

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

Interim Final

Date of Report July 28, 2021

Auditor Information

Name: Alton Baskerville

Email: abville42@aol.com

Company Name: AB Management and Consulting LLC

Mailing Address: 2310 Victoria Crossing Lane

City, State, Zip: Midlothian, VA 23113

Telephone: 804-980-6379

Date of Facility Visit: May 10-12, 2021

Agency Information

Name of Agency:

Ohio Department of Rehabilitation and Correction

Governing Authority or Parent Agency (If Applicable):

State of Ohio

Physical Address: 4545 Fisher Road, Suite D

City, State, Zip: Columbus, Ohio 43228

Mailing Address: 4545 Fisher Road, Suite D

City, State, Zip: Columbus, Ohio 43228

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Annette Chambers-Smith

Email: Annette.Chambers-Smith@odrc.state.oh.us

Telephone: 1-614-752-0283

Agency-Wide PREA Coordinator

Name: David Kollar

Email: David.Kollar@odrc.state.oh.us

Telephone: 330-540-1713

PREA Coordinator Reports to:

Chief, Bureau of Operational Compliance (BOC)

Number of Compliance Managers who report to the PREA Coordinator

25

Facility Information

Name of Facility: Madison Correctional Institution

Physical Address: 1851 State Route 56

City, State, Zip: London, Ohio 43140

Mailing Address (if different from above):
P.O. Box 740 1851 State Route 56

City, State, Zip: London, Ohio 43140

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

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

N/A

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

Warden/Jail Administrator/Sheriff/Director

Name: Tom Schweitzer

Email: Thomas.Schweitzer@odrc.state.oh.us

Telephone: 740-852-9777 ext. 65050

Facility PREA Compliance Manager

Name: Roy Payton

Email: Roy.Payton@odrc.state.oh.us

Telephone: 740-852-9777 ext. 65063

Facility Health Service Administrator N/A

Name: Jessica Casto

Email: Jessica.Fraley@odrc.state.oh.us

Telephone: 740-852-9777 ext. 65150

Facility Characteristics

Designated Facility Capacity:	2,473	
Current Population of Facility:	2,165	
Average daily population for the past 12 months:	2,137	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-85	
Average length of stay or time under supervision:	3.7 yrs.	
Facility security levels/inmate custody levels:	1, 2, 3, E	
Number of inmates admitted to facility during the past 12 months:	619	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	619	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	619	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	501	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	130
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	69
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	69
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	167
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	24
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	4 units = 8 cell blocks
Number of open bay/dorm housing units:	6 units = 12 dorms
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	100
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Ohio State University Hospital)
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Investigations

Criminal Investigations

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

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative

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

On May 12-14, 2021, DOJ Certified PREA Auditor Alton Baskerville conducted a recertification PREA audit of Madison Correctional Institution (MACI). Pre-Audit Notifications were sent to the PREA Compliance Manager on March 15, 2021. The notifications were posted throughout the facility on March 24, 2021. I received pictures of the notices posted on bulletin boards in the facility with the posted date on them. The notices were in English and in Spanish. The notifications will remain posted at least six weeks after the onsite audit. I received the Pre-Audit Questionnaire, policy and procedures on April 3, 2021.

I did not receive letters from offenders concerning PREA issues prior to the onsite visit. On May 09, 2021, this auditor received a booklet including the list of random staff with shift and post assignments, a list of specialized staff with titles, a list of random and targeted inmates according to their numbers and housing assignments.

On May 12, 2021 at approximately 12:30 P.M. this auditor met with Warden Tom Schweitzer, Deputy Warden Operations David Caughman, Deputy Warden Special Services Ericka Burks-White, PREA Compliance Manager Roy Payton, Operational Compliance Bureau Chief Amanda Moon, Justin Johnson, PREA Compliance Administrator, Warden's Assistant Kelly Blakeman and Case Manager Amber Berry. The meeting took place in an administrative conference room. We introduced ourselves and shared the audit schedule, expectations and logistical matters concerning the audit. After the entry meeting, we began the audit of (MACI) with a tour of the facility and the interviews of inmates and staff. There were 2093 inmates assigned to the facility on the first day of the audit.

During the tour, I saw the PREA Notification letters posted throughout the prison. PREA posters in English and Spanish were posted in all the housing areas. PREA hot line numbers and instructions were posted on the walls in the dayrooms. The Ohio Department of Youth Services handles the hot line system for MACI. I tested the hot line system and received timely verification of my call the same day; it allows anonymity for the caller.

I spoke with offenders in all housing, program and work areas. The inmates communicated freely, and demonstrated knowledge of PREA requirements, specifically how to make notifications if needed. All areas appeared to be PREA compliant. There are cameras throughout the prison. Master control room officers are monitoring cameras throughout the course of a workday. Senior security staff have access to security cameras and video footage throughout the facility.

I spoke with members of the staff throughout the tour of the facility. Staff were aware that the PREA audit team would be reviewing MACI practices and operations as related to PREA. They were able to answer the auditor's questions and expressed knowledge of PREA policies and procedures. Announcements were made and logged prior to female staff entering the male housing areas. In addition, each staff carries a Spider Alarm fob on their person. The fob when placed in a device attached at the entrance of the housing unit door, will make a loud sound signaling the entrance of a female staff. Supervisors regularly document when they make unannounced rounds and log them in the PREA logbooks.

Upon completion of the tour, I went to my assigned work area. I began interviewing staff, offenders, and reviewing audit files and documentation.

While interviewing inmates, I received several complaints concerning the ability of inmates to access the LexisNexis program on the state issued GTL tablets. Some inmates were able to see the appeals of other inmates who have sex offenses. Subsequently, inmates have been approached, threatened and harassed by certain inmates and certain staff who learned of their sex offenses through the GTL tablets. I was told by an inmate that he was confronted by an inmate about his criminal conviction. A fight took place between the two inmates. Another inmate said he was confronted by a correctional officer who called him an inappropriate name. A number of inmates and several staff believe that the unrestricted access to LexisNexis on the GTL tablet is a problem and could cause certain inmates to be sexual harassed or sexually abused.

I know that LexisNexis does not violate the standards; however, if inmates are sexually harassed or sexually abused as a result of information a staff member or inmate obtained from this site, it could be a liability issue for Madison Correctional Institution and the Ohio Department of Rehabilitation and Correction. The adverse situation created in the facility as a result of inmates getting access to criminal history information from LexisNexis does implicate PREA standards 115.11, 115.41 and 115.62.

Standard 115.11 requires Zero tolerance of sexual abuse and sexual harassment. Policies 79-ISA-01, 79 ISA-02, contains the Ohio Department of Rehabilitation and Correction (ODRC) comprehensive approach to prevent, detect and respond to sexual abuse and sexual harassment within their agency.

It is recommended that ODRC staff be reminded of ODRC's policies reference zero tolerance of sexual abuse and sexual harassment as related to the use of LexisNexis on the GTL tablets issued to inmates.

Standard 115.41 does place an obligation on the institution to employ appropriate controls on the dissemination of sensitive information, though, this requirement is specific to information gained via the screening tool. It is possible that the screening information and the offense history would intersect. Although the dissemination of the information did not come from your staff but came via LexisNexis, the end result seems to be affecting safety and the culture in the institution which is an issue that institution leadership must consider if they continue to allow the access to LexisNexis. It would be important for an agency to see how this information is controlled, and whether inmates could be restricted from some aspects of it, especially when there is a safety and security concern.

Standard 115.62 requires the institution to take immediate action to protect any inmate at substantial risk of imminent sexual abuse which such access to LexisNexis via the GTL tablet may increase the likelihood and prevalence of happening.

The Ohio Department of Rehabilitation and Correction has addressed the auditor's concern about the inappropriate use of the LexisNexis tablet. Effective July 27, 2021, every ODRC inmate that receives a GTL tablet will receive the following notice that must be read and acknowledged prior to opening the Lexis/Nexis application:

Only the person that was issued the device can use it. Your use will be monitored and may be recorded.

ODRC may review the use of this device and may disclose those records or any associated information as ODRC deems appropriate to ensure the proper and lawful use of its information and resources without prior notice to you.

Madison Correctional Institution has addressed the auditor's concern with the inmates' use of the Lexis/Nexis application of the GTL tablet.

20 random inmates and 20 targeted inmates of various ages and ethnic backgrounds were interviewed. The 20 targeted inmates were divided in the following categories and numbers: 1 inmate with a Physical Disability, 1 inmate who was LEP, 4 inmates who identify as Lesbian, Gay or Bisexual, 5 inmates who identify as Transgender or Intersex, 6 inmates Who Reported Sexual Abuse, and 3 inmates Who Reported Sexual Victimization During Risk Screening.

All residents demonstrated a solid understanding of the PREA program and their rights regarding preventing sexual abuse or sexual harassment. Supporting documentation of signed Inmate Orientation Checklist forms were supplied for all inmates interviewed. I received a PREA Classification Report which identified 36 inmates as potential victims or potential abusers during the intake classification process.

20 random staff and 20 specialized staff were interviewed. Random staff interviewed represented all housing units, 1st shift, 2nd shift and 3rd shift. The specialized staff included the Director Representative, Agency Contract Administrator, Investigative staff, Warden, Intake staff, Higher-Level Facility staff, PREA Compliance Manager, PREA Coordinator, Designated staff member charged with monitoring retaliation, Contractor, Volunteer, Medical and Mental Health staff, Security and Non-Security Staff who have acted as first responders, Staff who perform screening for risk of victimization and abusiveness, Incident Review Team, and Human Resources Staff, and Staff who supervise inmates in segregated housing. All staff had received PREA training or refresher within the past 12 months. Staff were aware of PREA requirements and their duty to act immediately upon any PREA complaint or suspected violation. The auditor reviewed a sampling of employee personnel and training records. Auditor looked for performance of criminal record background checks, consideration of prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor who may have contact with inmates, and whether the center imposed upon employees a continuing affirmative duty to disclose any previous misconduct. The files reviewed were in compliance with standard [115.17]. In order to determine compliance with each standard, the auditor relied upon information in the DOPs, written memoranda, posts log entries, interviews of inmates and staff, and observations during the tour of the facility.

After concluding the onsite portion of the audit, the auditor held an exit meeting with Warden Tom Schweitzer, Regional PREA Coordinator, PREA Compliance Manager, and other key members of the executive team. I expressed my appreciation for the hospitality, cooperation, and timely assistance with inmate and staff interviews as well as unrestricted access to documents and files that were needed. MACI was well run with experienced staff and good security practices.

I shared that the onsite portion of the audit went well. However; I must complete the post-audit section of the audit in order to determine the final outcome of the audit. The audit report will be completed within 45 days of the onsite audit.

Facility Characteristics

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special

housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Madison Correctional Institution (MACI) is an all-male, adult, Level 1, 2 and Close facility located off U.S. State Route 56 in London, Ohio. The institution grounds cover approximately 125 acres spread across two compounds (70 acres inside fence/55 acres outside fence). The Zone A (Close Security) compound contains nine (9) buildings and the Zone B (Level 1 & 2 Security) compound contains eight (8) buildings. An administration building, Warehouse Garage Building and Pole Barn are located outside of the secure perimeter between the two compounds. The Zone A Compound houses Close Security and Residential Treatment Unit inmates. The segregation unit is also contained on the Zone A Compound. Adams A unit is designated as the Residential Treatment Unit (RTU). The Zone B Compound Houses Level 1 & 2 (Level 1 & 2 Security) general population inmates, to include a merit housing unit, faith-based housing unit, and a military unit. The Administration Building (W-Building) is located at the end of the entry drive onto institution grounds. It is comprised of the Warden's Suite, Human Resources, Business/Cashier's Office, Health & Safety Office, Investigator's Office, Training Office, Network Administrator, and Operational Compliance Manager Office. This area also has training rooms and a conference room upstairs in the Warden's Suite. Restroom facilities are also included. The area encompasses approximately 8,742 sq. ft. of space.

The Warehouse and Garage are located just behind the Administration Building (W-Building). The Warehouse, with over 14,900 sq. ft. of space, serves as the institution's central storage and distribution facility. The Garage, which is paired with the Warehouse, covers 3,338 sq. ft. of space. They oversee the maintenance and repair of all institutional vehicles and equipment. The Pole Barn is housed behind this building and used as storage.

The 500,000-gallon water tower is located behind the Warehouse. There are 2-generators located in close proximity to the Warehouse. Boilers are located in each housing unit on both compounds. Additionally, each compound has a Maintenance Department. Both are responsible for routine maintenance at the facility. There is an electrical shop, plumbing, maintenance repair, and grounds keeping. Zone A Maintenance consists of 6,238 sq. ft. and Zone B Maintenance accounts for a total of 4,681 sq. ft.

Master Control Center is located on the Zone A Compound and serves as the hub for all movement with the institution grounds. Master Control Center contains several touch screen computers, video camera monitors, fence alarm systems, key watch systems, telephone switchboard, and radio charging stations. Many equipment and keys used daily are distributed from this central point. A second control center is located on the Zone B (Minimum Security) Compound. This control center also utilizes a key watch system and has radio charging stations.

Each control center is equipped with restroom facilities for staff. The Zone A Control Center accounts for 584 sq. ft. and the Zone B Control Center covers approximately 156 sq. ft.

Visiting rooms are located close to the entry points for each compound at MACI. Each visiting room has a large open area equipped with small tables and individual chairs. Along the outside of the large open area is a children's reading room, non-contact visiting booth, attorney visit room, vending area, and a shakedown/inmate processing room. Separate visitor and inmate restroom facilities are in the area as well. The Zone A and Zone B compounds have an outside patio area available for visits when weather permits. Zone A Visiting account for 3,616 sq. ft. and Zone B Visiting occupies 2,536 sq. ft.

Main Segregation is located between Mental Health and Medical Services on the Zone A compound. This area accounts for 7,159 sq. ft. There are 25 two-man cells and 2 dry cells. Each segregation cell

also has a shower, sink, toilet, and writing surface. Indoor/outdoor recreation is available five days per week, Monday-Friday. This area also houses the Rules Infraction Board (RIB), where disciplinary cases are heard Monday-Friday. A Limited Privilege Housing Unit is located in the Adams B Housing Unit. This area is used for overflow and consists of ten (10) segregation cells and two (2) safe cells, along with an indoor/outdoor recreation area and (3) showers. These segregation cells are also two man cells and include a sink, toilet, and writing surface.

Medical and Mental Health Services are provided on both compounds at MACI. The Zone A Medical Services is the location for five infirmary cells, consisting of 95.63 sq. ft per cell. Two of these cells are also utilized as safe cells. The following services are provided through medical: Chronic Care Clinic, Nurse Sick Call, Doctor Sick Call, Podiatry, Optometry, and various telemedicine services. A dental clinic is also located in each medical area. Mental Health Services include screenings for mental health problems, crisis intervention, psychiatric and psychological evaluations, individual and group counseling, education, and reports required for parole board.

Inmate Food Services consists of two dining halls (one on each compound). Both are equipped with security tables to seat four inmates per table with a total capacity of 184 inmates for Zone A and 214 inmates for Zone B. There are separate serving and dump stations. Each has a full-service kitchen. Zone A Food Service covers approximately 11,627 sq. ft. and Zone B accounts for 12,399 sq. ft.

A commissary is available on both compounds for inmate shopping. A variety of food, health, and entertainment products are available. The Zone A Commissary consists of 1,970 sq. ft. of space and Zone B occupies 2,218 sq. ft.

An inmate Laundry and Quartermaster is also located on each compound at MACI. Cleaning, repair, inventory, and distribution of state issued inmate clothing/uniforms and bedding take place in these departments. The Zone A Laundry occupies 1,190 sq. ft. of space and the Zone B Laundry is 1,565 sq. ft. Laundry facilities are also located in each housing unit on both compounds. The Quartermaster for Zone A consists of 2,482 sq. ft. and the Quartermaster for Zone B accounts for 2,453 sq. ft.

A Master Chemical Distribution Department is located on each compound in the laundry area. These areas serve as the central distribution point for chemicals, sanitation supplies, and various safety items. The main mailroom is housed on the Zone B compound in the rear of the Education Building. All incoming inmate mail is sorted in this area and distributed out to the housing units Monday thru Friday. This mailroom accounts for 2,138 sq. ft.

Each compound also has an Education Building, which includes a library/law library. Vocational programs such as horticulture are available to inmates for participation. MACI also offers an Animal Trainer Apprenticeship Program. Inmates can also participate in literacy, Pre-GED, GED, and College courses. Zone A Education is 9,032 sq. ft. and Zone B is 9,758 sq. ft.

There is a Receiving Department located on each compound with the primary being on Zone A. These areas serve as the central point for all inmate movement into and out of the prison. All inmate transports originate primarily from Zone A Receiving Department. This area consists of one holding cage, an inmate property vault, title vault, ID office, and strip out room. The Zone B Receiving has an inmate property vault, ID office, title vault, strip out room, mail/package distribution room, and a contraband vault. The Zone A Receiving department accounts for 1,906 sq. ft. and the Zone B Receiving department accounts for 1,055 sq. ft.

The OPI Correctional Industries is located on the Zone B Compound, behind the Education Building and next to Maintenance. It accounts for 22,218 sq. ft of space. This area has two operations underway; the manufacturing of modular furniture and tables.

MACI has a Recreation Department on each compound. The Zone A Recreation accounts for 16,328 sq. ft of space and the Zone B Recreation accounts for 10,853 sq. ft of space. Inmates also have access to a large outdoor recreational yard that includes a softball diamond, track, horseshoe pits, and handball court. Recreational services include basketball, softball, flag football, volleyball, board games, arts & crafts, music program, and weight room. A chapel and Chaplain's Office (Religious Services) is also included in each Recreation Department.

There are a total of 10 housing units on the Zone A Compound (8 cell blocks, 2 dormitory) and 10 dormitory housing units on the Zone B Compound. Each cellblock on the Zone A Compound, with the exception of Adams A, has 63 inmate cells in a two-story housing unit. The total capacity for each cellblock on Zone A, with the exception if Adams A, is 126 inmates. The Adams A housing unit, which houses the RTU inmates, has a total of 50 cells, 8 segregation cells, and 4 safe cells. It is also equipped with its own outside recreation cages, as well as an indoor recreation area for RTU inmates. Unit Management Offices are located within and between the cell blocks. The Banneker A/B housing unit is the only dormitory housing on the Zone A Compound. This building consists of 216 inmate beds, three classrooms, two dayrooms with TVs, and two- unit management offices. Housing cell blocks and dormitories for Zone A account for 43,895 sq. ft of space. Each dormitory on the Zone B Compound, with the exception of Banneker C/D housing unit, consists of 130 inmate beds in a single-story building. A unit management office is located within each housing unit, just off of the unit dayroom. All dormitories have two TV rooms, a dayroom, laundry room, and restroom/shower facilities. The Banneker C/D Housing unit consists of 236 inmate beds, three- unit management offices, two-dayrooms with TVs, laundry room, and restroom/shower facilities. Dormitory housing on Zone B accounts for 55,199 sq. ft of space.

Facility Demographics

Rated Capacity: 2,473

Actual Population: 2,165

Average Daily Population for the last 12 months: 2,137/Average Length of Stay: 3.7 years

Custody Level: 1,2,3,E

Age Range of Inmates: 18-85/Gender: Male

Full-Time Staff: 501

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

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

Policies 79-ISA-01, 79 ISA-02, contains the Ohio Department of Rehabilitation and Correction (ODRC) comprehensive approach to prevent, detect and respond to sexual abuse and sexual harassment within their agency. They outline to all employees, contractors and volunteers at the facility the approach to preventing, detecting, and responding to sexual abuse and sexual harassment that must be followed. They define for their staff and inmates' the specific prohibited acts, staff reporting responsibilities and obligations, investigative responsibilities, risk assessment process and procedures, support responsibilities and the punishment for violations if not followed.

While interviewing inmates, I received several complaints concerning the ability of inmates to access the LexisNexis program on the state issued GTL tablets. Some inmates were able to see the appeals of other inmates who have sex offenses. Subsequently, inmates have been approached, threatened and harassed by certain inmates and certain staff who learned of their sex offenses through the GTL tablets. I was told by an inmate that he was confronted by an inmate about his criminal conviction. A fight took place between the two inmates. Another inmate said he was confronted by a correctional officer who called him an inappropriate name. A number of inmates and several staff believe that the unrestricted access to LexisNexis on the GTL tablet is a problem and could cause certain inmates to be sexual harassed or sexually abused. This concern has been addressed with a notice that must be read and acknowledged by the inmate prior to accessing the Lexis/Nexis application on the GTL tablet.

David Kollar has been designated by the agency as the agency wide PREA coordinator. During his interview he confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. He informed the auditor he has 25 institutional PREA Compliance Managers who report directly to him. The auditor reviewed the agency organizational chart demonstrating the position of the PREA coordinator in the agency's organizational structure.

This standard is in compliance.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's

obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

Two private companies (CorCivic and Management and Training Corporation) contract with the Ohio Department of Rehabilitation and Correction for the confinement of Ohio inmates. These companies operate the Lake Erie Correctional Institution, the North Central Correctional Complex, and the Northeast Ohio Correctional Center. Policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018, requires all new or renewed contracts for the confinement of ODRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contracts or contract renewals shall provide for contract monitoring to ensure the contractor is complying with PREA standards.

Conclusion:

The interview with the agency's Contract Administrator detailed the agency's contract, policy and support of the PREA standards with full compliance. The auditor finds the facility in compliance with this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 23, 2018
- ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) January 2, 2018
- Interviews (Staff)
- Housing Unit Logbook Reviews

All Correctional Institutions operating within Ohio Department of Rehabilitation and Correction (ODRC) are mandated by policy 23-BUD-01 (Staffing Requirements) to develop and maintain an institutional specific staffing plan to protect inmates against all forms of sexual misconduct. The policy requires the facility take into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated), the composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors when designing the plan.

The audit team interviewed upper-level management staff and supervisors on all shifts at Madison. Policy (50-PAM-02 Inmate Communication/Weekly Rounds) requires them to make unannounced rounds document them with the supervisor signing in each of the employee visit record log. This same policy prohibits staff from alerting other staff that these rounds are occurring. Officers, inmates and mid-level supervisors confirmed that unannounced rounds are being done on each shift and their presence is observed on each shift. The audit team observed supervisors on the units during the site visit tours and observed signatures in the employee visit record logs.

Conclusion:

Warden Schweitzer indicated that he is required to follow the Madison Correctional Institution (MaCI) staffing plan and must fill all authorized positions. All deviations from this approved facility-staffing plan must be immediately reported to him and documented. However, there were no deviations during the last 12 months.

The Auditor conducted formal interviews with offenders. Offenders were asked if supervisors announce their presence when entering housing units. Offenders informed the Auditor female supervisors do announce their presence as a female when entering housing units. The Auditor observed PREA Logbooks include a notation of opposite gender announcements for female supervisors.

The auditor finds the facility in compliance with this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MaCI complies with the standard to the extent that there are no youthful inmates ever housed at the facility. This an adult male facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy 79-ISA-01, Prison Rape Elimination
- ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
- ODRC Policy 310-SEC-01, Inmate and Physical Plant Searches
- Memorandums Status-no body cavity or cross gender searches; Do not house female offenders
- MaCI Training Records with PREA pat search video script/training and transgender video script/training
- Interviews (Staff)

MaCI is an adult male facility with male and female staff. Policy 310-SEC-01 (Incarcerated Individuals and Physical Plant Searches) outlines the mandates these staff must adhere to when searching inmates. It details when, how and by whom each type search must be performed on inmates by staff. It restricts cross gender strip searches or cavity searches of male inmates by female staff except in exigent circumstances. The cross-gender searches must be approved and documented if performed. The PAQ and interviews with Staff including shift supervisors indicated that the facility conducted no cross-gender strip searches by female staff upon any male inmate during the last 12 months at MaCI.

According to policy 79-ISA-01, page 9, All institutions shall ensure inmates are able to shower, perform bodily functions, and change clothing without 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.

All employees, contractors, and volunteers of the opposite-gender, whether assigned to the unit or not, shall make the following announcement upon their arrival in a housing unit: "Male/Female in 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 a housing unit where there is not already 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 remain in the unit during shift change, the announcement shall always be made at the beginning of each shift.

All inmate health service departments, Frazier Health Center (FHC) and Franklin Medical Center (FMC) Zone A shall only announce once at the beginning of each shift. No additional announcements shall be required as the inmate handbook shall inform inmates that opposite gender medical staff are in these units at all times.

According to policy 79-ISA-05, Staff shall not search or physically examine a Transgender or Intersex inmate for the sole purpose of determining the inmate's genital status. If the 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.

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs is at 100%. All staff receive training in the curriculum including the conducting of cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status. Staff also indicated that they had received video and practical application training on the professional and respectful approach to conducting searches with transgender and intersex inmates.

Conclusion:

After reviewing agency policy and training, visually observing the shower and bathroom areas of the cells, interviewing staff and inmates, this auditor finds this standard in compliance.

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy 79-ISA-01, Prison Rape Elimination
- ODRC Policy 64-DCM-02 Inmates with Disabilities
- Ohio Department of Administrative Services Contract for Translation and Interpretation Services
- Statement of Status-no interpreter, readers or inmate assistants' services needed
- Inmate Education Video
- PREA All Staff Training presentation
- PREA Inmate Handbook in English and Spanish
- Interviews (Staff)

Policies 64-DCM-02, (Inmates with Disabilities) and 79-ISA-01 (Prison Rape Elimination) requires that inmates with disabilities (including those who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Every inmate arriving at Madison receives an inmate handbook available in Spanish and English. This was observed during the site visit. The handbook provides the inmate an overview of the agency/facility rules and provides information on the agency zero tolerance policy. It alerts the inmate of numerous ways to privately report incidents of sexual abuse, sexual harassment and retaliation without fear of being punished for reporting it. The information includes phone numbers and addresses. This information is also posted in every housing unit as well as areas accessible to the inmate population.

In the past 12 months, there were zero (0) instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining

another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations.

Conclusion:

After reviewing agency policy, inmate PREA Education video, employee training modules, interviewing staff and inmates, this auditor finds this standard in compliance.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 34-PRO-07 (Background Investigations) August 10, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), January 23, 2018
- Background Checks (Staff & Contractors)
- Interviews (Staff and Contractors)

ODRC policy 34-PRO-07 (Background Investigations) and policy 79-ISA-01 (Prison Rape Elimination) detail the prohibition on hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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. The interview conducted by PREA certified auditor Alton Baskerville with the Agency HR staff person confirmed the agency adherence to these policies.

During the previous (12) months Madison hired one hundred and thirty (130) new employees and eleven (11) contractors. The Standards of Employee Conduct (31-SEM-02) mandates employees must disclose to the facility any sexual misconduct allegation made against them, amongst other reportable misconduct. The random interviews with staff indicated they were aware of this reporting responsibility.

While on site the auditor conducted a random sampling of employee, contractor and volunteer files. The samplings showed background check completed dates and report to duty dates. This sampling showed no one reported to work prior to the background being completed. The Warden and HR Administrator reiterated during their interviews that they are not allowed to let anyone enter the institution prior to receiving a cleared background check.

The Standards of Employee Conduct (31-SEM-02) mandates employees must disclose to the facility any sexual misconduct allegation made against them, amongst other reportable misconduct. The random interviews with staff indicated they were aware of this reporting responsibility.

Conclusion:

There were no employer requests for information pursuant to this standard within the documentation period. After reviewing agency policy and training, visually observing the shower and bathroom areas of the cells, interviewing staff and inmates, this auditor finds this standard in compliance.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Interviews (Staff)
- Memorandum of Status-No new design, no newly acquired facility nor substantial expansion

MaCI has not added any new facilities or made any substantial expansions or modification of existing facilities since the last PREA audit. There have been no installations or updating of the video monitoring system, electronic surveillance system or other monitoring technology other than updating the server.

Conclusion:

After visually observing camera placement throughout the facility and the camera and monitoring equipment, this auditor finds this standard in compliance.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination) July 23, 2018
- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of -Retaliation) July 24, 2017
- Ohio State Patrol (OSHP) MOU Review
- ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) April 15, 2010
- Policy B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) September 28, 2015
- Interview (Staff, Medical Staff, Victim Advocate)

Agency policy 79-ISA-01, If a victim advocate from a rape crisis center is not available to provide victim advocate services, the institution shall make available a victim support person to provide these services. The victim support person supports a victim of sexual misconduct which may include: (1) accompanying the victim to the hospital; (2) supporting the victim through the forensic medical examination and investigatory interview; and/or (3) providing emotional support, crisis intervention, information and referrals. DRC is responsible for providing support to a victim of sexual misconduct. This is not the responsibility of the Ohio State Highway Patrol.

Agency policy 79-ISA-02 and the Memorandum of Understanding (three years starting March 2019) between the Ohio Department of Rehabilitation and Correction and the Ohio State Patrol stipulate that each and every administrative and criminal investigation must adhere to the investigative and evidence protocols 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.

Agency policy 68-MED-15, Inmates shall not be charged a co-pay for medical services initiated by policy-defined staff reporting requirements such as, but not limited to, sexual assaults, use of force, and accidents that occur while performing job duties.

Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 states, if evidentiary or medically appropriate, the patient will be transported to the Emergency Department (ED) for examination, treatment, and counseling. Lab specimens will be collected for forensic purposes at that time.

Per a memo, the ODRC does not hold contracts with local hospitals. ODRC entered into a Medical Services Agreement on July 1, 2017 with the Ohio State University on behalf of its University Hospital, and the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, and its University Reference Laboratories, (Hospital or OSU).

The MACI utilizes Madison County Hospital to perform all forensic medical examinations resulting from sexual abuse and ensures that those exams are conducted by a SAFE/SANE. Forensic Exams are not performed by medical staff at the MACI. There were no incidents where forensic medical examinations were performed at the Madison Correctional Institution during the documentation period. The MACI did not have any allegations of sexual abuse that allowed for the collection of forensic evidence within the documentation period.

Conclusion:

The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the ODRC policies, procedures, Memorandums of Understanding, and conducted interviews with staff, SANE, and Victim Advocate. During the past 12 months there were three (3) forensic medical exams and three (3) exams performed by SANEs/SAFEs. There were zero (0) number of exams performed by a qualified medical practitioner.

The auditor determined the agency meets the requirements of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC Policy 79-ISA-02, Appendix A
- OSHP-103.07 Sexual Assault Evidence Collection and Analysis (Appendix P)
- ODRC Facility website
- OAC 5120-9-24 (Incident Reporting and Investigation)
- Interviews (Warden, Investigator)

Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires all allegations of sexual misconduct and/or retaliation be administratively and/or criminally investigated. Appendix A, lists specific tasks related to evidence collection along with an investigation/evidence checklist describing specific tasks taken depending on whether the allegation is made sooner than 96 hours after the assault or later. Appendix A sets out that "evidence is collected in accordance with the Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection Kit Protocol (revised, February 2011) and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition – April 2013)."

The auditor interviewed the Warden, Facility Investigator and the OSHP Trooper. Each of them confirmed to all allegations of sexual abuse must be investigated. There were eight (8) allegations of sexual abuse and sexual harassment reported at MaCI during the last 12 months. During the past 12 months, there were eight (8) number of allegations resulting in an administrative investigation. During the past 12 months, there were eight (8) number of allegations referred for criminal investigation. Allegations received during the past 12 months, all administrative and/or criminal investigations were completed.

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

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

Conclusion:

The auditor finds the facility meets this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 39-TRN-10 (Employee Orientation Training) April 24, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Review of Training Curriculum (PREA)

- Training Records Review
- Interviews (Staff)

Policy 79-ISA-01 and Policy 39-TRN-10 clearly define the scope of the training program at MaCI. Training covered the ODRC zero tolerance, staff PREA responsibilities concerning PREA, inmate rights concerning PREA and other PREA principles that prepare employees to work with the inmate population. Review of the curriculum confirms that all components of the standard are covered in the training.

There are (640) staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements. All new employees are required to complete at a minimum a formalized 40-hour new employee orientation, including various PREA topics prior to undertaking their duty assignment and having unsupervised contact with the inmate population. Each new employee also received supervised on the job training specific to their job duties. Custody staff have additional training they are required to complete that includes additional PREA topics, proper search techniques for transgender or opposite gender detainees, supervision techniques for LGBTI detainees. Annual refresher PREA training is required for all employees.

Employees that transfer from other facilities within the ODRC must have at least 8 hours of MaCI facility orientation training. This training also includes a PREA component. If an employee transfers from a female institution, part of that employee's training will focus on how to work with male inmates. All training is documented. A review of a sample of training records indicated that staff had received their initial training as well as annual training and refresher training. New Employee Orientation training curriculum is reviewed annually.

The staff that were interviewed and were very knowledgeable of their duties and responsibilities concerning PREA incidents. Staff possessed knowledge of their responsibilities if an inmate reported an incident of sexual abuse to them. They explained the ODRC's zero tolerance policy. All of the interviewed employees reported they had attended training each year they had been employed with ODRC.

Conclusion:

This auditor finds the facility meets this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy 79-ISA-01, Prison Rape Elimination
- ODRC PREA Contractor/Volunteer Training Script
- ODRC PREA Contractor/Volunteer/Intern Training Acknowledgement Form
- PREA Training Session Report
- Interviews (Staff, Contractors & Volunteers)

Policy 79-ISA-01, Prison Rape Elimination requires all contractors and volunteers to receive PREA training prior to assuming their duties as a contract staff/volunteer. This training provides information on the contract staff/volunteer's responsibilities regarding sexual misconduct prevention, detection and response. The level and type of training is based on the services they provide and the level of contact they have with the inmate population. Training records of current volunteers and contract staff were reviewed as well as the training script. Training Acknowledgement Forms validated through signatures that individuals acknowledged they received and understood their responsibilities concerning PREA. This acknowledgement was also noted on the PREA Session Training Session Report that shows the individual attended training being conducted by the facility PCM/OCM. The auditor reviewed the Training Script and verified that the PREA topics were included in the curriculum. Interviews were conducted with volunteers and one contract staff member who were all aware of the zero-tolerance policy regarding sexual assault and sexual harassment. They were also aware of how and who to report such incidents to.

There are (31) volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Conclusion:

This auditor finds the facility meets this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 64-DCM-02 Inmates with Disabilities
- ODRC Policy, 79-ISA-01, Prison Rape Elimination
- ODRC Inmate Transfer List
- Inmate Orientation Checklist
- Inmate PREA Education Video
- PREA section of Inmate Handbook (English and Spanish versions)
- Interviews (Staff and Random sample of inmates)

There were 916 inmate arrivals during the previous 12 months at MACI. Policy 79-ISA-01 (Prison Rape Elimination), dated July 23, 2018, requires inmates arriving at MACI receive oral and written information

(inmate handbook) upon arrival. This information provided inmates explains ODRC's zero tolerance policy regarding sexual misconduct prevention, self-protection, reporting and treatment. The policy further requires within seven (7) calendar days of all inmate arrivals each inmate be provided comprehensive education orientation through the viewing of the PREA education video. The PREA video provided to inmates informs inmates of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and provides them with information on reporting any such incidents.

The inmate's participation in this orientation and education is documented on the Inmate Orientation Acknowledgement Checklists (4141E). The auditor interviewed 42 inmates while on site. All of them informed the auditor that they had received PREA information upon arrival and received additional information including a video within their first few days after arrival at the facility. The intake staff person informed the Auditor that inmates are provided a handbook upon arrival along with oral PREA information. He also stated they must view the PREA video within 7 days of arrival as well. The auditor reviewed Appendix A from this Inmate Handbook that provides inmates with information: on reporting sexual misconduct to staff; with toll free telephone numbers and information for reporting information and allegations to a private/public agency (Chief Inspectors Office Ohio Department of Youth) not associated with ODRC. The Ohio Department of Youth contact information includes a telephone number for inmates in general population and a mailing address for Inmates in Restricted Housing. This correspondence is treated as privileged mail. The auditor placed a test reporting call (*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction that can be used by inmates and is noted in the posters on each housing unit. The agency was notified within three hours of the test call being made.

Interviews with the Intake staff and inmates confirmed that PREA information is provided both verbally and in writing. Inmate interviews verified that the inmates were aware that they can report sexual abuse or sexual harassment to any staff, contractors and volunteers. Inmates were well aware that anyone could report an allegation on their behalf. All of the inmates interviewed referenced the posters throughout the facility that contained information regarding support services and the phone number to all if they needed or wanted to report a sexual abuse or sexual harassment allegation anonymously. The auditor observed multiple posters with reporting information in English and Spanish in each living unit and various other buildings throughout the facility.

Conclusion

The auditor finds the facility meets this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), July 2018
- NIC Investigator Training Curriculum
- Investigator PowerPoint Presentation
- Review of Training Certificates.
- Training Records
- Interview (Facility Investigators)

MACI has four (4) trained Administrative Investigators. ODRC policy 79-ISA-01 (Prison Rape Elimination), dated July 2018 requires prior to conducting a PREA investigation, investigators must receive specialized training that includes: conducting investigations in confinement settings; interviewing techniques for sexual abuse victims; proper use of Garrity warnings; sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Both investigators at MACI received investigator training through the National Institution of Corrections (NIC). This training was documented on the PREA Training Session Report (DRC1680). The interview with the primary MACI Investigator confirmed that his course content included interview techniques, evidence collection in confinement settings, use of Garrity warning and criteria and evidence to substantiate administrative cases. The auditor reviewed the NIC curriculum and found it coincides with the training requirements of the standard. The case file investigation reviews by the auditor verified that a trained Investigator conducted each of the eight (8) investigations conducted at MACI during the previous 12 months.

Conclusion:

This auditor finds the facility meets this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

According to ODRC Policy, 79-ISA-01, Prison Rape Elimination, full and part-time medical and mental health staff and contractors shall receive specialized training in addition to their mandated initial/refresher PREA training. Although the Medical staff at the MaCI do not perform forensic medical exams, they must still be knowledgeable about mental and physical indicators of sexual abuse. The auditor reviewed the E-learning curriculum and found that it covered the objectives of detecting and assessing signs of sexual abuse and sexual harassment, knowing how to preserve physical evidence of sexual abuse, how to respond effectively/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 facility reported that 100% of the medical and mental health staff completed the required trainings. This auditor interviewed the Health Care Administrator and the Mental Health Administrator who also reported that their staff completed the required training. Additional training records were requested and provided. The training year is held from July 1-June 30 so staff are still involved in completing their required annual training.

Conclusion:

The auditor finds the facility meets this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-04, PREA Risk Assessments and Accommodation Strategies
- PREA Assessment Process Notice from ODRC PREA Coordinator to Auditors
- Sample of an Intake Assessment (electronic)
- Inmate Transfer List
- Interviews (Intake staff & random sample of inmates)

ODRC Policy, 79-ISA-04, requires that all inmates be assessed for risk of sexual victimization or abusiveness toward other inmates upon arrival of intake and upon transfer to another institution. ODRC utilizes an electronic risk assessment system that is initiated at the reception/intake facility. Assessments completed at previous facilities are available to be reviewed by the MaCI staff. Upon transfer to MaCI, the inmate is screened by medical staff. Unit management then completes the rest of the screening within 72 hours of the inmate's arrival at the facility.

Policy 79-ISA-04 also requires that the facility Unit Management reassess the inmate no sooner than 15 calendar days but no later than 30 calendar days from arrival at any institution. This reassessment/30-day review reassesses the inmate's risk of victimization or abusiveness potentially based upon additional, relevant information received since that institution's intake screening of the inmate. The inmate is present at this 30-day reassessment. In accordance with policy, inmates 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 inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether the inmate has previously experienced sexual victimization; or, the inmate's perception of his/her own vulnerability.

There were 916 inmates entered the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. There were 916 inmates entered the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

The assessment is very comprehensive and provides the facility with a myriad of valuable information regarding an inmate entering the ODRC system. The assessment contains key points that reflect the detailed criteria required by the standard.

The following is a summary of the ODRC Assessment Process: Upon admission to any facility, all inmates are immediately assessed by the Medical Department. Assigned medical staff initiates the assessment and completes the first screen of the assessment. The digital assessment is placed in a queue for case management staff.

Case Management staff review all of the “in progress assessments” daily and complete their portion of the digital assessment. It is then transferred to additional unit management staff where the determination is made if the inmate should be classified in one of the four PREA classifications: Victim (High Risk)- an automatic classification for any previous victim of sexual abuse in an institution setting; Abuser (High Risk)--an automatic classification for anyone who previously abused another in an institutional setting; Potential Victim--at risk of victimization; or Potential Abuser--at risk of abusing another. If a PREA Classification is recommended, The Unit Management Chief determines the final classification of the inmate and develops the PREA Accommodation Strategy with the Unit Management Team. The strategy addresses housing, programs, work and education with the goal of keeping the inmate safe. All transgender and intersex inmates are referred to the PREA Accommodation Strategy Team. This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health staff. The team meets with the inmate to discuss his/her views and develop a PREA Accommodation Strategy.

If there is any allegation of abuse after an inmate’s initial housing and program assignment, the potential inmate victim is moved to a safe housing assignment while a review of the situation is conducted. Within 7 calendar days, unit management staff shall complete a special assessment of both the alleged victim and abuser utilizing the PREA Risk Assessment tool. This reassessment may lead to a change in both inmates’ PREA classification, including a change in their PREA Accommodation Strategy. A referral may also be made by any employee to Mental Health based on their observation of the inmate’s behavior or at the inmate’s request.

As with any information involving inmates, a high level of discretion is necessary when handling the highly sensitive PREA assessment information. The inmate’s classification is the only information shared with staff, the assessments themselves are kept confidential.

Conclusion:

The assessment process, from the inmate’s initial assessment at an Intake/Reception facility, thru their assignment at their assigned facility is comprehensive. The assessment captures information that staff are able to utilize and consider to make informed classification decisions. However, Standard 115.41 does place an obligation on the institution to employ appropriate controls on the dissemination of sensitive information, though, this requirement is specific to information gained via the screening tool. It is possible that the screening information and the offense history would intersect. Although the dissemination of the information did not come from your staff but came via LexisNexis, the end result seems to be affecting safety and the culture in the institution which is an issue that institution leadership must consider if they continue to allow the access to LexisNexis. It would be important for an agency to see how this information is controlled, and whether inmates could be restricted from some aspects of it, especially when there is a safety and security concern. The agency has addressed this concern by putting a notice that must be read and agreed to by all inmates prior to having access to the Lexis/Nexis application. This notice warned against misuse of information from the application; promised monitoring and punishing those who may misuse or abused the information on the Lexis/Nexis app. MACI is in compliance with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-04, PREA Risk Assessments and Accommodation Strategies
- ODRC Policy, 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI)
- ODRC Sample Assessments (Special-Recommended Victim; 72 hr.-identify as transgender)
- ODRC List of LGBTI Inmates
- Interviews:
PREA Compliance Manager/OCM
Staff Responsible for Risk Screening
LGBTI inmate(s)

ODRC Policy 79-ISA-04 establishes how the information gained from the PREA Assessment process is utilized when making decisions about the inmate's housing, bed, work, program and education assignments while housed at MaCI. Staff pay special attention to those inmates identified as high risk of being victimized and those identified as high risk of being sexually abusive.

All information obtained during the risk assessment as well as any information found in the institutional record is used with the primary goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Madison Classification Committee is responsible for making all bed, program and work assignments with this primary objective in mind.

If the inmate risk screening assesses the inmate and believes a risk of sexual victimization or risk of being sexually abusive may be present the inmate is immediately referred to the PREA Accommodation Strategy Team (PAST) who will determine their housing, bed, work, education, and program assignments. These housing and program assignments are made on a case-by-case basis. Through inmate and staff interviews by the audit team, it was determined that the facility addresses the needs of the inmates consistent with the security and safety of the individual inmate.

There are no dedicated housing units based on sexual identity at Madison. This was confirmed during interviews with those inmates identifying as transgender, gay or bisexual. Each indicated they were not currently or ever housed on dedicated housing.

There were five (5) transgender/intersex inmates interviewed at Madison. All indicated they were seen by the PREA Accommodation Strategy Team (PAST) and questioned about their safety. They indicated they are seen at least twice a year by this team and allowed to provide input about their safety concerns prior to bed and work assignments. Those transgender inmates interviewed indicated they are allowed to shower alone if they choose.

Conclusion:

This auditor finds this facility meets this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, prohibits placing inmates at high risk for victimization in involuntary Restricted Housing (RH) or Limited Privilege Housing (LPH) unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse Assessment (DRC-1187) cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment. Section 5 (A) of the same policy requires inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible or document the reason(s) for the denial. The interview with Warden Schweitzer confirmed that if it ever became necessary to safeguard an inmate at high risk of victimization the use of the Transitional Program Unit (TPU) would be his last resort. He stated his options would include a move to another unit if practical, use of a medical bed if available or movement from the facility would be his primary consideration. He further stated he could not recall a time when the TPU was ever used for the placement of an inmate considered at high risk of being abused. During the site review the auditor did not see any inmates in the TPU for the purpose of protection from

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

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

Conclusion:

The MACI did not have any inmates at high risk for sexual victimization that were placed in involuntary Segregated housing during the documentation period. This auditor finds the facility meets this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

ODRC 79-ISA-02 details the reporting of sexual misconduct and retaliation within the facility. Inmates may report allegations of sexual misconduct or retaliation by other inmates or staff verbally or in writing. In addition, inmates may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member, volunteer or independent contractor. Inmates may also report allegations to an outside entity that is not a part of the ODRC by using the phone number and/or address provided. This outside entity shall then report the

allegations to the Agency PREA Coordinator/designee. Inmates shall be given the opportunity to remain anonymous upon request to the outside entity.

The agency utilizes the Ohio Department of Youth Service(ODYS) for this reporting. This department is contacted by inmates using the telephone phone number (*89) and/or contacting the address provided. This outside entity reports the allegations to the Agency PREA Coordinator/designee. The check of this reporting line by the auditor, confirmed it allows the inmate the opportunity to remain anonymous upon request. As noted in standard 115.33 reporting information is continuously and readily available to inmates through posters, handouts or manuals.

When inmates are transferred to MACI they have already had an exposure to PREA information and educational materials, specifically in reporting methods. When they arrive at MACI, they attend Orientation within 7 days where they are again provided the opportunity to be educated about PREA and specific reporting methods at the facility. The inmate handbook details that incidents or suspicions of sexual abuse, sexual harassment and retaliation may be reported to any staff member verbally or in writing. Inmates can also place calls to the Operation Support Center at no cost, as well being able to place a call to an outside agency hotline at no cost. ODRC has an MOU with the Ohio Department of Youth Services. Calls to the (ODYS) are monitored 24/7 and are no cost to the inmate. The handbook also explains that inmates in Restrictive Housing can anonymously report sexual misconduct or retaliation by writing to the Bureau Chief of the Office of Quality Assurance and Improvement in the Ohio Department of Youth Services (ODYS). The ODYS is an outside, public/private entity or office that is not part of the agency that inmates can report situations of sexual assault and sexual harassment. When ODYS receives an allegation, they immediately notify the ODRC Chief Inspector's Office of ODRC.

Posters are posted throughout the facility, in each housing unit, dining hall, education areas, medical area, library and visiting room. These posters detail how reports can be made. The signs in visiting also detail how reports can be made by third parties, such as friends and family. During the on-site visit, the auditor verified the *89 telephone number was functioning properly.

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

Conclusion:

MACI does not detain inmates solely for immigration purposes, thus contact information is not required for consular officials.

This auditor finds the facility meets the standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

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

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-01, Prison Rape Elimination
- ODRC Inmate Handbook and (Appendix A)-English & Spanish Version
- MOU with Sexual Assault Response Network of Central Ohio
- Listing of National, State, Local Rape Crisis Centers with contact information
- Interviews: Targeted inmates, random sample of inmates
- Memo from the agency PREA Coordinator detailing agency exemption

According to ODRC Policy, 79-ISA-01, Prison Rape Elimination, The MACI PCM/OCM and the victim support person shall compile mailing addresses and telephone numbers, including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations. The compiled information is then provided to unit staff who are expected to communicate this information to the inmate population. Inmates must be notified that the telephone calls are not confidential. Information provided to the inmate population in the Inmate Handbook explains that inmates have access to local, outside support services through Sexual Assault Response network of Central Ohio (SARNCO). SARNCO offers access to victim advocates that will provide emotional support and other services related to sexual abuse/assault. Posters are prevalent throughout the facility that have contact information for SANCO services. Calls made by inmates to SARNCO may be subject to monitoring. Community providers shall follow applicable mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual advocates, including confidentiality laws.

The MOU between the Domestic Violence Shelter, Inc. of Madison, Ohio and ODRC details the collaborative effort to provide response services to inmates who report being sexually assaulted/abused. Inmates will also be provided confidential emotional support services related to sexual assault/abuse.

Contact was made with the Domestic Violence Shelter, Inc representative who confirmed the services offered to inmates who report being sexually assaulted/abused. A list of National, State and local rape crisis centers was also provided that inmates may also contact in confidence. Interviews conducted with random, as well as targeted inmates, confirmed that the inmates were aware of confidential services available from an outside agency regarding victim support for inmates who have been sexually assaulted or abused.

Conclusion:

This auditor finds the facility meets this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

The auditor observed "Family and Friends" Posters located at the entrance of MaCI and in the inmate visiting room. These posters inform family members and friends of agency phone numbers, mailing addresses and email addresses where they can report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The Auditor also reviewed the ODRC web page (<http://www.drc.ohio.gov/prea>) that also provides a means for the general public to report allegations of sexual abuse and/or sexual harassment on behalf of any inmate through this web site.

During interviews with random inmates all were aware that their family members could make a call on their behalf either to the facility or to Columbus (Central Office) if necessary, to report any issues they have. Interviews with targeted and randomly selected inmates indicated that they were all aware they could inform another person of sexual misconduct who could then report the incident on the inmate's behalf and the report could be made anonymously.

Conclusion:

This auditor finds the facility in compliance with the standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5,

- 2017
- ODRC memo of no reports of sexual abuse in the community referred to law enforcement
- ODRC memo of no alleged victims who were under the age of 18 or considered vulnerable adults
- Investigation Summary Report-Administrative Investigation packet of PREA Incident
- Interviews (Warden, PREA Coordinator, OCM, Medical Staff & Mental Health)

ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, in agreement with Policy 01-COM-08, Incident Reporting and Notification, require that staff immediately report any knowledge, suspicion or information regarding an incident of sexual abuse, sexual harassment that occurred in an institution, whether or not it is part of the ODRC. Staff are also required to report retaliation against inmates or staff who report incidents and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are required to report sexual abuse while also informing inmates of the required duty to report and the limitations of confidentiality at the initiation of services.

Policy 79-ISA-04, PREA Assessments and Accommodation Strategies addresses informed consent if sexual abuse is reported as having occurred in the community. Exceptions exist for community abuse allegations if the victim is a vulnerable adult or someone under 18. MaCI did not have any reports of sexual abuse of inmates reported through medical or mental health professionals that would require informed consent or any alleged victims who were under the age of 18 or considered vulnerable adults during the audit period. within the audit period.

Staff are required to document any allegations of sexual misconduct and retaliation, including third party and anonymous reports on an Incident Report and mark it confidential. Copies of the report are immediately forwarded to the institutional investigator and the PCM/OCM. Review of an Investigation Summary Report of a third-party report of sexual misconduct, included the initial Incident Report indicating the report was considered confidential and the information was shared with the institutional investigator. Interviews with staff confirmed that staff were very knowledgeable about proper reporting procedures. Although most staff reported they have never had a MaCI inmate report any allegations or received a third-party report, a few staff reported they have had inmates reports incidents to them when assigned to another facility.

Conclusion:

The auditor finds the facility in compliance with this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Memo indicating no case of imminent risk of sexual abuse occurred at MaCI during this audit reporting period.
- Interview (Warden)
- Interview (Random Staff)

According to ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation requires all reports of substantial risk of imminent sexual abuse shall immediately be forwarded to the institutional investigator, PCM/OCM, Unit Management Chief and shift supervisor. Upon receipt of a report, security staff shall take immediate action to employ protection measures to ensure the inmate's safety. Those protective measures could include housing changes, transfer of inmate victims or abusers and removal of alleged staff or inmate abusers to prevent contact with victims.

The Warden, and several other staff interviewed, all said that the inmates involved would be immediately separated, potentially transferring the alleged abuser. Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting System. The facility reported that there were no inmates that were subject to substantial risk of imminent sexual abuse during the audit period.

Conclusion:

Standard 115.62 requires the institution to take immediate action to protect any inmate at substantial risk of imminent sexual abuse which such access to LexisNexis via the GTL tablet may increase the likelihood and prevalence of happening. . The agency has addressed this concern by putting a notice that must be read and agreed to by all inmates prior to having access to the Lexis/Nexis application. This notice warned against misuse of information from the application; promised monitoring and punishing those who may misuse or abused the information on the Lexis/Nexis app. MACI is in compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

- Interview (Investigator)
- Review of Investigative files

ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires that upon receiving an allegation that an inmate was sexually abused while confined at another institution/facility, the Warden is to notify the managing officer of the institution/facility or appropriate office of the agency where the alleged abuse occurred. This notification is to be made with 72 hours after being informed and documented. The notification shall be documented on an Incident Report (DRC1000). The managing officer or agency office that receives such notification shall ensure the allegation is investigated in accordance with applicable provisions of the policy. In the past 12 months, there were zero (0) allegations of sexual abuse the facility received from other facilities.

During the past 12 months, the facility received two (2) allegations that an inmate was abused while confined at another facility. The Warden indicated if there had there been any incidents reported he would report it immediately long before the 72-hour requirement and documented it. The facility Investigator and OCM confirmed MaCI received one notification from another ODRC facility of an alleged incident occurring at MaCI. The incident was investigated per policy with an outcome notice sent to the inmate at his new facility.

Conclusion:

This auditor finds the facility in compliance of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC Policy, 03-E-02, Institutional Sexual Abuse Coordinated Response Plan
- Incident Report of Possible PREA Incident involving sexual contact with a First Responder Checklist
- Investigative Summary Report Administrative Investigation of alleged PREA incident
- Interviews (Security)
- Investigative File Review

ODRC Policy, 03-E-02, Institutional Sexual Abuse Coordinated Response Plan, clearly defines the responsibilities when security staff and non-security staff learned of an allegation that an inmate was sexually abused. All staff are trained as first responders. The policy meets all provisions of the standard. Staff are required to separate the alleged victim and the abuser, preserve and protect the crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence and ensure the alleged abuser does not take any actions that could destroy physical evidence. ODRC Policy, 79-ISA-02, Appendix C, Allegation of Sexual Abuse-First Responders Flow Chart detail staff responsibilities if they receive an allegation of Sexual Abuse. Appendix D of the same policy is a Sexual Abuse-First Responder Checklist detailing the tasks staff should take when they receive an allegation of sexual abuse.

Several staff, to include security and non-security staff, were interviewed throughout the onsite audit, about their responsibilities when they received an allegation of sexual abuse. Everyone knew their responsibility to ensure that the victim and the abuser are separated and preserve the crime scene while ensuring that neither person destroys any physical evidence. Everyone knew that they were required to submit an incident report and what notifications needed to be made. The checklists define the duties if the staff is a security or non-security staff member.

The facility reported there were nine (9) allegations that an inmate was sexually abused in the past 12 months. Of these allegations, nine (9) required the first security staff to separate the alleged victim and abuser. In the past 12 months, four (4) allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Of the nine (9) allegations of sexual abuse, non-security staff members responded one (1) time. The non-security staff requested that the alleged victim not take any actions that could destroy physical evidence and notified security staff. Of those allegations, one (1) responded to first by a non-security staff member.

Conclusion:

This auditor finds the facility meets this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- MaCI 79-ISA-02, Institution Sexual Abuse Coordinated Response Plan
- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (OCM)
- Interview (Watch Commander)
- Investigative File review

MaCI Policy 79-ISA-02, Institution Sexual Abuse Coordinated Response Plan, is MaCI’s policy detailing the coordinated actions to be taken among staff first responders, medical and mental health

practitioners, investigators, and facility leadership in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. During the site visit interviews were conducted with medical staff, mental health staff, Operational Compliance Manager, the facility Investigator and multiple supervisors. Their interviews confirmed their awareness to this specific policy and their specific responsibilities as they relate to responding to sexual abuse investigations.

Conclusion:

This auditor finds the facility in compliance with this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Review Ohio Civil Service Employees Association AFSCME Union Contract
- Interviews (Agency Head)

ODRC engages in a collective bargaining unit. According to the Union Contract, the state retains the right to hire and transfer employees, suspend, discharge and discipline employees. This allows the agency to remove an 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. It also allows the agency to set the regulations regarding employment and to determine the basis for the selection, retention and promoting employee.

Conclusion:

This auditor finds the facility in compliance of this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed

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

ODRC Policy, 79-ISA-02, requires the facility 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. The institutional investigator is designated as the staff member responsible for monitoring retaliation resulting from cases of sexual abuse. The PCM/OCM is designated as the staff member responsible for monitoring retaliation resulting from cases of sexual harassment. The policy also requires the facility to 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 misconduct or for cooperating with investigations.

Monitoring should be conducted for a period of at least (90) calendar days following the report of sexual misconduct. The monitoring should cover the conduct and treatment of inmates or staff who reported the sexual misconduct and of inmates who have reported to have suffered sexual misconduct to see if changes potentially suggest possible retaliation by inmates or staff. Staff should act immediately to remedy any retaliation discovered. Periodic status checks shall occur at least every 30 calendar days during the monitoring period and should include inmate disciplinary incidents, housing changes, program changes, job changes negative performance reviews and/or reassignment of staff. If a needed continued monitoring may occur beyond the 90 calendar days. All monitoring shall be documented in the electronic PREA incident reporting system. The individual being monitored will be interviewed during the periodic status checks. The institutional investigator and inmate shall sign and date the retaliation monitoring document in the electronic PREA incident reporting system. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures are taken to protect them against retaliation in the same manner as an inmate or staff who reported allegation of sexual misconduct. MaCI has not had any incidents of retaliation against any inmate or staff during this audit period.

The facility's obligation to monitor retaliation ceases if the allegation is unfounded, the victim or witness is transferred to another facility or is released from custody. The auditor was provided with documentation that included the initial report of a sexual abuse allegation, the detailed investigation including the finding that the allegation was substantiated, victim support services being offered, initiation of the 90-day monitoring process to include 30-day periodic status checks signed by the inmate and the investigator. Policy was followed throughout the 90-days monitoring was taking place. There were no reported incidents of retaliation over the last 12 months.

Conclusion:

This auditor finds the facility meets the standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-04, PREA Risk Assessments and Accommodation Strategies
- Statement of Status noting that there were no placements into Involuntary Segregation at MaCI
- Interviews:
 - Warden
 - PCM/OCM
 - Staff who Supervised Inmates in Segregation

ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2017, limits involuntary TPU assignments for victims of sexual assault at MaCI only until an alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days. As noted in standard 115.43, Warden Schweitzer stated that the use of TPU to safeguard an inmate would be his last option. He would utilize other means like moving the inmate to another housing unit or placing the individual in the hospital and only utilize the TPU as a last resort. MaCI reported that there were no placements into Involuntary Segregation during the audit period.

Conclusion:

This auditor finds the facility meets this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-02, Prison Sexual misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- ODRC Investigation Summary Report Administrative Investigation-substantiated sexual misconduct
- ODRC Investigation Summary Report Administrative Investigation-unfounded sexual harassment
- Training Certificate for ODRC Investigator, OCM, and OSHP Investigator
- ODRC Statement of Status- OSHP did not forward any sexual abuse or harassment cases for prosecution, therefore there are no criminal investigative reports during this audit period
- ODRC Record Retention Schedule
- Review (MOU between ODRC and OSHP)
- Interview (Investigator)
- Case File Review

According to ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, all reported incidents of alleged sexual abuse and sexual harassment are investigated. Per the policy, investigations into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly and objectively for all allegations including third-party and anonymous reports. The policy also details practice regarding evidence protocols, conducting compelled interviews and determining credibility of victims, suspects and witnesses. 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 reason behind credibility assessments and investigative facts and findings.

ODRC has a MOU with the OSHP concerning the investigations of PREA incidents. MaCI has a OSHP Trooper assigned to the facility that assists the facility investigator with PREA investigations. The MOU as well as the policy, outlines the specific details for PREA incident investigations. These details include:

- Evidence Protocol
- Medical exams for victims of sexual abuse
- Advocacy services for victims of sexual abuse
- Specialized training of the investigators
- Investigator interviews, to include compelled interviews
- Credibility of victims, suspects and witnesses are assessed on an individual basis
- Investigations documented in written report that contains thorough description of physical, testimonial and documentary evidence
- Substantiated allegations of conduct that appear to be criminal are referred for prosecution
- Departure of the alleged victim or abuser from employment or control of the facility shall not provide a basis for terminating an investigation

The facility investigator and the OSHP trooper both possessed certificates for completing a specialized training. During the interview with the facility investigator, it was determined that the credibility of

anyone interviewed in a PREA investigation is impartially and individually assessed. Evidence protocols were also reviewed with the facility investigator, to include preserving, gathering and documenting physical and DNA evidence for potential criminal investigation. The facility investigator noted that ODRC does not require an inmate who alleged sexual abuse to submit to a polygraph examination as a condition for proceeding with an investigation.

Investigation case files were reviewed and contained evidence regarding the allegations that were made. The case files included interviews, review of video camera, first responder reports and details, investigation results, notifications, retaliation monitoring (if required) and incident reviews. The investigations reviewed were very thorough and documented.

Retention of investigations are consistent with PREA requirements. Administrative investigation case files are 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. Criminal investigation case files are held indefinitely. Investigative case plans are thorough, detailed and completed in a timely manner. There were no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit. ODRC publishes their investigative policy on its website (<http://drc.ohio.gov/policies/investigations>). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

Conclusion:

This auditor finds the facility meets this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

According to ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, ODRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated. The Facility Investigator was interviewed and a sample of the facility PREA investigations were reviewed. Inconsistencies as well as consistencies in inmate responses to questions, physical evidence, video footage, witness and inmate (victim/abuser) statements are all considered by the investigator in determining the outcome of the investigation. The standard for the “preponderance of evidence” in the investigations reviewed was established and used consistently in each investigation and used to make final determinations.

Conclusion:

This auditor finds the facility in compliance with the standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
- Investigative Summary Report Administrative Investigation
- Statement of Status reporting MaCI did not have any allegations of sexual abuse that involved staff on inmate during the audit year
- Statement of Status reporting MaCI did not have any allegations of were no substantiated allegations of Inmate-on-Inmate Sexual Abuse during this audit year.
- Interviews (Warden, Investigative Staff, Inmates who Reported Sexual Abuse)

Inmates at MaCI who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This requirement is outlined in Policy 79-ISA-02. The inmate is provided a written decision into his allegation by the facility Investigator.

This same policy requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility will inform the inmate (unless the investigation has determined that the allegation was unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged.

The inmate making the allegation is also required to be notified where the case made against another inmate results in an indictment and trial. He must also be apprised of the outcome of the trial as well.

There were nine (9) criminal and /or administrative investigations of alleged inmate sexual abuse completed by MaCI in the last 12 months. All nine (9) inmates were notified verbally or in writing of the results of the investigation. If there were any criminal investigations conducted, the facility investigator would work cooperatively with the investigative trooper from OSHP for the results of the investigation and proper notification to the inmate would be made by the facility investigator or PCM/OCM. The notifications were all made within reasonable time periods.

In the past 12 months there were four (4) alleged inmate sexual abuse in the facility that were completed by an outside agency. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, four (4) inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation.

In the past 12 months, thirteen (13) notifications to inmates that were provided pursuant to this standard and of those notification made, thirteen (13) documented.

Upon completion of an inmate sexual abuse allegation against a staff member (unless unfounded), the institutional investigator informs the inmates if the staff member is no longer posted within the inmate'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 and/or the institution learns that the staff member has been convicted on a charge related to sexual abuse with an institution. Policy also requires that any inmate who makes an allegation against another inmate must be notified when the alleged abuser is indicted and also when the alleged abuser is convicted on a charge related to sexual abuse within a facility. Notifications/attempted notifications are documented in memo format. The facility's obligation to report will terminate if the inmate is released from ODRC's custody.

Conclusion:

The auditor finds the facility in compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- ODRC Policy 31-SEM-02, Standards of Employee Conduct
- ODRC Policy 31-SEM-02, Unauthorized Relationships
- Statement of Status saying that MaCI did not have any employees that violated agency sexual abuse or sexual harassment policies, thus no disciplinary sanctions up to and including termination.
- Interview (HR Staff)
- Interview (Warden)
- Review of PAQ

ODRC Policy, 79-ISA-01, Prison Rape Elimination and Policy 31-SEM-07, Unauthorized Relationships both stipulate that all employees are subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies. Terminations for violations of agency sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies. There were no cases in the past 12 months that any staff violated agency sexual abuse or sexual harassment policies, thus there were no staff terminated (or resigned prior to termination). There were also no staff disciplined, short of termination, for agency sexual abuse or sexual harassment policies as well as no staff being reported to licensing boards following their termination (or resignation prior to termination).

Conclusion:

The auditor finds the facility meets the standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-01, Prison Rape Elimination, February 23, 2017
- ODRC Policy, 71-SOC-01, Recruitment, Training and Supervision of Volunteers
- Statement of Status-MaCI did not have any allegations of sexual abuse or harassment against a volunteer or contractor during the audit period.
- Standards of Conduct for Contractors, Volunteers and Interns
- Interview (Warden)

According to ODRC Policy, 79-ISA-01, Prison Rape Elimination and ODRC Policy 71-SOC-01, Recruitment, Training and Supervision of Volunteers, and ODRC Standards of Conduct for Contractors, Volunteers and Interns any contractor or volunteer who engages in sexual misconduct is prohibited from contact with inmates and shall be reported to relevant licensing bodies and law enforcement, unless the activity was clearly not criminal. During the interview with the Warden, he explained that a volunteer or contracted suspected of violating the policy would be immediately suspended until a thorough investigation was completed. If necessary, they would be terminated as a volunteer or contractor and not be allowed access into any institution.

Volunteers and contractors are trained and oriented in prohibited behaviors and actions that can stem from the prohibited behaviors. Contractors and Volunteers sign their acknowledgement of receipt of the Standards of Conduct for Contractors, Volunteers and Interns indicating they have read and understand these Standards and agree to abide by all rules and guidelines contained in the Standards.

There was one (1) volunteer or contractor that has been reported to law enforcement for engaging in sexual abuse of inmates.

Conclusion:

The auditor finds this standard in compliance.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- ODRC Policy, 56-DCS-01, Conduct Report and Hearing Officer Procedures
- Incident Report
- Inmate Conduct Report for consensual physical contact for the purpose of sexually arousing or gratifying either person.
- 5120-9-06 Inmate Rules of Conduct
- 5120-9-08 Disciplinary procedures for violations of inmate rules of conduct before the rules infraction board
- Interview (Warden, Medical and Mental Health)

ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation and ODRC Policy, 56-DCS-01, Conduct Report and Hearing Officer Procedures both explain the formal inmate disciplinary process of ODRC. Administrative and Criminal sanctions exist for inmates who engage in sexual misconduct. All sexual activity is prohibited between inmates at MaCI. 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 the allegation. Each case is evaluation on its merits, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred. Inmates who are found guilty by the Rules Infraction Board (RIB) of sexual abuse are considered for disciplinary sanctions and any/all of the following administrative actions:

- Referral to the Serious Misconduct Panel (SMP) for placement into Extended Restrictive Housing (ERH);
- Special security review which considers the sexual abuse behavior. At a minimum, the inmate should be considered for an increase of one security level;
- Institutional separations shall be placed on the aggressor and the victim consistent with ODRC policy 53-CLS-05, Inmate Separations; and;
- The RIB/SMP may order the aggressor to pay reasonable restitution to ODRC for the costs it incurred as a result of the sexual abuse.

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. If an inmate's behavior suggests serious mental illness, they can be referred to mental health staff for a mental health assessment.

In the past 12-months, there were eight (8) administrative findings of inmate-on-inmate sexual abuse that occurred at MaCI. There were no incidents of criminal findings of inmate-on-inmate sexual abuse at MaCI. Samples of conduct reports reviewed for sexual abuse included sanctions of limited privileges housing and loss of earned credit. Staff interviewed explained that if an inmate is appearing before the

RIB/SMP for a PREA-related conduct report, would have their mental health taken into consideration when determining sanctions.

Conclusion:

The auditor finds the facility meets this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation.
- ODRC Policy, 79-ISA-04, PREA Risk Assessments and Accommodation Strategies
- PREA Assessment Process form indicating mental health referral date
- MaCI Mental Health Staff SOAP Note
- PREA Classification Report
- Statement of Status-MaCI did not have any inmates who wished to report sexual victimization within the community to law enforcement during the audit period.

ODRC utilizes an assessment process that is extensively detailed to conduct their PREA-related screening. During the screening process, if an inmate discloses any prior sexual victimization, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. Examination of a sample of assessments indicated that the inmates were offered the follow-up meeting with medical or mental health practitioners. Medical and mental health records indicated that the follow-up visits with the inmate occurred within 14 days. The facility reported that over the past twelve (12) months, 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

The same protocol applies to inmates who previously perpetrated sexual abuse (either in an institutional setting or in the community). Examination of a sample of assessments indicated that the inmates were offered the follow-up meeting with medical or mental health practitioners. Medical and mental health records indicated that the follow-up visits with the inmate occurred within 14 days. The facility reported that over the past twelve (12) months, 100% of the inmates who previously perpetrated sexual abuse (either in an institutional setting or in the community) were offered a follow-up meeting with a medical or mental health practitioner.

Policy requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as

necessary, to inform treatment plans and security and management decisions that include housing, bed, work, education and program assignments. Medical and mental health practitioners reported that access to this information is limited to only those staff who need to know specific information based on their job duties and access has to be granted. Access to the program requires log on information and a password.

Medical and mental health practitioners obtained informed consent from an inmate before reporting information to law enforcement about prior victimization that occurred in the community. Limitations of confidentiality and mandatory reporting laws are explained to each inmate when they meet with medical or mental health practitioners. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult, the institution shall report the allegation to the OSHP.

Conclusion:

The auditor finds the facility in compliance with this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- ODRC Policy, 67-MNH-09, Suicide Prevention, March 22, 2017
- Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11
- Mental Health Crisis On-Call List
- Interview (Medical)
- Interview (Mental Health)
- Interview (Targeted Inmate)

Policies 67-MNH-09 (Suicide Prevention), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) and B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) are the protocols medical staff at Madison must follow insuring victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and requires the nature and scope of the services provided to the inmates be based according to their professional judgment.

Both the Mental Health Practitioner and Medical Practitioner both stated, during their interviews that the nature and scope of the services provided by Madison medical and mental health staff are based according to their professional judgment. They further stated If it is required, the outside hospital typically starts the medication (sexually transmitted infections prophylaxis) and it is then continued at the institution. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

The auditor finds the facility in compliance with this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

Policy 67-MNH-15, Policy 67-MNH-15 and 79-ISA-02, require that ODRC facilities offer medical and mental health evaluation and as appropriate, treatment, to inmate's who have been victimized by sexual abuse in prison, jail, lockup, or juvenile facility. Treatment is offered without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy Prison Sexual Misconduct, Reporting, Response, Investigation and Prevention of Retaliation requires that mental health service shall attempt to conduct an evaluation on all known abusers within sixty (60) calendar days of learning of such history and offer treatment when deemed appropriate.

The Mental Health practitioner indicated that when they are notified or whenever they become aware of an inmate abuser the mental health department would meet with the inmate and offer services to him.

Conclusion:

MaCI is an adult male facility with no females. The auditor finds the facility in compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-03 (Sexual Abuse Review Team) July 17, 2017
- ODRC Summary Report-Administrative Investigation/PREA Incident packet
- Interview (SART Member)
- Interview (OCM)
- Interview (MaCI Investigator)
- Review of Case Files

Policy 79-ISA-03 requires that the Warden designates a Sexual Abuse Review Team (SART). At a minimum, SART members include the Deputy Warden, Institutional Investigator, designated victim support person or other staff that may have relevant input such as unit staff, line supervisors medical or mental health staff. The OCM/PCM is the chairperson of the SART. The SART is tasked with reviewing all sexual abuse incidents, unless determined to be unfounded, within thirty (30) calendar days of the conclusion of the investigation.

The SART considers events that took place prior to the incident as well as potential contributing factors when reviewing each incident to include:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area that may enable abuse;
- The adequacy of staffing levels in that area during different shifts;
- Whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The SART completes the Sexual Abuse Case Review in the electronic PREA Incident Reporting System, and document the SART's findings and recommendations for improvement. The OCM/PCM will then advise the "managing officer," (Warden), of the completed review. The managing officer then implements the recommendations of the SART for improvement or documents the reasons for not doing so. SART team members interviewed knew what contributing factors to look for. The Warden was confident in the recommendations the SART team made.

In the past 12 months there were five (5) investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Sexual abuse incident reviews were completed well within in the prescribed timeframe on all investigations determined to be either substantiated or

unsubstantiated during the audit period. The SARTs on all five (5) were completed well within the (30) day time limit.

Conclusion:

The auditor finds the facility in compliance of this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

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

ODRC Policy, 79-ISA-01, Prison Rape Elimination requires the collection of uniform data for each allegation of sexual abuse at MACI, using a standardized instrument and set of definitions. The PREA Incident Packet Instructions captures the necessary information about allegations of abuse, harassment and retaliation. This data is combined with data from all other ODRC facilities every year and is published on the agency website. The incident-based data collected includes data used to answer all questions from the Survey of Sexual Violence-2 (SSV-2) that is submitted to the Department of Justice. Data from all incident-based documents, including reports, investigation files, and sexual abuse incident reviews are maintained, reviewed and collected as needed to complete the SSV-2. Aggregated data is reviewed annually for the purpose of identifying problem areas, taking corrective action on an ongoing basis and preparing the annual report.

The agency published the 2018, 2019 and 2020 ODRC Annual Internal Report on Sexual Assault Data on their website (<http://www.drc.ohio.gov/prea>).

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination)
- Interview (PREA Coordinator)
- ODRC 2018 Annual Internal Report on Sexual Assault Data-An Analysis of 2016-2017 Sexual Assault Data
- ODRC 2019 Annual Internal Report on Sexual Assault Data-An Analysis of 2017-2018 Sexual Assault Data

The agency PREA Coordinator and other staff designated by the agency Director review and collect data from all facilities. Aggregated data is utilized to improve the overall effectiveness of ODRC's sexual abuse prevention, detection and response policies and training including problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility and ODRC as a whole. A review of the ODRC 2018 and 2019 Annual Internal Report on Sexual Assault Data-An Analysis of 2016-2017 and 2017-2018 Sexual Assault Data included a comparison of the current year's data and corrective actions with those from

prior years as well as provided an assessment of the progress the agency has made in addressing sexual abuse. The report is prepared by the PREA Coordinator and approved by the ODRC Director. This report as well as prior reports can be viewed on the agency's website, <http://www.drc.ohio.gov/prea>. Personal identifiers were removed from the report.

Conclusion:

The auditor finds the facility in compliance with this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC Policy, 79-ISA-01, Prison Rape Elimination
- ODRC 2018 Annual Internal Report on Sexual Assault Data-An Analysis of 2016-2017 Sexual Assault Data
- ODRC Records Retention Schedule
- Interviews (PREA Coordinator)

ODRC Policy, 79-ISA-01, Prison Rape Elimination requires that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be securely retained for 10 years after the inmate has reached final release, expiration of sentence or death. Any records pertaining to an employee named in a PREA violation are also retained for 10 years after the staff member leaves the employment of the agency. All case records are maintained securely and confidentiality is maintained by the use of passwords. The Records Retention Schedule indicates that file cases related to criminal investigation cases are permanently retained as are reports produced from with ODRC that contains data routinely requested by the public.

ODRC Policy, 79-ISA-01, also requires that aggregated sexual abuse data from facilities under the direct control and private facilities with which it contracts readily available to the public at least annually through its website with all personal identifiers being removed. The 2018 and 2019 ODRC Annual Internal Report on Sexual Assault Data contains comparative data from 2016 and 2017 & 2017-2018. The auditor reviewed this report on the agency website: <http://drc.ohio.gov/prea>.

Conclusion:

The auditor finds the facility in compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Starting August 20, 2013, and during each three-year period thereafter, ODRC ensured each of their facilities operated by the agency and private organizations, was audited at least once. The entire agency was PREA compliant within the first cycle.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2013 and continues to post them within 2 weeks of the documents being provided to them by the auditor. (<http://www.drc.ohio.gov/prea>)

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Alton Baskerville

July 28, 2021

Auditor Signature

Date

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

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