of how to report sexual abuse.</p> <p>(c) The Auditor interviewed three medical and three behavioral health staff, and each staff member reported they advise the offender of the limitations of confidentiality and their duty to report at the initiation of services. Except for one staff member who has limited contact with offenders, all staff was aware of their duty to report sexual abuse or sexual harassment and some staff reported they had such incidents in the past. When asked who they would report this information to the answers varied but were appropriate, for example, supervisor, PREA Manager, Institution Investigator, and Shift Commander.</p> <p>(d) The Agency PREA Coordinator, PREA Administrator, Warden, and DWO confirmed these reports are made through the OSHP.</p> <p>(e) ODRC Policy 79-ISA-02 states, "All reports of allegations of sexual misconduct and retaliation, including third-party and anonymous reports, shall be reported to the institutional investigator." The Warden and DWO confirmed the Institution Investigator is informed of all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports. The Auditor reviewed eight sexual abuse allegations for 2021 and 2022 and found the facility staff promptly notified the Institution Investigator of each allegation.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation</p> <p>Interviews: Random Staff, Medical Staff, Behavior Health Staff, PREA Coordinator, PREA Administrator, Warden, DWO,</p> <p>Documents: Sexual abuse investigations</p> <p>The facility meets the requirements of this standard.</p>

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 365">(a) ODRC Policy 79-ISA-02 states, "All reports of a substantial risk of imminent sexual abuse shall immediately be forwarded to the facility investigator, OCM, UMC, and shift supervisor. Upon receipt of a report, security staff shall take immediate action to employ protection measures to ensure the incarcerated individual's safety.</p> <p data-bbox="240 371 1401 432">When considering the protection of staff or incarcerated individuals, staff shall consider housing changes, transfer of incarcerated individual victims or abusers, and removal of alleged staff or abusers from contact with victims.</p> <p data-bbox="240 439 1461 499">Reports of a substantial risk of imminent sexual abuse shall be investigated by the institution investigator and documented within the electronic PREA Incident Reporting System."</p> <p data-bbox="240 506 1422 600">The Agency Director explained if an offender is subject to a substantial risk of imminent sexual abuse, we immediately separate the victim from the abuser(s). An initial investigation is completed within 48 hours and a final outcome is determined within 5 days.</p> <p data-bbox="240 607 1461 667">The facility provided a statement that there have been incidents in which an inmate was subject to imminent risk (of sexual abuse).</p> <p data-bbox="240 696 1422 790">When asked what actions they would take, and how quickly, if they learned an offender was at imminent risk of sexual abuse, all correctional officers were aware of their duty to take immediate action to protect the alleged victim. One correctional officer commented, "It's my job to keep them (offenders) safe."</p> <p data-bbox="240 819 1313 846">Evidence: agency policy review; interviews with agency and facility administrators and correctional officers.</p> <p data-bbox="240 875 762 902">The facility meets the requirements of this standard.</p>

115.63	<p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, states, "Upon receiving an allegation that an incarcerated individual was sexually abused while confined at another institution/facility, the managing officer of the institution that received the allegation shall notify the managing officer of the institution/facility or appropriate office of the agency where the alleged abuse occurred."</p> <p>The PAQ reported there were nine incidents in the past 12 months in which offenders alleged they were sexually abused at another facility. An example notification letter and an incident report were provided with the PAQ. The Auditor randomly selected two additional cases for review. In each case, the staff member received the report, completed an incident report (DRC1000) and the Warden sent a letter to the head of the facility in which the alleged abuse occurred.</p> <p>(b) (c) ODRC Policy 79-ISA-02 also states, "Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours, after receiving the allegation. The notification shall be documented on an Incident Report (DRC1000). The managing officer or agency office that receives the notification shall ensure the allegation is investigated in accordance with applicable provisions of this policy."</p> <p>The dated notification letters reviewed included the date the report was received and details of the allegation. In each case, facility staff sent the notification letter within one day of receipt of the allegation,</p> <p>(d) ODRC Policy 79-ISA-02 also states, "The managing officer or agency office that receives such notification shall ensure the allegation is investigated in accordance with the applicable provision of this policy."</p> <p>The Agency Director explained the Chief Inspector's Office is the designated point of contact if an allegation is received from another agency or a facility in another agency. The allegation is forwarded to the facility warden for investigation. Calls made through the hotline are routed through the Department of Youth Services (DYS) Chief Inspector's Office, The DYS Chief Inspector's Office contacts the agency PREA Coordinator, who forwards the allegation to the facility warden and institution investigator.</p> <p>The Warden and DWO stated the Institution Investigator and OSHP would be notified, and an investigation initiated immediately. There have been no incidents in the past 12 months of allegations of sexual abuse received from other facilities.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation</p> <p>Interviews: Agency Director, Warden, DWO,</p> <p>Documents: Notification letters and related incident reports</p> <p>The facility meets the requirements of this standard.</p>
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115.64	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, states, "The Sexual Abuse First Responder Checklist (DRC5097) shall be used upon a report of an allegation of incarcerated individual sexual abuse. The first initial actions of security and non-security staff members are noted below:</p> <p>The first security supervisor to respond to the report shall be required to: a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence pursuant to ODRC Policy 310-SEC-13, Protection of a Crime Scene. and Appendix A of this policy. (c) Request the alleged victim not take any actions that could destroy physical evidence. (d) Ensure the alleged abuser does not take any actions that could destroy physical evidence."</p> <p>The Facility Policy 03-E-02, Sexual Abuse Coordinated Plan, mirrors the agency policy.</p> <p>The PAQ states there were six sexual abuse investigations for the 12-month period in 2021. The Auditor reviewed two additional sexual abuse investigations for 2022. The facility reported that staff separated the victim from the abuser in five investigations in 2021. For one incident in 2021, at the time of the sexual abuse report, the victim was separated from the abuser. For the two other sexual abuse investigations reviewed in 2022, the victim and abuser were separated.</p> <p>The PAQ also states there was one incident where the staff was notified within a time period that still allowed for the collection of physical evidence and the victim was offered and agreed to a forensic examination. For the 2022 investigations, one victim agreed to a forensic examination and the other victim did not agree to the examination.</p> <p>The Auditor interviewed three non-security staff and 12 correctional officers about the actions they would take to an allegation of sexual abuse. All staff was aware of the importance of immediately separating the victim and abuser, keeping the victim safe, preserving physical evidence, reporting to supervisors, and documenting the incident.</p> <p>(b) ODRC policy 79-ISA-02 continues, "The first non-security or the first line security staff member to respond to the report shall be required to: a. Separate the alleged victim and abuser. b. Request the alleged victim not take any actions that could destroy physical evidence and then notify the security shift supervisor."</p> <p>The PAQ states there was one incident, in the past 12 months, in which the first responder was not a security staff. The Auditor reviewed the incident and found the staff member made immediate notifications to the PREA Manager. The alleged victim was separated from the abuser at the time of the allegation. The staff member completed the First Responder Checklist for Non-Security Staff and completed an incident report.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, Facility Policy 03-E-02, Sexual Abuse Coordinated Plan</p> <p>Interviews: Random Staff, 1st Responders</p> <p>Documents: PAQ, First Responder Checklist; sexual abuse investigation</p> <p>The facility meets the requirements of this standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1453 365">(a) LOCI Policy 03-E-02, Sexual Abuse Coordinated Response Plan, provides a detailed facility plan for addressing an allegation of sexual misconduct. The policy provides detailed instructions for the facility administration, investigators, first responders, medical and mental health staff; investigators, and staff responsible for retaliation monitoring.</p> <p data-bbox="240 398 1347 425">The Warden reiterated the information provided in the policy adding that instructions for VSP are also included.</p> <p data-bbox="240 459 464 486">Evidence Considered:</p> <p data-bbox="240 519 963 546">Policy: LOCI Policy 03-E-02, Sexual Abuse Coordinated Response Plan</p> <p data-bbox="240 580 443 607">Interviews: Warden</p> <p data-bbox="240 640 762 667">The facility meets the requirements of this standard.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) The contract between the agency and Ohio Civil Service Employees Association ( OCSEA-OEA) 1199 for 2021 - 2024 states, "the Employer retains the rights to: 1) hire and transfer employees, suspend, discharge, and discipline employees." The same statement is in the agreement between the agency and the Ohio Education Association and the Health care and social services union.</p> <p>The Agency Director stated the ODRC renews collective bargaining agreements with OEA/NEA, OCSEA/AFSME, and SEIU/1199 every three years. The current contracts were renewed for 2021-2024.</p> <p>(b) Auditor is not required to audit this provision.</p> <p>Evidence Considered:</p> <p>Interviews: Agency Director</p> <p>Documents: Ohio Civil Service Employees Association (OCSEA-OEA) 1199 for 2021 - 2024</p> <p>The facility meets the requirements of this standard.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 432">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response Investigation, and Prevention of Retaliation states, "The institution shall protect all incarcerated individuals and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other incarcerated individuals or staff. The institutional investigator shall monitor retaliation resulting from cases of sexual abuse. The OCM shall monitor retaliation resulting from cases of sexual harassment."</p> <p data-bbox="240 461 1406 555">"Periodic Status checks shall occur at least every thirty (30) days during the monitoring period and shall include: a) Reviewing incarcerated individual discipline. b) Housing changes. c) Program changes. d) Job changes. e) negative employment reviews. f) reassignment of staff.</p> <p data-bbox="240 562 1485 723">Monitoring shall continue beyond ninety (90) calendar days if the initial monitoring indicates a continuing need. All monitoring of retaliation shall be documented in the electronics PREA incident reporting system. The incarcerated individual and/or employee being monitored shall be interviewed during the periodic status check. The incarcerated individual and institution investigator shall sign and date the monitoring of retaliation document in the electronic PREA Incident Reporting System."</p> <p data-bbox="240 752 1406 813">The Agency Director explained the Institution Investigator and the PREA Compliance Manager handle monitoring for retaliation.</p> <p data-bbox="240 842 1461 969">(b) "For at least ninety (90) days following the report of sexual misconduct, there shall be monitoring of the conduct and treatment of incarcerated individuals or staff who reported the sexual misconduct and of incarcerated individuals who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by incarcerated individuals or staff and acts promptly to remedy any such retaliation."</p> <p data-bbox="240 976 1477 1104">"The institution shall employ multiple protection measures, such as housing changes, or transfers for incarcerated individual victims or abusers, removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations."</p> <p data-bbox="240 1133 1461 1193">The Agency Director explained the Institution Investigator monitors for retaliation of sexual abuse incidents and the PREA Manager monitors for retaliation of sexual harassment incidents. They conduct checks at 30, 60, and 90-day intervals.</p> <p data-bbox="240 1200 1461 1294">Another avenue available to offenders is to voice complaints through the grievance system. This system is confidentially monitored by the Institutional Inspector. The Institutional Inspector is a member of the executive staff and they will forward any PREA-related grievance to the Institutional Inspector and the PREA Manager.</p> <p data-bbox="240 1323 1493 1485">The Warden and DWO added that in addition to meeting with the victim or witnesses being monitored, the investigator and PREA Manager review conduct reports and job changes. The Institution Investigator reports he monitors the activity of the victim and abuser, talks with unit staff and job supervisors, and reviews the victim's discipline record. There were no offenders housed in TPU for their risk of sexual victimization or who alleged to have suffered sexual abuse and there were no offenders at the facility who reported sexual abuse, at the facility.</p> <p data-bbox="240 1514 1453 1675">(c) ODRC Policy 79-ISA-02 also states, "For at least ninety (90) calendar days following the report of sexual misconduct, there shall be monitoring of the conduct and treatment of incarcerated individuals or staff who reported the sexual misconduct and of incarcerated individuals who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by incarcerated individuals or staff and acts promptly to remedy any such retaliation."</p> <p data-bbox="240 1704 1477 1843">"Periodic status checks shall occur at least every thirty (30) calendar days during the monitoring period and shall include: a. reviewing the incarcerated individual discipline (RIB1 in DOTS/Unit Staff, b. Housing changes (DOTS/Count Office), c. Program changes (DOTS/Unit Staff), d. Job changes, (DOTS/Unit Staff) Negative performance reviews (DOTS/Unit Staff/Work Supervisor), Reassignment of staff (Supervisor/Shift Roster/Personnel Office)."</p> <p data-bbox="240 1872 1477 2033">"Monitoring shall continue beyond ninety (90) calendar days if the initial monitoring indicates a continuing need. All monitoring of retaliation shall be documented in the electronic PREA incident reporting system. The incarcerated individual or employee being monitored shall be interviewed during the periodic status check. The incarcerated individual and institution investigator shall sign and date the monitoring of retaliation document in the electronic PREA incident reporting system."</p> <p data-bbox="240 2063 1485 2157">The Warden reported if retaliation is suspected, an investigation would be completed and if supported the correctional officer would be moved to a post that does not allow contact with offenders. The DWO added the offender or staff guilty of retaliation would be disciplined. The Institution Investigator reported he has access to offender disciplinary reports, incident</p>

reports, and grievances. He also checks with mental health staff, housing changes, job supervisor reports, any disciplinary action or negative job evaluations, reviews phone calls, talks to the offender, and assesses his demeanor.

(d) The Institution Investigator reported status checks are completed at a minimum every 30, 60, and 90 days.

The Auditor reviewed six sexual abuse investigations completed in 2021. Retaliation monitoring was completed for each alleged victim for at least 90 days or until the abuser or victim was no longer housed at the facility.

(e) ODRC Policy 79-ISA-02 states, "The institution shall employ multiple protection measures, such as housing changes or transfers for incarcerated individual victims or abusers, removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual against retaliation to include, but not limited to, the measures listed ... above."

The Agency Director explained the agency works with the employee to ensure they are comfortable and can provide post or shift change, institution change, or even an agency change to maintain state employment. For incarcerated individuals, the agency may provide housing changes, institution changes, and protective control. All cases are addressed on an individual basis. Incarcerated individuals may utilize the grievance procedure to register a complaint of retaliation. The DWO added offenders or staff found to have retaliated against an offender or staff member would be subject to disciplinary action.

(f) The Auditor is not required to audit this provision.

Evidence Considered:

Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response Investigation, and Prevention of Retaliation

Interviews: Agency Director, Warden, DWO, Institution Investigator

Documents: Retaliation Monitoring documentation

The facility meets the requirements of this standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies states, "Incarcerated Individuals at high risk for victimization shall not be placed in involuntary transitional program unit (TPU), under restrictive housing (RH) or limited privilege housing (LPH) conditions unless an assessment of all available alternatives has been made and it has been determined there is no available alternative means of separation from likely abusers."</p> <p>"The PREA involuntary TPU screen shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff shall clearly document the basis for the concern for the incarcerated individual's safety and the reason why no alternative means could be arranged."</p> <p>"Incarcerated individuals placed in TPU for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, staff shall document a). Opportunities that have been limited b). Duration of the limitations c.) Reasons for such limitations."</p> <p>"Involuntary TPU assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days. Every thirty (30) calendar days, unit management shall afford each incarcerated individual a review to determine whether there is a continuing need for separation from the general population."</p> <p>The Warden explained that involuntary segregation is the last resort. There are other options like housing the alleged victim in the medical areas or transferring the abuser.</p> <p>The DWO explained if an individual expresses concerns over retaliation the facility can change housing units, move the individual closer to the correctional officer, or can be housed in the medical area, all the while, monitoring for retaliation.</p> <p>The PAQ states there have been no alleged victims housed in segregation. The Auditor reviewed eight sexual abuse investigations and confirmed there were no alleged victims moved to involuntary segregation for protection.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies</p> <p>Interviews: Warden, DWO</p> <p>Documents: Sexual Abuse Investigations</p> <p>The facility meets the requirements of this standard.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 533">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, is the agency policy that addresses PREA investigations. The facility only conducts administrative investigations. Criminal investigations are referred to the OSHP Trooper assigned to the facility. The policy states, "When an institution conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. No investigation shall be terminated due to the fact the incarcerated individual denies an allegation by a third party or the incarcerated individual retracts an allegation. Investigations shall be completed with consideration of all evidence to determine an outcome of substantiated, unsubstantiated, or unfounded."</p> <p data-bbox="242 562 1453 689">The Institution Investigator reported it took 24 hours to initiate an investigation following an allegation of sexual abuse, although video recordings are reviewed, incident reports are written, and forensic evidence is gathered (clothing, bedding, and a forensic medical examination if applicable) when the allegation is reported. He also reported that third-party or anonymous reports of sexual abuse or sexual harassment are handled in the same manner.</p> <p data-bbox="242 719 1477 882">(b) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "Prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include, but not be limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training shall be documented with a certificate of completion."</p> <p data-bbox="242 911 1469 1005">The Auditor reviewed training certificates for the Institution Investigator, PREA Manager, and OSHP Trooper for the NIC course, Investigating Sexual Abuse in a Confinement Setting. The facility also provided information about training provided by the Moss group titled, Specialized PREA Training for Correctional Investigators which was held at the OSHP academy.</p> <p data-bbox="242 1012 1461 1106">The Institution Investigator stated the PREA Coordinators made a presentation to the agency's investigators and critiqued PREA cases for training purposes. He said the investigator training provides information for evidence collection, documentation requirements, interviewing victims and witnesses, and discussions about the prosecution and trial phases.</p> <p data-bbox="242 1113 1437 1207">The Auditor also interviewed the OSHP Trooper assigned to the facility. He confirmed receipt and understanding of the above-listed training. Both investigators were aware of the standards of evidence to substantiate an administrative investigation as opposed to a criminal investigation.</p> <p data-bbox="242 1236 1477 1364">(d) The policy also states, "When the quality of evidence appears to support a criminal prosecution, the ODRC shall conduct compelled interviews only after consulting with OSHP as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." The OSHP Trooper said the Institution Investigator consults with him before conducting compelled interviews.</p> <p data-bbox="242 1393 1493 1487">The Auditor reviewed eight sexual abuse investigations and found the Institution Investigator was in contact with the OSHP Trooper promptly after receiving a report of sexual abuse and reviewing the evidence for each investigation, usually the same day the investigator receives the information about the alleged PREA incident.</p> <p data-bbox="242 1516 1485 1644">(e) ODRC Policy 79-SSA-01 explained the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. No institution shall require an incarcerated individual who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."</p> <p data-bbox="242 1673 1485 1906">The Institution Investigator explained the credibility of an alleged victim is based on the facts of the case and the preponderance of the evidence. He further stated the OSHP will sometimes administer a polygraph to the suspect but never to the alleged victim. In the review of eight sexual abuse allegations received in 2021 and 2022, the Auditor found the Investigator assessed the credibility of the alleged victim, suspect, or witness on an individual basis and is not determined by the person's status as an inmate or a staff. There were no instances in which the agency required an inmate who alleged sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation. During the site visit, there were offenders who had reported sexual abuse while at LOCI.</p> <p data-bbox="242 1935 1477 2029">(f) ODRC Policy 79-ISA-02 states, "Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasons behind credibility assessments, and investigative facts and findings."</p> <p data-bbox="242 2058 1469 2152">The Institution Investigator reported he exhausts all options when reviewing staff actions or failure to act which may have contributed to an incident of sexual abuse. His administrative investigations are documented on paper and in the electronic PREA investigation record. The OSHP Trooper was notified of the eight allegations, and he referred three cases to the</p>

prosecutor's office. Of these cases, the prosecutor declined to prosecute one case and the remaining two cases are under review at the time of this writing.

While reviewing the investigations, the Auditor found one case in which the details of the investigation were sent to 186 different individuals. The Auditor learned through discussions with the PREA Manager and the PREA Administrator that the ODRC previous policy regarding the distribution of special incidents required correctional administrators and executives to be provided information about any serious incidents occurring within the agency. The policy was revised to exclude incidents of a sexual nature. The facility staff member erred when distributing this information. The PREA Manager educated the facility staff member about the revised policy and the proper distribution of sexual abuse investigations.

(g) ODRC Policy 79-ISA-02 further states, "All criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. Copies of documentary evidence shall be attached when feasible."

The OSHP Trooper compiles evidence obtained from the facility and interviews he has conducted, along with any forensic reports for presentation to the prosecutor. The OSHP does not provide a criminal investigation report. The Institution Investigator and OSHP Trooper communicate primarily through direct contact, phone calls, and emails.

(h) The OSHP referred three substantiated cases that appeared to be criminal in nature to the prosecutor. The prosecutor declined to prosecute one case. The remaining cases are under review.

(i) The Auditor reviewed the ODRC Records Retention Schedule. PREA investigation reports are listed as Special Investigation Case Files. These files include: "Documents the entire investigation process, including sexual abuse investigations, describing the facts found while conducting an investigation involving an employee, or offender's alleged violation of policy, procedure, or Ohio Revised Code." The retention period states, "Retain 10 years after the inmate has reached final release, expiration of sentence, death or 10 years after an employee is no longer employed by the agency."

(j) ODRC Policy 79-ISA-02 states, "The departure of the alleged abuser or victim from the employment or control of the institution or ODRC shall not provide a basis for terminating an investigation."

The Institution Investigator confirmed the departure of the alleged abuser or victim from employment or control of the facility or agency is not a basis for terminating an investigation.

(k) The Auditor is not required to audit this provision of the standard.

(l) ODRC Policy 79-ISA-02 states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

The agency PREA Coordinator and PREA Manager explained that a OSHP Trooper is assigned to each facility and works directly with the Institution Investigator.

The Warden and DWO explained that the assigned OSHP Trooper is provided office space at the facility and shares this space with the Institution Investigator. The OSHP Trooper explained he maintains a very good working relationship with the facility staff. He added that he was provided a facility identification badge which allows for ease in entering and exiting the facility. The OSHP Trooper added that he usually contacted within the hour when a PREA incident occurs. He instructs the facility to secure the crime scene when indicated. If a forensic examination is indicated, he will usually meet the victim at the hospital emergency department. He also stated, that the Institution Investigator always asks him (the trooper) before doing compelled interviews.

The Auditor reviewed eight sexual abuse cases and found there was consistent and timely communication between the OSHP Trooper and the Institution Investigator.

Evidence Considered:

Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, ODRC Records Retention Schedule

Interviews: PREA Coordinator, PREA Administrator, Warden, DWO, Institution Investigator,

Documents: Sexual Abuse Investigations,

The facility meets the requirements of this standard.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1458 367">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation states, "The ODRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated."</p> <p data-bbox="240 398 1469 492">The Institution Investigator said the standard of evidence to substantiate an administrative investigation is a preponderance of the evidence and he was able to describe the differences between the standard of evidence required to substantiate an administrative investigation and a criminal investigation.</p> <p data-bbox="240 524 1453 618">The Auditor reviewed eight sexual abuse investigations and found the Institution Investigator did not require a standard of proof higher than a preponderance of the evidence when determining the investigation findings for administrative investigations.</p> <p data-bbox="240 649 464 676">Evidence Considered:</p> <p data-bbox="240 707 1490 734">Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation</p> <p data-bbox="240 766 584 792">Interviews: Institution Investigator</p> <p data-bbox="240 824 660 851">Documents: Sexual Abuse Investigations</p> <p data-bbox="240 882 759 909">The facility meets the requirements of this standard.</p>

115.73	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation states, "Following an investigation into an incarcerated individual's allegation that they suffered sexual abuse in an institution, the institution investigator shall inform the incarcerated individual as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."</p> <p>The Warden confirmed these notifications are provided through a letter to the victim which is delivered through the PREA Manager. The PREA Manager and alleged victim sign acknowledging receipt of the notification. The Auditor found in each of the eight sexual abuse cases reviewed the alleged victim was notified in writing as to the outcome of the investigation. The Institution Investigator said the alleged victims are notified both verbally and in writing.</p> <p>(b) ODRC Policy 79-ISA-02 also states, "If the ODRC did not conduct the investigation, it shall request the relevant information from the OSHP to inform the incarcerated individual."</p> <p>The Institution Investigator forwards all sexual abuse allegations to the assigned OSHP Trooper for review and consideration for criminal prosecution. The OSHP Trooper will notify the facility if criminal charges will be pursued for each case. If the prosecutor's office pursues criminal charges against the alleged abuser, the alleged victim is notified in writing of the prosecutor's decision and kept informed about the case. There were three cases considered for criminal prosecution. The prosecutor declined to pursue charges in one case. The remaining two cases are pending review by the prosecutor.</p> <p>(c) "Upon completion of an incarcerated individual sexual abuse allegation against a staff member (unless unfounded), the institution investigator shall inform the incarcerated individual of the following: The staff member is no longer posted within the incarcerated individual's unit. The staff member is no longer employed at the facility. The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution. The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution."</p> <p>"All such incarcerated individual notifications or attempted notifications shall be issued in writing and documented. All incarcerated individual notifications or attempted notifications shall be issued in writing and documented. All incarcerated individual notifications noted in section VI.CX.6 of this policy shall be signed by the incarcerated individual and uploaded into the PREA Incident Reporting System."</p> <p>"An institution's obligation to report shall terminate if the incarcerated individual is released from the ODRC custody."</p> <p>There were two investigations of contractor-on-inmate sexual abuse. The victims were notified when the staff member was removed from the facility and advised the prosecutor is reviewing the case for possible criminal prosecution.</p> <p>(d) ODRC Policy 79-ISA-02 states, "Upon completion of an incarcerated individual sexual abuse allegation against another incarcerated individual (unless unfounded), the institution investigator shall inform the incarcerated individual victim of the following: (1) The institution learns the alleged abuser has been indicted on a charge, related to sexual abuse within the institution. (2) The institution learns the alleged abuser has been convicted on a charge related to sexual abuse within the institution."</p> <p>There were no inmate-on-inmate sexual abuse investigations in which the allegations were substantiated and no inmate-on-inmate sexual abuse investigations in which the prosecutor pursued criminal charges against the abuser.</p> <p>(e) ODRC Policy 79-ISA-02 also states, "All such incarcerated individual notifications or attempted notifications shall be issued in writing and documented. All incarcerated individual notifications .... of this policy shall be signed by the incarcerated individual and uploaded into the PREA Incident Reporting System." The facility made notifications in each of the eight sexual abuse investigations reviewed.</p> <p>(f) The Auditor is not required to audit this provision.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation</p> <p>Interviews: Warden</p> <p>Documents: Sexual Abuse Investigation</p> <p>The facility meets the requirements of this standard.</p>

115.76	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 434">(a) (b) ODRC Policy 79-ISA-01 Prison Rape Elimination states, "In accordance with ODRC Policy 31-SEM-02, Standards of Employee Conduct, all employees shall be subject to disciplinary sanctions up to and including termination for violating ODRC sexual misconduct policies. Terminations for violations of ODRC sexual misconduct policy or resignation by staff that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies."</p> <p data-bbox="240 465 1469 555">(c) (d) ODRC Policy 31-SEM-02, Standards of Employee Conduct, states, "Employees who violate the agency's sexual misconduct regulations are subject to termination for committing any sexual act with any individual under the supervision of the agency or engaging in any other sexual contact or misconduct with any individual under the supervision of the agency."</p> <p data-bbox="240 564 1453 622">There were no instances of staff sexual abuse or sexual harassment in which the sanctions were less than termination of employment.</p> <p data-bbox="240 654 1043 680">There were no incidents of staff-on-inmate sexual abuse during this audit period.</p> <p data-bbox="240 712 464 739">Evidence Considered:</p> <p data-bbox="240 770 1406 797">Policy: ODRC Policy 79-ISA-01 Prison Rape Elimination, ODRC Policy 31-SEM-02, Standards of Employee Conduct</p> <p data-bbox="240 828 660 855">Documents: Sexual Abuse Investigations</p> <p data-bbox="240 887 762 913">The facility meets the requirements of this standard.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1490 398">(a) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, In accordance with ODRC Policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers and ODRC Policy 39-TRN-12, Contractor Orientation, any contractor volunteer or intern who engages in sexual misconduct is prohibited from contact with any incarcerated individuals and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p data-bbox="240 432 1490 557">The Auditor reviewed two contractor-on-inmate sexual abuse investigations in 2022. The contractor was not allowed into the facility during the investigation. Upon completion of the administrative investigation, the allegations were substantiated, the contractor's employment was terminated and the investigation was referred to OHSP for possible criminal prosecution. At the time of the writing of this report, the prosecutor was reviewing the case to determine if criminal charges will be pursued.</p> <p data-bbox="240 591 1469 680">(b) ODRC Policy 79-ISA-01 states, "The facility will take appropriate remedial measures and terminate the contract or volunteer agreement with contractors, interns or volunteers or shall demand that the offending employee of a contractor be excluded from providing services under the contract."</p> <p data-bbox="240 714 1485 871">There were no incidents of other violations of the agency's sexual abuse or sexual harassment policies by a contractor or volunteer. The Warden explained if contractors or volunteers violate the agency's policies on sexual abuse or sexual harassment the contractor or volunteer is removed from the facility and access to the facility is restricted. If the contractor or volunteer works in any other facilities, notification of the sexual abuse or sexual harassment incident is made to these facilities. The case is referred to OSHP for possible criminal charges.</p> <p data-bbox="240 904 464 927">Evidence Considered:</p> <p data-bbox="240 960 810 985">Policy: ODRC Policy 79-ISA-01, Prison Rape Elimination</p> <p data-bbox="240 1019 443 1043">Interviews: Warden</p> <p data-bbox="240 1077 916 1102">Documents: Contractor-on-Inmate Sexual Abuse Investigations (2)</p> <p data-bbox="240 1135 762 1160">The facility meets the requirements of this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1477 432">(a) ODRC Policy 56-DSC-01, Conduct Report and Hearing Officer Procedures, states, "It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) that the disciplinary process for incarcerated individuals will be carried out promptly and fairly, allow those individuals affected by an incarcerated individual rule violation to provide input into the disciplinary process, to not punish incarcerated individuals for being seriously mentally ill and to abide by the Administrative Rules."</p> <p data-bbox="240 463 1490 490">The PAQ states there were no incidents of inmate-on-inmate abuse resulting in an administrative or a criminal finding of guilt.</p> <p data-bbox="240 555 1485 680">The Auditor reviewed eight sexual abuse investigations. Six of these investigations involved inmate-on-inmate sexual abuse and each was unsubstantiated. Of these investigations, one abuser was issued a disciplinary report. Two of the investigations were contractor-on-inmate abuse and the investigator determined were substantiated. In each case, the contractor's employment was terminated. There was no disciplinary action taken against any of the alleged victims.</p> <p data-bbox="240 712 1466 804">(b) The Warden stated if an investigation into inmate-on-inmate sexual abuse is substantiated, the offending inmate would be given a PREA classification of Abuser, his security level increased, and the inmate would be transferred to a higher security facility.</p> <p data-bbox="240 835 1422 896">(c) ODRC Policy 56-DSC-01 also states, "If the incarcerated individual's behavior suggests serious mental illness, the charging official shall make a referral to institutional mental health staff for a mental health assessment."</p> <p data-bbox="240 927 1426 987">The Warden explained if the accused offender is mentally ill or on a mental health caseload, the mental health staff will complete a Mental Health Assessment/RIB (DRC2530) and will complete an assessment of the offender.</p> <p data-bbox="240 1019 1481 1111">(d) ODRC Policy 56-DSC-01 continues, "All inmates found guilty by the RIB/SMP of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services."</p> <p data-bbox="240 1142 1461 1234">The Auditor interviewed six medical and mental health staff members. With one exception, the health care staff confirmed that the behavioral health staff meet with the alleged victim and alleged abuser and offer services to the offenders, but the offender's participation is voluntary.</p> <p data-bbox="240 1265 1477 1326">(e) ODRC Policy 56-DSC-01 also states, "The DRC may discipline an inmate for sexual contact and/or sexual conduct only after a finding that the staff member did not consent to such contact."</p> <p data-bbox="240 1357 1485 1449">The PAQ provided a Statement of Status stating there had been no inmates who were disciplined for non-consensual sexual contact with a staff member. The Auditor confirmed for the two contractor-on-inmate sexual abuse investigations, neither victims were disciplined.</p> <p data-bbox="240 1538 1490 1664">(f) ODRC Policy 79-ISA-02 states, "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. Each case shall be carefully evaluated on its merits, considering all evidence and circumstances and whether there is any possibility the alleged incident could have occurred."</p> <p data-bbox="240 1695 1481 1957">(g) The Inmate Rules of Conduct list the following rule violations related to sexual activity between inmates:  #11: Non-consensual sexual conduct with another by force, the threat of force, intimidation other than the threat of force, by any other circumstances evidencing the lack of consent by the victim,  #12 Non-consensual sexual contact with another by force, the threat of force, intimidation other than the threat of force, by any other circumstances evidencing the lack of consent by the victim,  #13 Consensual physical contact for the purpose of sexually arousing or gratifying either person.  #14 Seductive or obscene acts, including indecent exposure or masturbation; including but not limited to any word, action, gesture, or other behavior that is sexual in nature and would be offensive to a reasonable person.</p> <p data-bbox="240 1989 1353 2016">The PAQ provided a copy of conduct report issued to two inmates who were having consensual sexual contact.</p> <p data-bbox="240 2047 464 2074">Evidence Considered:</p> <p data-bbox="240 2105 1331 2132">Policy: ODRC Policy 56-DSC-01, Conduct Report and Hearing Officer Procedures, Inmate Rules of Conduct</p>

Interviews: Warden, Medical and Mental health Staff

Documents: PAQ, Statement of Status, Sexual Abuse Investigations, Conduct Report for Consensual sexual Contact

The facility meets the requirements of this standard.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1493 465">(a) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, under A. General Guidance for Screening Criteria the policy states, "If the assessment indicates the incarcerated individual is at risk or has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. All incarcerated individuals shall be screened by mental health in accordance with ODRC Policy 67-MNH-02, Mental Health Screening and Mental Health Classification."</p> <p data-bbox="240 499 1477 591">The PAQ states all inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner: The PAQ also provided a completed risk assessment for an offender who admitted to prior victimization and documentation of a follow-up meeting with mental health staff within 14 days.</p> <p data-bbox="240 624 1461 748">During the pre-audit phase, the Auditor completed a document review of eight offender records who had experienced prior victimization. The records demonstrated offenders were asked if they wanted a referral to mental health staff and mental health staff saw the offender within 14 days of admission to the facility. There were two offenders received prior to the implementation of the PREA program who were asked if they wanted a referral to mental health but refused.</p> <p data-bbox="240 781 1493 972">The Auditor interviewed four offenders who reported prior sexual victimization. The Auditor was able to verify that two offenders were asked if they would like a referral to mental health when the risk assessment was completed (the day of arrival). Mental health staff interviewed each inmate within six days of arrival. There were two offenders who were received prior to the implementation of the risk assessment. Nonetheless, the offenders were asked if they wanted a referral to mental health. One offender refused the mental health interview, and the other offender was seen by mental health staff on the day of arrival.</p> <p data-bbox="240 1005 1437 1097">(b) "If the assessment indicates that the incarcerated individual is at risk or has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a mental health practitioner within fourteen calendar days of the intake screening."</p> <p data-bbox="240 1131 1485 1254">The Auditor interviewed one medical staff and two case managers who complete risk screenings. All risk screening staff interviewed confirmed if the risk screening indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community the offender is offered a follow-up meeting with mental health staff within 14 days of the intake screening.</p> <p data-bbox="240 1288 1477 1411">The Auditor reviewed one case in which the offender had a PREA classification of Abuser. The offender was on the Mental Health caseload at his former institution. He was seen by LOCI Mental Health staff within three days of arrival. The Auditor verified mental health staff interviewed and offered services to each of the alleged abusers from the six inmate-on-inmate sexual abuse investigations,</p> <p data-bbox="240 1444 1023 1471">(c) The facility is a prison, not a jail. This standard provision is not applicable.</p> <p data-bbox="240 1505 1485 1662">(d) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical or behavioral health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary."</p> <p data-bbox="240 1695 1493 1787">During the site visit, the Auditor confirmed medical and mental health records are securely stored in locked file cabinets in the medical and mental health area. Offenders are allowed in this area by appointment only. Electronic mental health and medical information are restricted and password protected.</p> <p data-bbox="240 1821 1493 2078">(e) "Medical and mental health practitioners shall obtain informed consent from incarcerated individuals before reporting information to law enforcement about prior sexual victimization that occurred in the community. If the incarcerated individual wishes to report the information, the Informed Consent (DRC1169) shall be completed and forwarded to the institution investigator. The institution investigator shall contact the Ohio State Highway Patrol (OSHP) and provide them with the information. The institution investigator shall document the contact with the OSHP./ The only exception where the Informed Consent (DRC1169) is not necessary is if the alleged victim is under the age of eighteen or considered a vulnerable adult, as defined by this policy, the institution shall report the allegation on an Incident Report Form (DRC1000) and send it to the institution investigator who will then report the allegation to the OSHP."</p> <p data-bbox="240 2112 1477 2139">The Auditor interviewed three medical staff and three mental health staff and all reported they obtain informed consent from</p>

inmates before reporting about prior sexual victimization that did not occur in an institutional setting.

Evidence Considered:

Policy: ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation

Interviews: Offenders, Risk Screening Staff, Medical staff, mental health staff

Documents: PAQ, Offender Records

Site Review: Mental health department, medical department

The facility meets the requirements of this standard.

115.82	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Office of Correctional Health Care Protocol B11, Medical Care Guidelines for Sexual Contact or Recent Sexual Abuse, states, "All inmates who report sexual conduct and/or recent sexual abuse shall be escorted to inmate health services as soon as possible after the reported conduct or recent sexual abuse. A health care professional shall collect sufficient history/information from the inmate, utilizing a Medical Exam Report (DRC5251), in preparation so as to enable a full and adequate medical examination to document the extent of physical injury and to aid in appropriate treatment." The policy also provides that if an Advanced Level Practitioner is available they will conduct an external exam for obvious external trauma, document the findings, and forward the information to the institution investigator."</p> <p>The policy also states, "If evidentiary or medically appropriate, the patient will be transported to the Emergency Department (ED) for examination, treatment, and counseling."</p> <p>Of the six medical and mental health staff interviewed, each staff member reported that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, which are provided immediately or as soon as possible after the report of sexual abuse. Each staff member also reported that the nature and scope of these services are determined by their professional judgment.</p> <p>The Auditor reviewed eight sexual abuse investigations and found the Shift Commander is notified promptly when staff receives a report of sexual abuse. The Shift Commander ensures staff escort the alleged victim to the medical department for evaluation and treatment.</p> <p>(b) The Auditor interviewed three non-security staff first responders and twelve correctional officers. When asked the actions they would take in response to a report of sexual abuse, all staff consistently reported they would separate the victim from the abuser, contact the Shift Commander, and ensure staff promptly escorted the alleged victim to the medical area.</p> <p>The Auditor's review of eight sexual abuse investigations confirmed alleged victims were promptly escorted to medical department when a report of sexual abuse was received. The facility always provides 24-hour on-site medical coverage with nursing staff on duty.</p> <p>(c) ODRC Office of Correctional Health Care Protocol B11 requires, If not completed in the hospital emergency department the following testing is completed initially and again in three months for syphilis, gonorrhea, and chlamydia. HIV, HBV, and HCV testing are completed initially and every three months for six months. All healthcare staff interviewed confirmed victims of sexual abuse are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>(d) ODRC Policy 79-ISA-02 states, "All victims of sexual abuse shall have access to forensic medical examinations at an outside medical 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."</p> <p>Evidence Considered:</p> <p>Policy: ODRC Office of Correctional Health Care Protocol B11, Medical Care Guidelines for Sexual Contact or Recent Sexual Abuse, ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation</p> <p>Interviews: Medical staff, mental health staff, First Responders (non-security)</p> <p>Documents: Sexual abuse investigations</p> <p>The facility meets the requirements of this standard.</p>

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation states, "In cases of alleged completed sexual abuse, medical services shall follow OCHC Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, which includes instructions for assuring appropriate examination documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral for mental health evaluation."</p> <p>Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse provides standardized guidelines for medical assessment, treatment, and referral of inmates who have been involved in sexual conduct and/or recent sexual abuse. The protocol provides instructions for completing the medical exam, preparing the victim for the forensic examination, if applicable, time frames for collecting forensic evidence, follow-up, and referral to mental health.</p> <p>(b) Medical and behavioral health staff reported victims of sexual abuse are provided evaluation and treatment, including follow-up services, treatment plans are developed, and when necessary referrals are made for continued care following a transfer to another facility or the offender's release from custody.</p> <p>During the pre-audit phase, the Auditor reviewed one offender record who had reported prior sexual victimization during the reception process in 2021. The medical staff, while completing part 1 of the risk assessment, asks, if the inmate wants a referral to mental health. Although the offender did not request a referral to the mental health department, the mental health staff saw the offender the following day. The Auditor also reviewed eight sexual abuse investigations and found mental health staff met with each victim within two days of the report of sexual abuse.</p> <p>(c) Medical and behavioral health staff reported the level of care provided is consistent with the community level of care and often exceeds the community level of care.</p> <p>(d) The LOCI is an all-male facility. This standard provision is not applicable.</p> <p>(e) The LOCI is an all-male facility. This standard provision is not applicable.</p> <p>(f) ODRC Office of Correctional Health Care Protocol B11 requires, If not completed in the hospital emergency department the following testing is completed initially and again in three months for syphilis, gonorrhea, and chlamydia. HIV, HBV, and HCV testing are completed initially and every three months for six months. All healthcare staff interviewed confirmed victims of sexual abuse are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Medical staff determined there were medical indications for STD prophylaxis or treatment of one of the alleged victims of sexual abuse. The Auditor reviewed the progress note ordering the testing during the pre-audit phase.</p> <p>(g) ODRC Policy 79-ISA-02 states, "All victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The services will 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."</p> <p>(h) Behavioral health staff conduct an interview with all known inmate-on-inmate abusers and treatment is offered. An evaluation will be completed if deemed appropriate by behavioral health staff.</p> <p>During the pre-audit phase, the Auditor reviewed one record for an offender who had committed inmate-on-inmate sexual abuse and reviewed six inmate-on-inmate sexual abuse investigations conducted in 2021. Mental health staff interviewed each of the alleged abusers.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation; Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse</p> <p>Interviews: medical staff, mental health staff</p> <p>Documents: Offender records, Interdisciplinary Progress Note</p> <p>The facility meets the requirements of this standard.</p>

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 394">(a) ODRC Policy 79-ISA-03, Sexual Abuse Review Team, states, "It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to analyze policies, protocols, practices, and preventative measures after each substantiated and unsubstantiated allegation of sexual abuse to determine whether revisions should be made in order to minimize the risk of sexual abuse incidents."</p> <p data-bbox="240 427 1474 454">The Auditor found a Sexual Abuse Incident Review was conducted at the conclusion of each (8) sexual abuse investigation.</p> <p data-bbox="240 488 1406 580">(b) ODRC Policy 79-ISA-03 also states, "The SART shall review all sexual abuse incidents, unless determined to be unfounded, within thirty (30) calendar days of the conclusion of the investigation. The managing officer may grant an additional fifteen (15) calendar day extension in exigent circumstances."</p> <p data-bbox="240 613 1469 736">The PAQ supplied an example of an investigation packet that included a completed Sexual Abuse Incident Review, completed within 30 days of the conclusion of the sexual abuse investigation. The Auditor found a sexual abuse incident review was conducted within 30 days of the conclusion of the sexual abuse investigation for each of the eight sexual abuse investigations reviewed.</p> <p data-bbox="240 770 1469 896">(c) ODRC Policy 79-ISA-03, Sexual Abuse Review Team, states, "Each managing officer shall designate a Sexual Abuse Review Team (SART). The SART shall, at a minimum, consist of the Institution Operational Compliance Manager (OCM) - chair, a Deputy Warden, institutional Investigator, Designated Victim Support Person, and any other staff member who may have relevant input, such as unit staff, line supervisors, medical and mental health professionals."</p> <p data-bbox="240 929 1382 987">The Warden and DWO explained the sexual abuse review team included the DWO and Deputy Warden of Special Operations, the PREA Manager, Unit Management Chief, and the Institution Investigator.</p> <p data-bbox="240 1021 1477 1113">The Auditor's reviewed the eight completed sexual abuse reviews. The SART included the PREA Manager, DWO, Investigator, Medical or Mental health staff, VSP, and usually included Unit Management staff and/or work supervisors. The composition of the SART meets the requirements of this standard provision.</p> <p data-bbox="240 1146 1477 1435">(d) ODRC Policy 79-ISA-03 states, "The SART shall consider: (a) Whether the allegation or investigation indicates a need to change policy or practice, to better prevent, detect, and respond to sexual abuse; (b) Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated by or otherwise caused by other group dynamics at the facility; (c) Whether the area in the facility where the alleged incident occurred contains physical barriers in the area that may enable abuse; (d) The adequacy of staffing levels in that area during different shifts; (e) Whether monitoring technology should be deployed or augmented to supplement supervision of staff." "The SART shall complete the Sexual Abuse Case Review in the electronic PREA Incident Reporting System and document the committee findings ... and recommendations for improvement. The OCM shall advise the managing officer of the completed Sexual Abuse Case Review. "</p> <p data-bbox="240 1469 1485 1527">The Warden and DWO explained the SART documents issues and recommendations for improvement. The PREA Manager stated the investigator and himself inspect the area in which the incident allegedly occurred.</p> <p data-bbox="240 1561 1485 1686">The Auditor interviewed two additional SART members who confirmed the SART considers if policies or procedures required revision, whether the incident was motivated by race, ethnicity, gender identity, identification as gay, lesbian, bisexual, transgender, or intersex, the victim's status or perceived status, the location of the incident and a review of cameras in the area as well as staffing levels.</p> <p data-bbox="240 1720 1493 1845">The Auditor reviewed the eight completed SART reviews. The SART made recommendations following the two substantiated sexual abuse allegations in 2022. The team reviewed the location of the incident and the camera footage and made recommendations which included the installation of additional cameras as well as a procedure change that ensures the staff remains in full view of the camera when accessing this area. The Warden approved the recommendations.</p> <p data-bbox="240 1879 1477 1971">(e) ODRC Policy 79-ISA-03 states, "the managing officer shall implement the recommendations outlined in the Sexual Abuse Case Review for improvement or shall document its reasons for not doing so. The managing officer's signature shall be electronically captured in the PREA Incident Reporting System."</p> <p data-bbox="240 2004 1493 2159">The SART made recommendations to add cameras and for the administration to prohibit staff and offenders from being in the areas alone without the presence of another staff member. The facility has received the cameras and the cameras will be installed when the new telecommunications technician transfers to the facility in July. The DWO issued a memorandum instructing staff to supervise offenders from the doorway of coolers, freezers, and dry storage areas. If staff must work with an offender in these areas, they must be monitored from the doorway by another employee.</p>

Evidence Considered:

Policy: ODRC Policy 79-ISA-03, Sexual Abuse Review Team

Interviews: Warden, DWO, PREA Manager, SART Members

Documents: Sexual Abuse Incident Reviews

The facility meets the requirements of this standard.

115.87	<b>Data collection</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1465 398">(a) ODRC Policy 79-ISA-03, Sexual Abuse Review Team,, states, "It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to analyze policies, protocols, practices, and preventative measures after each substantiated and unsubstantiated allegation of sexual abuse to determine whether revisions should be made in order to minimize the risk of sexual abuse incidents."</p> <p data-bbox="240 434 1406 492">The Auditor found the facility held a Sexual Abuse Incident Review at the conclusion of the two substantiated and six unsubstantiated, sexual abuse investigations.</p> <p data-bbox="240 528 1490 613">(b) ODRC Policy 79-ISA-01 further states, "The institution investigators shall ensure all fields in the PREA Incident Reporting System as provided by the agency PREA Coordinator are accurately completed. This data shall be aggregated at least annually."</p> <p data-bbox="240 649 1458 739">The facility provided and the Auditor reviewed the 2020 and 2021 PREA Annual Reports which review and aggregate incident-based sexual abuse data. The report includes information about completed PREA Audits at specific facilities and any corrective action.</p> <p data-bbox="240 775 1485 864">(c) The facility provided a copy of detailed instructions for completing the PREA Incident Packets. The Auditor reviewed the most recent DOJ Survey of Sexual Violence (SSV) and the PREA incident packets and found the PREA Incident Packets contain the data necessary to complete the SSV.</p> <p data-bbox="240 900 1398 990">(d) The PREA Incident Reporting System captures the information required for conducting a thorough sexual abuse investigation beginning with the initial first responder reports, interviews, incident reports, medical and mental health information, risk assessments, SART reviews, and retaliation monitoring.</p> <p data-bbox="240 1025 1493 1084">e) The Auditor reviewed the agency website and found completed PREA audits for all private prisons under the control of the ODRC.</p> <p data-bbox="240 1115 1422 1173">The Agency Contract Administrator confirmed all three privately managed facilities have completed PREA audits. The private facilities provide the same information regarding sexual misconduct as required of the state-run facilities.</p> <p data-bbox="240 1205 1474 1263">The Auditor reviewed the 2021 Annual Internal Report on Sexual Assault Data and found the report included sexual assault data for each privately managed facility.</p> <p data-bbox="240 1294 1401 1352">(f) The PAQ states the agency has provided the Department of Justice with data from the previous calendar year as requested.</p> <p data-bbox="240 1384 464 1411">Evidence Considered:</p> <p data-bbox="240 1442 852 1469">Policy: ODRC Policy 79-ISA-03, Sexual Abuse Review Team</p> <p data-bbox="240 1500 831 1527">Interviews: Warden, DWO, Agency Contract Administrator</p> <p data-bbox="240 1559 1485 1617">Documents: Sexual Abuse Incidents Team Reviews, 2020 and 2021 PREA Annual Reports, DOJ Survey of Sexual Violence (SSV), 2021 Annual Internal Report on Sexual Assault Data, PAQ</p> <p data-bbox="240 1648 762 1675">The facility meets the requirements of this standard.</p>

115.88	<b>Data review for corrective action</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 362">(a) The Auditor reviewed the 2021 PREA Annual Internal Report on Sexual Assault Data and found the agency provided a synopsis of the results of each completed PREA incident for the reporting year. The agency included any required corrective action completed to achieve compliance.</p> <p data-bbox="240 398 1469 488">The Bureau Chief of Operational Compliance reported information gained from the incident-based sexual abuse data helps to improve sexual safety in the facility. For example, the placement of cameras and mirrors not only assists with investigations but also deters sexual misconduct.</p> <p data-bbox="240 524 1485 712">The Agency Director explained following a DOJ investigation within the Florida Department of Correction, the agency revised the agency policy to require a quarterly meeting with the managing officer, the Institution Investigator(s), and the institutional operational compliance manager to discuss PREA issues or concerns. These PREA Status Briefings include at a minimum: PREA investigations, retaliation concerns, physical plant/camera concerns, PREA trends, staffing concerns, policy and practice issues, and any other PREA-related concerns. The PREA Coordinator and PREA Administrator also review all PREA status briefings and assist the institutions with any concerns or issues they may have.</p> <p data-bbox="240 748 1485 936">The PREA Coordinator stated the agency documents their review of data collected and aggregated in the annual report. He explained the agency securely retains this data electronically. Incident data is confidential and password protected. He added the data is reviewed on an ongoing basis to determine where additional cameras were needed. He explained an annual report of findings is prepared and includes a corrective action plan for each facility for anything identified in the review. The Annual PREA Compliance Review documents the facility's efforts to take corrective measures. The BOC will take corrective measures for items identified for the agency as a whole.</p> <p data-bbox="240 972 1485 1061">(b) The Auditor reviewed the annual reports and found these reports include a comparison of the current year's data and corrective actions with prior years. The report provides an assessment of the agency's progress in addressing sexual abuse in its facilities.</p> <p data-bbox="240 1097 1485 1151">(c) The Auditor reviewed the agency website and found ODRC Annual Assessment for 2013 - 2021 and PREA Audit reports for each year since 2014.</p> <p data-bbox="240 1187 1477 1240">The Agency Director stated she reviews and approves the annual PREA report and uses the information in the report during PREA discussions at agency budget reviews.</p> <p data-bbox="240 1276 1477 1330">(d) The PREA Coordinator explained he has not had to redact any information, as confidential information is not included in the report.</p> <p data-bbox="240 1366 464 1393">Evidence Considered:</p> <p data-bbox="240 1429 906 1456">Policy: 2021 PREA Annual Internal Report on Sexual Assault Data</p> <p data-bbox="240 1491 1139 1518">Interviews: Agency Director, Bureau Chief of Operational Compliance, PREA Coordinator</p> <p data-bbox="240 1554 1485 1581">Documents: Agency website - ODRC Annual Assessment for 2013 - 2021 and PREA Audit reports for each year since 2014,</p> <p data-bbox="240 1617 762 1644">The facility meets the requirements of this standard.</p>

115.89	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-01 Prison Rape Elimination, states, "All case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the ODRC records retention schedule as defined in ODRC Policy 07-ORD-01, Records Management Program."</p> <p>The PREA Administrator explained case record information is stored in the electronic PREA Incident Reporting System. Access to the PREA Incident Reporting System is restricted and requires a login and password. For those staff with access to the system, access to specific information or screens is determined by their job duties and must be approved by the PREA Coordinator.</p> <p>(b) ODRC Policy 79-ISA-01 states, "The agency PREA coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the ODRC internet site."</p> <p>The Auditor reviewed the agency website and found the agency has posted every completed PREA audit report since 2014 including PREA audit reports for private facilities.</p> <p>(c) ODRC Policy 79-ISA-01 states, "All personal identifiers must be removed from publicly available data..."</p> <p>The Auditor found the agency website provided the following public information related to PREA: 2012-2015 Survey of Sexual Violence; 2016-2017 Survey of Sexual Victimization; 2013-2016 PREA Incident Information for Privately Operated Facilities; 2013-2021 ODRC Annual Assessment; 2014-2022 PREA Audit Reports. The Auditor reviewed a random selection of each of these reports and found there were no personal identifiers in these reports.</p> <p>(d) The Auditor reviewed the agency's Records Retention Schedule which requires that all documents that are part of the investigation process, including sexual abuse investigations describing the facts found while conducting an investigation involving an employee or offender's alleged violation of policy, procedure or Ohio Revised Code, shall be retained for 10 years after the inmate has reached final release, expiration of sentence, death or 10 years after the employee is no longer employed by the agency.</p> <p>Evidence Considered:</p> <p>Policy: ODRC Policy 79-ISA-01 Prison Rape Elimination, Records Retention Schedule</p> <p>Interviews: PREA Administrator</p> <p>Documents: Agency website - PREA: 2012-2015 Survey of Sexual Violence; 2016-2017 Survey of Sexual Victimization; 2013-2016 PREA Incident Information for Privately Operated Facilities; 2013-2021 ODRC Annual Assessment; 2014-2022 PREA Audit Reports</p> <p>The facility meets the requirements of this standard.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 331">(a) The Auditor reviewed the agency website which included PREA Audit reports starting in 2015. There was a completed audit report for the London Correctional Institution for 2016 and 2019.</p> <p data-bbox="240 360 1474 421">(b) This audit is Audit year 3 of cycle 3. The agency website provided the following completed PREA audit reports for each year: 2014 (8); 2015 (13); 2016 (7); 2017 (37); 2018 (26); 2019 (9); 2020 (6); 2021 (14); 2022 (4 to date).</p> <p data-bbox="240 450 1485 611">(h) The PREA Manager was exceptionally well prepared for the audit. The PAQ was provided in a timely manner and was thorough and complete. The Auditor was provided transportation to and from the facility and to all buildings utilized by the facility. The Auditor was provided with a comfortable office area to conduct confidential staff and offender interviews, the facility staff ensured a steady flow of interviewees. The Auditor was provided unfettered access to all areas within the facility and on the facility grounds. The Auditor did not experience any barriers during any portion of the audit.</p> <p data-bbox="240 640 1461 701">(i) The Auditor requested additional documents at each stage of the audit and in most cases was provided the information the same day or within 24 hours.</p> <p data-bbox="240 730 1437 790">(m) The Auditor was provided with a private office conference area for interviews. The area allowed for the Auditor and offender to speak without being overheard by others.</p> <p data-bbox="240 819 1497 916">(n) The PREA Announcement was posted throughout the facility including each housing area and program area. The Auditor received one letter from an offender during the pre-audit phase. The Auditor met with the offender during the site visit to discuss their concerns.</p> <p data-bbox="240 945 464 972">Evidence Considered:</p> <p data-bbox="240 1001 1102 1028">Policy: ODRC Policy 79-ISA-01 Prison Rape Elimination, Records Retention Schedule</p> <p data-bbox="240 1057 564 1084">Interviews: PREA Administrator</p> <p data-bbox="240 1113 1461 1209">Documents: Agency website - PREA: 2012-2015 Survey of Sexual Violence; 2016-2017 Survey of Sexual Victimization; 2013-2016 PREA Incident Information for Privately Operated Facilities; 2013-2021 ODRC Annual Assessment; 2014-2022 PREA Audit Reports</p> <p data-bbox="240 1238 783 1265">The facility exceeds the requirements of this standard.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(f) The Auditor reviewed the agency website and found that the ODRC has published all final audit reports for prior audits completed during the three years preceding this audit.</p> <p>Evidence Considered:</p> <p>Documents: Agency website</p> <p>The facility meets the requirements of this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	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).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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).)	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).)	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).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</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.)	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.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</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
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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.)	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	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
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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
	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
	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
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
	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

<b>115.43 (b)</b>	<b>Protective Custody</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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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.)	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.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	na

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	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.)	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.)	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.)	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.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	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
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit 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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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, there has never been a Final Audit Report issued.)	yes